

IEMSVoice

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



PAGE 06 SUCCESS ON THE HILL

This legislative session has ended and we had some wins for Iowa EMS!



PAGE 08 DOUG WOLFBERG JAMMIN' AT THE BILLING CONFERENCE



PAGE 20 SNEAK-PEEK AT THE ANNUAL CONFERENCE SPEAKERS!



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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



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20 SNEAK PEEK AT THIS YEAR'S ANNUAL CONFERENCE LINE-UP: SCOTT BOURN, MIKE RUBIN, STEVE MURPHY just to name a few.

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> BOARD MEETINGS

- > **May 2014 :** No Meeting
- > **June 19, 2014**
WDM Station 19- 1:00—3:00pm
- > **July 17, 2014**
WDM Station 19- 1:00—3:00pm
- > **August 2014 :** No Meeting
- > **September 18th, 2014**
WDM Station 19- 1:00—3:00pm
- > **October 16th, 2014**
WDM Station 19- 1:00—3:00pm
- > **November 6th, 2014**
Iowa Events Center at the Annual IEMSA Conference Time: TBD
- > **December 18th, 2014**
Teleconference - 1:00—3:00pm

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A NOTE FROM OUR PRESIDENT

2014 LET'S KEEP THE MOMENTUM GOING!

BY JERRY EWERS, Fire Chief, BA, EMT-PS
IEMSA President / Board of Directors

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> As I enter my fourth and final year as President of this great organization I'm beginning to have mixed feelings as I get to the end of my tenure here with IEMSA as YOUR President.



> I remember when I began I worried about the time commitment and work demand of the position and not wanting to let the organization or its members down. I also knew I had big shoes to fill in regards to all the previous talented folks that held this position prior to my nomination. I'm also thankful of the support from my employer (The City of Muscatine) for time off work and all the traveling involved across the state to fulfill the duties and to the entire Board of Directors that I've worked with closely over the past few years, especially the Executive Board. I want to personally thank all of you for this great experience representing this organization. It has been a great experience.



Jerry Ewers
at the EMS
Legislative
Committee Meeting

As President I believe we have made great managerial, fiscal, and legislative strides in the organization. This non-profit is run professionally and efficiently and I'm proud to have worked with everyone. Our new office Manager, Lisa Arndt, has brought great management experience to the organization and her marketing, graphic design, and overall enthusiasm for the organization is just amazing.

I knew my first goal as President was to get a good understanding of the financials, which at that point was not looking very favorable for the future of our organization.

But, with the work of the entire board and office manager we have strategically made some critical changes in the operations of the organization in terms of budgeting, policy, and overall accountability. As of today I'm proud to report that IEMSA is financially sound as an organization and stronger than when I began. I think this is always an accomplishment to leave the organization in great shape for your replacement.

Lastly, legislative work has been a full-time job, especially since the emergence of Clark Kaufman's articles in the Des Moines Register last year. I'm proud to have assigned Linda Frederiksen as our Legislative Chair who has done an amazing

job this past year working with our members, services, lobbyist, and legislators. I think she has brought a new perspective to



Jerry Ewers
at EMS DAY ON THE HILL

this position and has made many new changes that have really helped our cause, such as legislative alerts, surveying our members, boiler plate letters for members to send to legislators, updated legislative web site page, and orchestrated one of the largest attended EMS Day on the Hill events in many years. She was also instrumental in the service director workshop and our presentation at the Capitol to the EMS Legislative Committee in 2013.

I wanted to personally thank Katrina Altenhofen for working with IEMSA on putting together our first Pediatric Conference in Coralville earlier this year. This was well attended and we had positive feedback on this new event. We



Katrina Altenhofen
Speaking at IEMSA's
1st "Uh-Oh! Peds!" Conference

have committed that this will be an annual event that IEMSA will host each year along with our EMS Day on the Hill, Leadership Conference, Ambulance and Billing and Management Conference, EMS Memorial, Leadership Academy, and annual Conference and Trade Show. Remember that this November is our 25th Annual Conference and Trade Show so you won't want to miss this one.

One last item I'm excited to be a part of is the Community Para-Medicine / Mobile Integrated Healthcare Stakeholder Meeting being held this spring in Urbandale that IEMSA and the IDPH EMS Bureau is sponsoring. The purpose of this stakeholder meeting is to bring all the various entities together that may be impacted by this new concept and collaboratively identify opportunities and challenges for Community Para-Medicine in the areas of regulation, reimbursement, medical oversight, integration, training, practice, and evaluation for the State of Iowa.

In closing, I can honestly say you have a talented and dedicated group of board of directors here at IEMSA working diligently for all of you either as an EMS provider or as an affiliate service. I'm proud to have been a part of this great journey and I look forward to assisting and helping the next President assume this leadership role. I have the utmost confidence that YOUR next President will keep the momentum going as I pass on the baton at the annual conference.

As stated in my first article, please tell us what we are doing well and what we can improve upon. Again, this is YOUR organization.

Be safe and God Bless — Jerry

> **Please check out IEMSA's website at www.iemsa.net for upcoming programs, conferences, and events for 2014.**

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BY LINDA FREDERIKSEN, Vice President and Chair

OUR VOICE ON THE HILL LEGISLATION

Your professionalism and diligence has been invaluable as you educated legislators regarding concerns that exist with delivery of emergency medical services in your community; your expertise in the field, as well as your persistence and diligence in “spreading the word” has our legislators speaking our language!

The second session of the 85th General Assembly adjourned for the year just before dawn on Thursday, May 1. Lawmakers worked deep into the night, hammering out the final details of the budget and a few important policy bills.

Here’s where we landed on the bills we advocated for this session:

- > HF 2459 - Volunteer Tax Credit. Bill passed both chambers unanimously and is on its way to the Governor for his signature. **Top IEMSA priority.**
- > HF 2463 - HHS Appropriations Bill. Contains language that increases the Medicaid reimbursement for ambulance service another 10 percent. Bill goes to the Governor for his signature, but is subject to his ability to item-veto provisions under the Iowa Constitution. **Top IEMSA priority.**
- > SF 2349 - Infrastructure Funding. Contains language that appropriates \$150,000 to the Bureau of EMS for software development and data tracking. **IEMSA supports.**
- > HF 2043 - Township Emergency Warning Systems. Bill passed House 99-0, but died in the Senate. Subcommittee members resisted push by IEMSA to make EMS a mandated service in townships.
- > SF 2015 - Privileged Conversations. Bill died in Senate committee.
- > SF 2279 - Volunteer Employment Protections. Bill died on Senate Debate Calendar. **IEMSA supported.**

THANK you for your dedication to the improvement of emergency medical services in the state of Iowa!

