IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

2600 VINE STREET, SUITE 400

WEST DES MOINES, IA 50265

IEMSA

January – March 2005

VOICE

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Iowa Emergency Medical Services Association

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That's the question Dr. Bryan Bledsoe asked in the March 2004 cover story for *Emergency Medical Services* magazine. His answer was a resounding **No!** Dr. Bledsoe's article points out that EMS is one of the 10 most underpaid jobs in the U.S.

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BOARD MEETINGS:

THE IEMSA BOARD OF DIRECTORS WILL MEET ON THE FOLLOWING DATES IN 2005. EACH MEETING (WITH THE EXCEPTION OF THE MARCH AND ANNUAL MEETINGS) 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.

2005 IEMSA MEETINGS

- **MARCH 17**
  MEETING SITE:
  Station #17
  1401 Railroad Ave.
  West Des Moines
- **APRIL 21**
- **MAY 19**
- **JUNE 16**
- **NO JULY MEETING!**
- **AUGUST 18**
- **SEPTEMBER 15**
- **OCTOBER 20**
- **NOVEMBER 10**
  – ANNUAL MEETING
- **DECEMBER 15**

Additional IMPORTANT DATES:

MARK YOUR CALENDAR —

ANNUAL CONFERENCE

NOVEMBER 10 - 12, 2005
ANNUAL CONFERENCE & TRADE SHOW
Des Moines, Iowa

NOTE TO MEMBERS:

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) or e-mail (iemsa911@netins.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.

Vol. 2005-01 • January – March, 2005

IEMSA VOICE

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IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

2600 Vine Street, Suite 400

West Des Moines, IA 50265

Newton Fire Department

Advances through the Years

The history of the Newton Fire Department began in 1874 when it was originally established as the Newton Hook and Ladder Hose Company, #1. The first fire hydrants in Newton were installed in 1883. By 1914, the first mechanical fire truck was used. 1938 saw the establishment of the 24 hour, paid fire department. By 1964, the ambulance service was acquired. Newton Fire Department (NFD) moved to its current location on 2nd Avenue in Newton in 1976. By 1995, the ambulance service was upgraded to the paramedic level. In 1997, NFD established a Hazardous Material Technician Response Team.

Today's NFD is equipped with two fire pumpers, two fire/rescue pumpers, a 100' aerial ladder, one Hazardous Materials truck and one HazMat trailer. A Mass Casualty trailer, a command vehicle and three ALS ambulances have also been added. Their mission "as a progressive Fire Service Organization, is to prepare themselves and dedicate their efforts to protect life, property and the environment, utilizing the highest professional standards in emergency response operations and prevention education."

Cross Training is not only a catchword in the department, but a daily expectation involving all personnel. All personnel must complete training in Fire and EMS certifications. The Newton Fire Department provides consistent resources to accomplish these goals including access to college classes upon successful completion of probation. Recruit training is rigorous and demanding. This basic training includes classroom, field drills, and mandatory "street" experience. This curriculum assures the highest quality training program and a smooth transition from the classroom to field duty assignments. The department adheres to many standards, including NFPA, OSHA, AHA and The Fire Service Training Bureau. Continuing education resources

are provided for all employees and include a variety of traditional and technological methods. The training division is responsible for recruit training and continuing education for all employees' certification levels. These include Firefighter I & II, Driver Operator, Hazardous Materials Technician and Specialist, Fire & EMS Instructors, EMT-Basic, EMT-Intermediate, EMT-Paramedic Specialist

In their efforts to "prepare themselves and dedicate their efforts to protect life, property and the environment…," NFD participates in a strict maintenance program. Vehicles and equipment are checked daily, and all information gathered is recorded. Fire Department personnel do much of the maintenance from totally servicing the fire trucks and ambulances, to servicing generators and other smaller equipment. The maintenance department also conducts ground ladder testing and ISO fire pump testing annually.