> This year’s legislative session has proven to be an exciting journey, and we are hopeful that it will produce some positive outcomes for Emergency Medical Services in the state of Iowa.

Our IEMSA Lobbyists, Mike Triplett and Lynzey Kenworthy, have been very busy connecting with lawmakers in both chambers to influence key pieces of legislation that support our 2014 Talking Points.

As an IEMSA member, you have been instrumental in this setting this year’s legislative

agenda by actively responding to our recent survey and turning out in tremendous numbers for the 2014 EMS Day on the Hill and the Leadership Conference. Your engagement has truly helped IEMSA find its legislative “Voice,” by clearly defining the EMS issues and challenges that exist within your services and communities.

BY BRIAN RECHKEMMER, Board Member and Scholarship Chair

IEMSA EMS EDUCATIONAL SCHOLARSHIP

> APPLICATION DEADLINE : JUNE 1, 2014

> The Iowa EMS Association is offering scholarships for persons wishing to pursue or further their EMS education. We will be awarding 3 Scholarship for \$500 each to three individuals that are pursuing a certificate for EMR, EMT, AEMT or PARAMEDIC.

> Scholarships are one time only and are not awarded on a repetitive basis. IEMSA members and direct family of IEMSA members will be given preference. Scholarship recipients will be contacted individually and announced at the 25th Annual IEMSA Conference & Trade Show.

Deadline for submission of applications is: June 1, 2014.

To find the IEMSA Scholarship application please visit the IEMSA Website at <http://www.iemsa.net/pdfs/ScholarshipApplication.pdf>



Northeast Iowa Community College's EMS programs Students learning to intubate a patient. See full article about this EMS Program in the Training Spotlight article in this issue.



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> IEMSA 10TH ANNUAL BILLING & MANAGEMENT CONFERENCE

On April 30, 2014, the night before the 10th Annual Billing & Management Conference, IEMSA hosted a hospitality suite, sponsored in part by PCC, Inc. to celebrate our 10th Conference Anniversary. Doug Wolfberg entertained with songs from the 60's, 70's and 80's. It was a night of networking, good food, great music and relaxation before the conference began.

> The next day, Doug took center stage and shared his over 30 years of billing experience and knowledge to a record crowd EMS Billing & Management staff for a full day on the latest billing and affordable care act issues facing EMS Services in this new healthcare billing environment. There were 73 in attendance, and everyone went home with NAAC CEs and fresh ideas and concepts to assist in increasing their billing efficiencies. Attendees also enjoyed 7.0 of EMS Optional Credits for the day.

Next year's conference will be held in Council Bluffs in the Spring of 2015. We're excited to announce the conference will have a new name—Midwest Regional



Doug Wolfberg
Page, Wolfberg & Wirth

Billing, Documentation and Management Conference.

Doug has agreed to return to Iowa once again. IEMSA will reach out to EMS Services across the Midwest to join us in Council Bluffs for this popular and much needed educational event.

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UH-OH! PED'S : PEDIATRIC CONFERENCE

> IEMSA introduced its first Pediatric Conference. IEMSA worked in partnership with the IDPH through Katrina Altenhofen to put a conference together that helps EMS providers with the often scary and difficult task of caring for pediatric patients in the field. This conference featured some

nationally renowned speakers from the University of Iowa Hospital and was received with much success. The topics were refreshing and enlightening. Katrina's dream for years has been to provide a pediatric educational event, and was thrilled with the quality of education that was presented to EMS Providers.

With 85 in attendance, it was well received by EMS providers and will return again next year for an encore performance. Mark your calendars for February 21, 2015 in Coralville, IA.

SPECIAL THANKS TO OUR EVENT SPONSOR :

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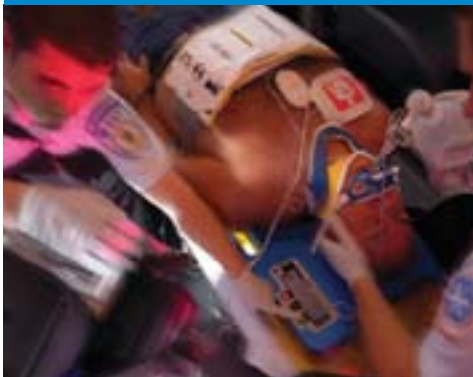
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¹Bobrow BJ, et al. *Ann Emerg Med.* 2013 Jul;62(1):47-56. Epub 2013 Mar 7.

²Sell RE, et al. *Circulation.* 2009;120 (18 Supplement): S1441.



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SPOTLIGHT ON TRAINING



NORTHEAST IOWA COMMUNITY COLLEGE

> **NICC EMS PROGRAMS : QUALITY TRAINING FOR STUDENTS & HEALTHCARE PROFESSIONALS**

EMS training through Northeast Iowa Community College (NICC) offers many options for students and community professionals who want to meet certification and recertification requirements, earn college credit and a degree, or enhance their healthcare provider skills.

> **Fully-accredited and comprehensive in its approach**, EMS coursework accommodates the schedules of students and their needs throughout the year in training environments that include full-time clinical staff members, medical advisors, award-winning faculty and high-tech simulation labs for credit and non-credit students at the college's Peosta and Calmar campuses.

> **Hundreds of students rely on EMS programs at NICC** each year by enrolling in Emergency Medical Responder (EMR) training, and credit and non-credit Emergency Medical Technician (EMT) training, Advanced EMT and Paramedic credit courses.

> **The expertise and experience of NICC instructors and educators makes a dramatic impact** on the success of EMS students as they begin new careers or develop their skills as healthcare provider professionals.

> **The EMS programs at NICC** are directed by Sam Janecke, and medical advisers include Dr. Jill Hunt, M.D., at the Peosta campus and Dr. David Schwartz, M.D., at the Calmar campus. Matt Jurgensen, Calmar Campus, and Ric Jones, on the Peosta campus, serve as EMS program managers and oversee EMT programs and an online option for students and community members. At the Peosta campus, Sandy Neyen serves as the clinical coordinator and full-time faculty member for the EMT-Paramedic credit program.

> **In January, the EMT-Paramedic program earned five-year national accreditation** from the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP and the Committee on Accreditation of Educational Programs of the Emergency Medical Services Professions (CoAEMSP) awarded the accreditation to NICC, which is a requirement of all paramedic programs at postsecondary educational institutions.

> **NICC has also integrated new technologies** into its EMS programs that contribute to students' learning and their career preparation. Health Simulation Labs at both of the college's campuses, for example, utilize manikin simulations to perform a variety of programmable healthcare scenarios. The manikins behave as real human beings that breathe, give birth and exhibit other physiological responses, such as a cardiac arrest or an asthma attack, that prepare students for real-world emergency situations.

> **The NICC Bridges2Healthcare grant**, supported by the U.S Department of Labor Trade Adjustment Assistance Community College Career Training (TAACCT) Grant Program, funded construction and installation of the labs, in addition to Accelerated Careers in Education infrastructure funding.

For more information on EMS programs at NICC, contact Program Director Sam Janecke at (563) 556-5110, ext. 186, or janeckes@nicc.edu.





EMS and FIREGROUND REHAB

BY DENNIS BRADLEY, RN, PM, EMSI—Dennis Bradley is a Captain with the Dubuque Fire Department and has been a long time registered nurse in the Emergency/Trauma Department of Mercy Medical Center in Dubuque. He also holds the rank of Assistant Fire Chief with the Key West Volunteer Fire Department.

> Does your EMS Service respond to structure fires or hazmat incidents? If your Fire Department includes an EMS service, does an ambulance respond to these incidents and are the EMS Providers available at your training? If not, I ask why? I contend that they should be.

If you read any fire service magazine, more specifically the reports of the line of duty deaths (LODDs), you will notice that a lot of young people are dying of cardiovascular incidents. Again, I ask why? After reading this article, I hope your service re-evaluates its procedures and realizes that there is something it can do to possibly prevent these unnecessary deaths.

As we all know, firefighting is probably one of the greatest stressors that our body's cardiovascular systems is exposed to. The combination of exercise/work and the heat which firefighters are exposed to, can lead to life-threatening challenges. These factors combined with the fact that most firefighters are highly motivated people, can put them at substantial risk. Firefighters will strive to get the job done, no matter what the cost; often fighting to the death. We have to stop them short of that. Way short!

According to the Centers for Disease Control and Prevention's *National Institute for Occupational Health and Safety (NIOSH)* 2012 data, it is shown that roughly 45-60% of all firefighting deaths are due to stress and overexertion.

Firefighting is a high-risk occupation in general, but specifically in regards to heat emergencies because of the extremely high temperatures that firefighters are exposed to regularly. They have little opportunity to cool their bodies through the body's natural compensatory mechanism of sweating. The moderate to heavy work of an average fire scene generates heat from increased metabolism, and the bunker gear worn for safety makes it difficult to release the buildup of this heat. This leads to an increase in heat stress. The personal protective equipment firefighters wear does a lot to keep them safe from extreme temperatures; however, it does not allow the body to cool itself from the heat of physical exertion.

Heat stress is defined as the total heat load imposed on the body and results from a combination of

internal factors (metabolic) and external factors (ambient heat, radiant heat from the fire, and the protective clothing that traps the heat). Other factors can include: ambient air temperature, relative humidity, amount of air movement, immediate physical demands of the task at hand, and relative physical fitness of the individual.

The pathophysiology of heat stress is fairly straight forward. Firefighting adds to the workload of the heart through physical exertion, retention of generated heat, and fluid loss through sweating. As firefighters lose fluids, their cardiac stroke volume is decreased, core temperature rises and blood "thickens," all leading to the heart working harder to meet the demands on firefighters' bodies. The body's temperature is regulated by the brain, specifically the hypothalamus, and has control mechanisms to keep the body at a constant temperature. Some of these compensatory mechanisms include constriction and dilation of the blood vessels, increasing heart rate and respiratory rate, and initiating diaphoresis.

The International Labor Organization's *Encyclopedia of Occupational Health & Safety* explains this concept in further detail by noting that during hard work in hot conditions, large quantities of sweat can be produced, up to more than 2 liters per hour for several hours. Even a sweat loss of only 1% of body weight (600 to 700 ml) has a measurable effect. This is seen by a rise in heart rate (HR) (HR increases about five beats per minute for each per cent loss of body water) and a rise in body core temperature. If work is continued there is a gradual increase in body temperature, which can rise to a value around 104°F; at this temperature, heat illness may result. This is partly due to the loss of fluid from the vascular system. A loss of water from the blood plasma reduces the amount of blood which fills the central veins and the heart. Each heart beat will therefore pump a smaller stroke

“

As we all know, firefighting is probably one of the greatest stressors that our body's cardiovascular systems is exposed to.

”



volume. As a consequence the cardiac output tends to fall, and the heart rate must increase in order to maintain circulation and blood pressure.

Think of the implications of thickening blood in a heavily stressed firefighter. The physical exertion required on a fireground quite possibly exceeds the physical effort exerted on a treadmill during a cardiac stress test. So the frequent combination of a fragile heart, beating at a very rapid rate, and a thicker blood product for that heart to try and move will naturally cause perfusion to the entire body to suffer. Now add possible mild undiagnosed atherosclerosis and the resulting combination is all the elements needed to set up sudden cardiac death.

With the Spring season upon us and the Summer months fast approaching, it's important to review the heat related emergencies that responders may come across. Heat cramps are the least serious heat emergency responders are likely to see. These can occur during strenuous activity in a hot environment. Firefighters may have muscle cramping and exhibit excessive sweating. Treatment includes rest, removal from the hot environment, and oral or intravenous fluid intake.

Heat exhaustion is a more serious environmental emergency, occurring when excessive sweating and inadequate hydration leads to peripheral collapse and hypoperfusion. Symptoms can include: fainting, profuse sweating, dyspnea, nausea/vomiting, trembling, weakness, poor coordination, disorientation, pallor, increased heart rate, thready pulse, temperatures of 99-104 degrees Fahrenheit, and shock. These firefighters need to be removed from the heat and moved into a cool place, where intravenous fluid therapy can begin. All persons exhibiting symptomatic heat exhaustion should be transported to the hospital for evaluation.

Heat stroke occurs when the body's temperature regulating mechanisms fail. This is a life-threatening medical situation. The firefighter will present with delirium and a decreased level of consciousness. The skin is hot, flushed and dry. Heatstroke is generally characterized by a body temperature of at least 105°F. The heart rate will be increased. The respiratory rate will increase. Blood pressures may be normal, but as the condition worsens, shock will follow, leading to kidney failure, pulmonary edema, and cardiac arrest. Prehospital treatment revolves around lowering the body's temperature and replacing fluids. Rapid active cooling needs to be initiated immediately. Remove clothing, cover the patient with sheets soaked in tepid water, begin intravenous fluids,

and provide immediate emergent transport. Refrain from overcooling, as this may cause reflex hypothermia. This can result in shivering, which could raise the core temperature again. Provide supplemental oxygen as needed to address hypoxia, and avoid the use of vasopressors or anticholinergic drugs.

There are steps to prevent or minimize the effects of heat stress. These include: keeping physically fit, eating the right foods, and staying hydrated. Firefighters should keep themselves hydrated by drinking plenty of water. How much is enough? The simple answer is to watch urine color. It should be clear to light yellow. Anything darker is an indication of dehydration.

So what is Fireground Rehab? Rehab is a process designed to combat the physical, physiological, and emotional stress of firefighting with the goal of improving performance and decreasing the likelihood of injury or death. The National Fire Protection Association (NFPA) has found that Rehab is so important that they have written a standard to follow: NFPA 1584. I would encourage everyone to read these guidelines for Rehab.

Rehab is designed to help every firefighter work as efficiently and safely as possible and prevent reduction of the personnel pool due to firefighters sidelined by injury or exhaustion. Rehab is important because it helps protect firefighters' health and safety, can help maximize cumulative work times, and ultimately will help provide better customer service.

So why are we talking about Rehab for firefighters? The reason is that EMS needs to be aware of the conditions that firefighters are exposed to and be able to recognize when they are exhibiting signs of heat-related emergencies. The EMS services should be assigned to the Rehab sector at these incidents and be able to monitor the firefighters during rehab. Incident Commanders should be proactive when it comes to Rehab. Rehab is needed at all incidents, big or small. Simple rehab involves providing oral fluids when firefighters change self-contained breathing apparatus bottles. Formal rehab involves an area where firefighters can remove bunker gear in a cool place away from the scene, consume oral fluids, partake in other means of assisting the body to cool, and undergo medical monitoring. Dubuque Fire Chief Dan Brown is comforted that his Department practices aggressive fireground rehab along with aggressive firefighting. "Our most valuable asset on the fireground is our people. We are committed to take every step that we reasonably can to assure their health and safety."



EMS & FIREGROUND REHAB

>>> CONTINUED FROM **PAGE 13**

NFPA 1584 provides working guidelines, rehab personnel expectations, and flow charts to facilitate tracking of the firefighters in rehab. NFPA recommends that “rehab operations commence whenever emergency operations pose a risk of pushing personnel beyond a safe level of physical or mental endurance.”

Medical monitoring is the most important expectation. This includes: monitoring blood pressure, heart rate, respirations, level of consciousness, blood oxygen levels, blood carbon monoxide levels, and blood hydrogen cyanide levels. Other expectations include: fluid replacement; an area to provide cooling; and possible calorie intake for the long incidents.

It's also important that when the incident is over, EMS personnel and firefighters continue to watch each other. Just because the incident is over does not mean that the effects of heat stress go away. Again, the reports of the line of duty deaths remind us that firefighters die from heart attacks, strokes, and other potentially fatal conditions occurring up to 24 hours after the incident.

References:

- > NFPA 1584: *Standard on the Rehabilitation Process for Members during Emergency Operations and Training Exercises* (2007).
- > US Fire Administration: *Emergency Incident Rehabilitation*, February 2008.
- > Haigh, Craig: *Implementing Effective On Scene Rehab Programs*, Fire Department Instructors Conference (FDIC) 2008.
- > Smith, Denise: *Heat Stress: Physiological Enemy on the Fire-ground*, FDIC 2008.
- > McLellan, Tom and Selkirk, Glen; *The Management of Heat Stress for the Firefighter*, 2005.
- > Bledsoe, Bryan: *A Guide for Best Practices, An Introduction to NFPA 1584 (2008 Standard), Rehabilitation and Medical Monitoring*. 2009.
- > Nielsen, Bodil. N.p. Web. 1 Apr 2014. <<http://www.ilo.org/oshenc/part-vi/heat-and-cold/item/675-effect-of-heat-stress-and-work-in-the-heat>>.

REHAB FLOW CHART



Source: Bledsoe, Bryan: *A Guide for Best Practices, An Introduction to NFPA 1584 (2008 Standard)*

MEDICAL ASSESSMENT CRITERIA

MENTAL STATUS:

Alert and oriented on arrival to Rehab

If any alteration in mental status – Provide Immediate Transport

HEART RATE:

* < 110 BPM = Within normal limits

* > 110 BPM = Close monitoring required by paramedic

Normal = <100 BPM five minutes after arrival in Rehab

SKIN CONDITION:

- May be somewhat flushed on arrival. Should improve within 5 minutes of arrival to Rehab
- If skin remains flushed or unusually dry, monitor patient for signs of heat stress/stroke

BLOOD PRESSURE:

- Systolic Pressure < 150 and Diastolic < 100

- Systolic Pressure > 150 and Diastolic ≥ 100 = close monitoring required by paramedic

Normal: Systolic Pressure < 140 and diastolic < 90 five minutes after arrival in Rehab

Abnormal: Systolic > 140 and diastolic > 90 after 15 minutes in Rehab – consider transport

RESPIRATIONS:

- < 26 = within normal limits
- < 20 = five minutes after arrival in Rehab

Abnormal: ≥ 26 after five minutes in Rehab

TEMPERATURE:

- < 100.6 F = within normal limits
- > 100.6 up to 100.9 F = close monitoring required by paramedic
- > 101 F = Provide immediate transport.

Source: Bledsoe, Bryan: *A Guide for Best Practices, An Introduction to NFPA 1584 (2008 Standard)*



CONTINUING EDUCATION QUIZ

EMS and Fireground Rehab

IEMSA members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer questions 1 through 10, and achieve at least an 80% score.

Deadline: JUNE 30, 2014

Complete this Quiz and:

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1. Contributing factors to the development of heat related illness include all of the following EXCEPT:
 - A. high air temperature
 - B. increased fluid consumption
 - C. high relative humidity
 - D. vigorous physical exercise
2. All of the following are signs of heatstroke EXCEPT:
 - A. cool, pale, diaphoretic skin
 - B. an increased respiratory rate
 - C. an increased pulse rate
 - D. an alteration in behavior
3. Which of the following temperatures is a good indication a patient has heat stroke?
 - A. 98.6
 - B. 101.3
 - C. 99.9
 - D. 105
4. Shivering in a patient being treated for heat stroke is an indication of:
 - A. fever as a result of becoming sun sick
 - B. reflex hypothermia as a result of overcooling
 - C. muscles spasm as the core body temperature cools
 - D. adequate and effective cooling of the body
5. Thirst is an accurate indication of dehydration.
 - A. True
 - B. False
6. Which of the following statements about heat cramps is accurate?
 - A. heat cramps only occur in the spring and summer months
 - B. the specific cause of heat cramps is not well understood
 - C. heat cramps can affect the physically fit and unfit alike
 - D. dehydration does not contribute to the development of heat cramps

7. Symptomatic hypovolemia associated with heat exhaustion would include all of the following EXCEPT:
 - A. normal level of thirst
 - B. dizziness, weakness, or faintness
 - C. cool, pale, clammy skin
 - D. normal vital signs
8. All of the following should be utilized as part of the active cooling process EXCEPT:
 - A. cold packs
 - B. damp sheets
 - C. cool IV fluids
 - D. removal of clothing
9. The most serious form of heat related emergency is:
 - A. heat exhaustion
 - B. heat stress
 - C. heat cramps
 - D. heat stroke
10. The body's primary thermoregulatory control mechanism is found in the:
 - A. cerebellum
 - B. integumentary system
 - C. hypothalamus
 - D. frontal cerebrum

Name _____

Cert # _____

email: _____

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V MEDICAL DIRECTOR UPDATE

BY DR. FORSLUND

UPDATE FROM EMSAC/QASP

> **The quarterly meeting of the Quality Assurance, Standards and Protocol (QASP) committee and EMS Advisory Council (EMSAC)** was held on April 9th, 2014. The QASP committee is working on the annual updates to the protocols.

> **The main protocol that is being evaluated for updates this year is C-spine clearance.** There may be expansion of the provider levels that can do on scene clearance of the C-spine based on patient evaluation. The added twist that is being discussed is the use of long spine boards when spine protection is indicated. Recent evidence from some studies indicates that long boards are not always needed and may in fact bring some harm. QASP anticipates an update to this protocol in January 2015.

> **For the protocols in general the QASP committee will be looking at some new national standard protocols** that are in development by the National Association of State

EMS Officials. They are not meant to be mandatory, all inclusive, or to set scope of practice. We anticipate using the protocols to help refine our protocol set. The following is from the introduction to the protocol set.

> **“The National Association of State EMS Officials (NASEMSO) recognizes the need for national EMS clinical guidelines to help state EMS systems** ensure a more standardized approach to the practice of patient care and to encompass guidelines that areas they become available. Model EMS clinical guidelines promote uniformity in prehospital care which, in turn, promotes more consistently skilled practice as EMS providers move across healthcare systems. They also provide a standard to EMS Medical Directors upon which to base practice. Supported by grant funding from NHTSA OEMS and the Health Resources and Services Administration (HRSA), NASEMSO authorized its Medical Directors Council to partner with national

stakeholder organizations with expertise in EMS medical direction and subject matter experts to create a unified set of patient care guidelines. For the aspects of clinical care where evidence-based guidelines derived in accordance with the national evidence-based guideline model process were not available, consensus-based clinical guidelines were developed utilizing currently available research.”

> **What ever protocol set is used the information is dynamic and the protocols will never be perfect.** QASP will continue to look to resources like NASEMSO and other evidence based resources help improve the protocols we develop and use here in Iowa .

> **I have an announcement to make. After serving two terms on QASP/ EMSAC I have decided not to serve another term.** I will also be stepping down as the Medical Director for IEMSA. I have enjoyed serving and will remain very active with local EMS. You are all doing great work out there. Iowa can be proud of its EMS providers and the service they provide.

16

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2014 IEMSA AWARD NOMINATION FORM

It's not too early to be thinking about nominations you may want to make for the Annual IEMSA Awards. The awards are announced at the annual conference.

EMS Providers give of themselves every day, with little or no recognition or show of appreciation. If you know someone who has given above and beyond, please nominate that person for this prestigious recognition.

To nominate a person or service for one of these awards you must:

- 1> complete this form.
- 2> include a letter of recognition/nomination.
- 3> submit your nomination to the IEMSA office before September 17, 2014.

> **Individual EMS Provider of the Year**

- ☐ Volunteer
☐ Career

> **EMS Service Provider of the Year**

- ☐ Volunteer
☐ Career

> **Instructor of the Year**

- ☐ Full-Time
☐ Part-Time

> ☐ **Dispatcher of the Year**

> ☐ **Friend of EMS**

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Nominee's Name

Company/Service

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City/State/Zip





Phone Number

E-Mail Address

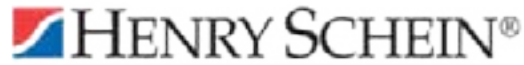
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✓ PARAMEDIC JOB SATISFACTION

BY JOHNATHAN COCKRELL—HAWKEYE COMMUNITY COLLEGE

> In late 2013, some Senators and Representatives from Hawkeye Community College's legislative districts were on our campus in Waterloo to see the renewed EMS education program. A discussion arose about the cost of paramedic education, the return on investment of that education, and paramedic job satisfaction in Iowa.

> **I explained to the lawmakers that job satisfaction for EMS providers is tough to measure by wages alone.** Many EMS providers in Iowa volunteer to serve their communities. These are passionate people who want to make a difference, and want to help others in need. Wages for EMS providers are barely above minimum wage in some cases.

> **My hypothesis was that most paramedics in Iowa are satisfied with their work,** and would feel that they had a positive return on investment. I further hypothesized that a majority of paramedics in Iowa feel underpaid. I decided to start researching the topic to find some data to see if my hypothesis was correct. I found very little data about paramedic return on investment and job

satisfaction in Iowa. I decided to conduct a survey to gather some more data.

An anonymous online survey was created, and a link to this survey was distributed via email, social media, and Hawkeye Community College's web site. The results were analyzed after the survey was posted for 10 weeks. I decided to just gather data on paramedic level providers only to prevent a mixture of data between provider levels. Further studies for the other levels in Iowa are planned, after the transition period to the new levels of EMS is complete.

> **144 paramedics responded to the survey.** Basic demographics were gathered, as well as level of education, years of experience, salary, type of employer, positive return on investment, and job satisfaction. 84% of respondents were male, and over 50% of respondents were age 39-45. 43% of respondents report a high school education, 35% report an AAS degree, and 20% reported a BA or higher.

> **The majority of respondents are employed by** a hospital-based

ambulance service- 41%, with municipal or fire-based services second- 36%. When asked about the current yearly salary, 33% report they make \$21-39k, and 30% report that they make \$40-50k per year. When asked to rate their job satisfaction, 33% indicated they are strongly satisfied and 57% indicated they are satisfied. 50% of respondents indicated that higher pay would increase their job satisfaction. Finally, respondents were asked if they felt they had a positive return on investment in their paramedic education. 86% said yes.

> **My interpretation of this anonymous online survey is that most paramedics in Iowa would report satisfaction with their job,** and many would feel more satisfaction with higher wages. Most paramedics in Iowa have had positive return on investment of their education.

> **Further research is needed.** The the initial survey was encouraging. A more comprehensive survey will be forthcoming to gather more in-depth data. If you would like to see the complete data from this survey, please email me at johnathan.cockrell@hawkeyecollege.edu.

18



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AT THE 2014 ANNUAL IEMSA CONFERENCE,

for "Honoring Our Own", our beautiful tribute to our EMS Heroes who are no longer with us.

> **If you know of any EMS, Fire, Dispatch, EMS Instructor, or Friend of EMS (who made significant contributions to our EMS profession) that is no longer with us and should be honored in this ceremony,** please contact Tom Summitt, or your IEMSA Board of Director members can help you. Contact information at http://iemsanet/contact_info.htm





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> **Scott Bourn, PhD, RN, EMTP** has practiced as a paramedic, emergency/critical care nurse and educator for over 30 years. He has authored over 200 publications and educational programs and taught throughout the world. He was formerly the Director of the EMS Degree program at the University of Colorado, and now serves as the VP of Clinical Practices and Research at American Medical Response.



> **Mike Rubin, BS, NREMT-P** is author of the Life Support and Write Stuff columns for EMS World. He spent 11 years on the faculty of Stony Brook University's School of Health Technology & Management. Mike has logged 21 years in EMS, and 18 in the corporate world as an engineer, manager, and consultant.



> **Jon Politis, MPA, NREMT-P**, is the retired chief of the Colonie EMS Department in upstate N.Y. An active EMT since 1971, he has been a career firefighter, state EMS training coordinator for Vermont and New York and a paramedic training

program coordinator. He has served on the National Registry of EMTs board and on the Committee on Accreditation for the EMS Professions.



> **Steve Murphy, EMT-P, Division Chief/ Paramedic, Tacoma, WA "Murph"** has been a paramedic for thirty years. His experience in the EMS community is extremely diverse.

He has worked in both the rural and urban settings. He's served as a flight paramedic in Colorado, an EMS supervisor and manager in the private ambulance sector, and as an EMS educator. He currently works as the Training Division Chief for the University Place Fire Department, near Tacoma, Washington. He is the Co-President of Murphee Inc., a medical education and consulting firm. He continues to serve as an American Heart Association Regional Faculty Member for ACLS and PALS. He has been actively involved in the continuing education of medical professionals, administrators, and other educators for the past twenty five years, and has had the privilege of being invited to speak at numerous states, national and international conferences.

> **Lisa Hollett, Trauma Program Manager, of a Level II ACS verified at St. John Medical Center-Tulsa, Oklahoma.** She has over 32 years of experience in emergency, trauma, EMS and education. She has been teaching and speaking at conferences since 1986 and has experience in textbook review and has authored several text books for EMS and nursing. She is also a Certified Forensic Nurse. Her areas of interest include trauma, EMS and law enforcement.



> **And back by popular demand --Jason Dush-** Jason serves as a full-time Firefighter paramedic for the Arlington Fire Department and part-time Critical Care Flight Paramedic with CareFlite. Jason's resume includes 20 years of paid EMS/Fire and 13 years as a Critical Care flight paramedic. Jason is passionate about EMS education and is a known speaker locally and nationally over the last 10 years for bringing a sense of humor, energy and practical experience to his audience.

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Attending the IEMSA Conference is a great way to obtain affordable, formal and optional continuing education. IEMSA is diligent in its efforts to provide a conference that meets the needs of nursing, and all levels of EMS Providers. This year IEMSA appreciates the support of Eastern Iowa Community College, they make continuing education possible at our conference this year. (See Next Page for Listing of Courses and CE hours)

> **CEH/CEU PROCESS:** **IEMSA CONFERENCE PARTICIPANTS MUST BE PRE-REGISTERED AND INCLUDE NAME, LEVEL OF CERTIFICATION, CERTIFICATION NUMBER, AND EXPIRATION DATE ON THEIR REGISTRATION FORM.**

Upon check-in on the day of the conference, you will receive a nametag with a barcode. For participants to be awarded CEU/CEHs, it is your responsibility after each presentation you have attended, to scan your nametag barcode to receive credit for attendance.

After the conference, you will receive your certificate of attendance to include CEU/CEH detailed information, including Iowa EMS sponsor number as formal education (FE) or optional education (OE) which will be designated on the certificate. Certificates will be e-mailed within 4 weeks after the conference.



EMS BUREAU UPDATE

BY ANITA J. BAILEY, PS: IDPH—EMS BUREAU



> BUREAU STAFFING

- > **Rebecca Curtiss** continues to serve in the role of Interim Bureau Chief
- > **Diane Williams** is currently an Executive Officer in CDOR is taking an active role in the Trauma Program. Diane will be working closely with Janet Houtz, Trauma Coordinator to provide additional staff time and attention to the program.
- > **Cindy Heick** transferred from EMS to a program planner position in CDOR. Cindy will be serving as a coalition point of contact in the preparedness program. The position in EMS will be filled as soon as approved.
- > **Rebecca Swift** transferred to another position in the Department. The Coverdell responsibilities are being temporarily reassigned in CDOR. The position will be filled as soon as approved.
- > **Katie Linn** transferred to another position in the Department.
- > **Linda Pike and Jane Barker** are currently administrative assistants in CDOR and have been assigned the EMS duties previously filled by Katie.

> COMMUNICATIONS:

- > **The bureau is developing new plans and processes** for a monthly newsletter, more frequent Facebook posts, and e-mail list serve communications.
- > **Please let us know if you have any other ideas** on communication strategies and newsletter categories that will be helpful.
- > **How should EMSAC contribute to communication?**
- > **The bureau is submitting information to the IEMSA Voice for quarterly publication.**

> EMS LEGISLATION/REQUESTS:

- > **The Emergency Medical Services Study Committee** –no new information has been released the documents and summary of the meeting can still be found on the LSA website.
- > **A legislative budget request was submitted** through the Department of Management for funds to replace the data registries for trauma and EMS. Was included in the Governor's budget.
- > **The bureau is supportive** of the IEMSA legislative priorities.

> ADMINISTRATIVE RULES:

- > **IAC 641, Chapter 132 –The QASP workgroup** has completed the review and provided the bureau guidance in evaluating and updating Chapter 132. The Regional coordinators and Steve Mercer are now working on completing the rule revisions.
- > **The bureau is convening a rules review committee to prioritize the review and revisions of the administrative rules for EMS.** A plan including timelines will be created and shared with EMSAC detailing which rules will be prioritized and updated.

> SOFTWARE/WEBSITE:

- > **The Electronic Payment option is complete and currently available to accept on-line payment for re-certification.** The payment system has been working very well. There have been glitches in the ability to print certifications directly from the web site. The Department of Administrative Services has also experienced problems with Authorization and Authentication (A&A) function, this is a critical step that improves security of provider information. The software developers are continuing to work in the system to correct the errors.

> **As noted at our last meeting the System Registry is very fragile.** We will continue to use the system registry for as long as possible but we are searching for funding to acquire a more stable system. There are currently 2 systems we have been looking at that are used by other IDPH divisions and departments that we could access, still searching for funds.

> **EMS and Trauma Data Registry:** In February the bureau released an official system user Request for Information (RFI) to allow users of WebCur and Collector the opportunity to provide input regarding optimal system requirements. The Bureau received numerous excellent responses to the RFI. The competitive bid-Request for Proposal (RFP) for the system has been posted and applicants have until April 22, 2014 to submit proposals.

> **Website:** The bureau has been working closely with IT staff at the Department to implement new pages on the site called Channels. This will allow bureau staff to add and update information through a simplified process. We have begun this implementation on the EMS disciplinary action page. Our intern has done a great job entering historical data and we expect to have this component of the website revision completed in the next few weeks. The next step will be to review the current web pages and seek volunteers from this committee to assist in format revision for easier accessibility.

> **Patient Tracking Focus Group:** The hospital preparedness program requires that hospitals and EMS have access to an electronic patient tracking system. CMS requires that hospitals have access to patient tracking systems. Patient tracking systems are only useful in a disaster situation when users are familiar with a system on a frequent (day to day) basis. CDOR and EMS have reviewed available systems and have access to the free federal system or can purchase an elaborate, expensive module to EMResource/HAN. The bureau will be forming a focus group to introduce the available systems and initiate discussion for use any payment. EMS plays a critical role in the initiation of patient tracking and must be involved in these discussions-2 volunteers please.

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FAY BOYD

Fay became a member of the Clay Township Fire Dept in 1994 when the Department was formed. She remained a member until her death Feb. 1, 2014. During her time as a member Fay held the treasurer's position and kept track of the renting of the building also. On September 11, 1995 Fay, her husband Dean and sons Dennis and Trevor took EMT classes and all became EMTs.



Fay and her family all served in Marion County on departments as medics.

Fay then went on to become an instructor February 25, 1997 and evaluator for EMS May 27, 1997. Fay taught many continuing education classes in and around Marion County. From 2000 to 2007 she provided continuing education for the rescue crew of the Knoxville Raceway making sure they were ready for the race season each year and the rescue squad at the 3M company. Fay served as an EMT-B for Clay Township Rescue from 1995 until the time of her death. She was a very dedicated and valuable member who also went above and beyond for her patient, the patient's family, her department members and the community. Fay unselfishly gave of her time to provide education to many EMTs in the Marion County area and to ensure coverage for Clay Township Fire and Rescue.

JENNIFER REBECCA BOYKEN

Jennifer Rebecca Boyken was born June 8, 1972, in Aurora, Illinois, the daughter of Robert and Kathleen (Fox) Carden, Sr. She grew up in Oswego, Illinois, where she also attended school and in 1991 graduated from the Oswego High School. Jennifer went on to attend Iowa State University in Ames and later obtained her Associate



Degree in Nursing. On November 7, 1993, Jennifer was united in marriage to Aaron Boyken in Ames, Iowa. After their marriage they lived in Ames before moving to Titonka in 1996. Jennifer worked both as a nurse and EMT in Titonka for 13 years. She enjoyed spending time with her family and friends, working with the ambulance crew and attending Iowa State Cyclone football games. She was a member of the Good Hope Lutheran Church where in the past she had served as a Sunday School teacher. Jennifer died Sunday, December 22, 2013, at her residence in Titonka. She was 41.

MICHAEL R. KRUSE

Michael Kruse MUSCATINE, Iowa Firefighter, 53, died Sept. 14, 2002, while serving his community fighting a fire. He graduated from Muscatine High School and



Muscatine Community College. He was an U.S. Army Vietnam Veteran, was a firefighter/EMS provider for 27 years at the Muscatine Fire Department and also by J S Fire Inc. for five years. He enjoyed playing basketball for the Special Education Olympics; held the boot for Muscular Dystrophy; and ran in the Bix.

GEORGE F. VANNATTA III

George Vannatta, III – who doesn't recognize the last name? The career of this man has spanned 39 years and in that time he has touched the lives of thousands of people, either as an EMT, a paramedic, a military medic and NCO, a Prehospital instructor of all levels, or as a friend and neighbor. He is the epitome of the words "pioneer" and "legend" with regard to EMS in Iowa. George was drafted for the Vietnam War in 1968 as a medic in the Army. He



returned home to complete his college studies, and started his journey in civilian EMS with fourteen members of the Fire Dept. through

EMT training. This same group converted a panel van into an ambulance, the first in Greene County. George pioneered and developed programs for EMS Providers throughout his lifetime. His first job as in EMS was with Capital City Ambulance in Des Moines. Where he was partnered and befriended EMT-1, Robb "Rollie" McAdam. Together they were the first paramedics in the city of Des Moines. George would play a pivotal role as an instructor for the next class. In 1983, George returned to the military and took charge of a troop medical clinic and was active in the troop EMT education. He served in multiple wars and then settled in Knoxville and started a private ambulance service, Medic One Ambulance. He met his wife Karen and moved to Guthrie Center in 1996, started with Midwest Ambulance in Des Moines and returned to Mercy as a PRN Instructor, becoming a full time instructor in 1999. He played a large role in the inception of Mercy Ambulance, was a pioneer of the paramedic specialist program. His mantra was "failure is not an option". In 2006, George received the Full Time Instructor of the Year Award from IEMSA.

George retired his certification in 2007, but would return to Mercy to instruct paramedic classes on handling patients with neurological conditions, namely Parkinson's disease, which he was diagnosed with in 2005. After a long fought battle, George passed away on July 13, 2012. His love for EMS was only surpassed by love for family. His legacy continues on through patients, students. His oldest son folloed in his footsteps as a paramedic. George Vannatta III, truly a pioneer and legend in Iowa EMS.

RICHARD ABRISZ

Richard Abrisz dedicated his life to EMS serving as a Navy corpsman for 23 years and returning home to become a Paramedic. He worked at Van Buren County Hospital for the last 14 years. Rich provided the children that came to the emergency room with teddy bears that he purchased with his own funds and would not let the



hospital reimburse him for these, as well as, having a stash of candy for the staff and the patients. Rich was always available to help out any time he was called

placing the needs of the community ahead of his own. Rich loved his family and EMS and will be greatly missed by both families!

DEBBIE AREND

Debbie was a Burt First Responder for many years and she took much pride in that service. She enjoyed working with flowers, puzzles, reading cookbooks,



and being outside. She is survived by her husband Francis Arend and two children, Tiffany Arend and Christian Arend, all of Burt; a brother,

Michael (Starla) Hansen of Kanawha; and her mother-in-law, Agnes Arend of Buffalo Center. Debbie served her community as an EMS Provider for 25 years.

MICHAEL GORDON SMITH

Mike Smith was many things, but first and foremost he was a teacher. He was willing to work with anyone who was struggling, to make them better at their craft, their profession or their hobby. Whatever Mike did, he did with intensity and focus, giving everything 100 %.



Mike Smith moved to Iowa from Illinois to teach EMS and develop the area's first responders, EMTs, and paramedics

programs at Mercy Medical Center. While in Iowa, he learned about the hazards of farming, and it sparked one of his landmark lectures regarding rescuing patients from heavy machinery. During his tenure in Iowa, Mike became the "shaker and mover" for improved EMS systems and education.

Mike was never afraid of voicing his opinion yet respected those that disagreed. His personality and zest for life was a large as he was tall. Even though his towering frame shadowed those standing next to him, he never left you feeling small or unwanted. He was idealistic and filled with a zest for EMS and patient care. He loved people.

Known for his passionate and dramatic delivery in the classroom, Mike encouraged his students to become involved and passionate about medicine. Mike left Iowa, moving to the state of Washington to take over the paramedic program at Tacoma Community College. Throughout his career Mike wanted to reach as many people as he could. He wrote articles for JEMS and EMS Magazines, gave lectures at EMS conferences throughout the U.S. and Canada, wrote for textbooks, and inspired others to do the same.

Mike was a husband, father, son, firefighter, paramedic, teacher, chef, gardener, carpenter, builder, creator, rock-and-roller, drummer, aficionado of beer, tequila,

tea, coffee, Chinese food — actually, food in general; fisherman, artist, author, entrepreneur, athlete, mentor and friend. He was a large man with a large heart, and love of his family and life in general.

"Medicine isn't a job, it's a calling,"

Smith said as he implored the medics in attendance to examine the reasons they were drawn to EMS and the ways they could thrive in the profession.

He closed by asking the audience to look to the future generation of EMS practitioners. "If the calling is for you, then you think about others, about the next generation of caregivers," he said. "They're the ones that'll be taking care of us someday."

His legacy will be his students and his family. Because of Mike and his life's work, a lot of people have been saved in Iowa and across our nation.

CHAD IVERSEN

Chad Iversen was a truly a selfless person. He's been a friendly and helpful member of our Ida Grove community throughout his whole life.

After witnessing a medical emergency at



his work, he decided maybe he could join our local ambulance service because 'I wanted to do more, but didn't know what

to do'. This drive may have brought him to our EMS door, but he jumped in with both feet. Within the year he was enrolled in an EMT-Basic course. Upon receiving his certification, his enthusiasm continued. He was always looking to advance his skills and knowledge, whether in the field or taking continuing education. He quickly became a solid member of our service's crew, volunteering to cover shifts or help out in any way he could. He was a true hero to our community. He personified trust, honesty, character, and compassion that are benchmarks in EMS. As a registered organ donor, even in death, he continues to provide support, hope and strength to those he left behind.

V WHAT CAN EVERY IOWAN EXPECT FROM EMS?

BUILD IT...ENHANCE IT...SUSTAIN IT. The Iowa EMS System Standards Committee is a subcommittee of the Iowa EMS Advisory Council. Members of this committee have worked since 2006 to design a roadmap that can be used to assist EMS Systems throughout the state of Iowa. The goal of Iowa EMS System Standards is to build, enhance & sustain Emergency Medical Services in Iowa.



Common issues:

- > EMS is fragmented in many areas
- > The current system may not be sustainable
- > Lack of a consistency
- > Some EMS systems are working well
- > Many systems are struggling
- > Difficulty assuring adequate coverage 24/7/365
- > Inconsistent funding streams
- > Lack of volunteers
- > Lack of daytime responders
- > Difficulty in recruiting and retaining personnel
- > Aging workforce
- > Unlike Fire & Law enforcement, EMS is not currently considered an essential service

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If you are facing any of these issues in your area or know of areas that have similar concerns please consider reviewing these voluntary standards. Committee members are willing to come to your area to assist you.

Contact the IDPH for more information and assistance. These standards are designed for you to self-access your program, determine your needs--then contact us to assist you with improving your system.

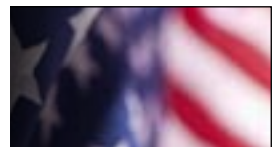
Iowa Department of Public Health
Division of Acute Disease Prevention and Emergency Response
Bureau of Emergency Medical Services.

321 E. 12th Street, Des Moines, Iowa, 50319-0075
(515) 281-7689 or toll-free at 1-866-227-9878

Go to this link to download and print the full System Standards Report and contact information for committee members.

http://www.idph.state.ia.us/ems/common/pdf/ems_system_standards/ems_system_standards.pdf

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