NFD is dedicated to public education. The educational materials endorsed by the National Fire Safety Council are distributed to elementary school children grades K-3. This proven program successfully instructs children and their families on what to do in fire emergencies. Reaching over 1200 children, this program is totally funded by local citizens and businesses. Enhanced fund raising efforts have made it possible to expand the program to 4th and 5th grades. This program works in conjunction with NFD's "SAFE House" program.

Newton Fire Department just joined IEMSA as an affiliate member. Their EMS Director, Roger Heglund, serves on the IEMSA Board of Directors and represents the South Central Region. ■

EMS DAY ON THE HILL/ LEADERSHIP CONFERENCE

A huge success

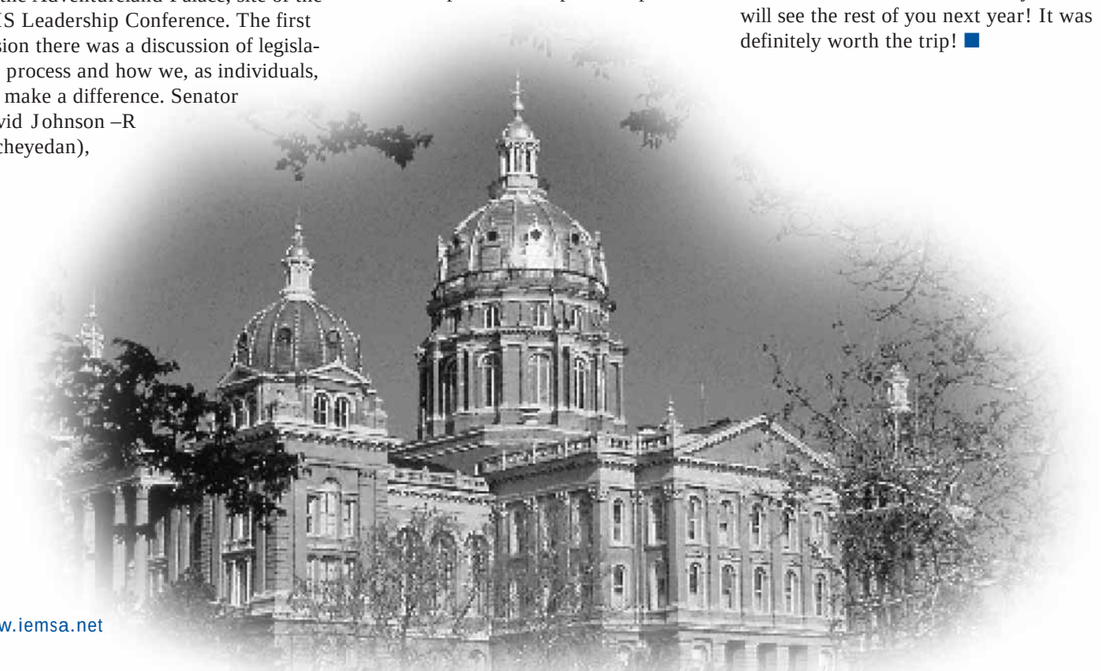
RIC JONES, IEMSA LEGISLATIVE COMMITTEE CHAIRPERSON

Wow. What a combination. February 3rd was our EMS Day on the Hill followed by the EMS Bureau's 2005 Leadership Conference. We had a successful day before we left, filling a chartered bus with more EMS providers than had ever previously attended the event. Fifty-some of us were at the Capitol - citizens meeting their legislators.

We had an excellent color tri-fold pamphlet that outlined and explained our legislative agenda. We had spare copies of the Voice. Our lobbyist, Cal Hultman hooked us up with dozens of lawmakers who took the time to see us and talk about our wants and needs. We were able to secure some bill sponsors and are fairly well assured that all of the bills we seek will be introduced.

We got back on the bus and headed for the Adventureland Palace, site of the EMS Leadership Conference. The first session there was a discussion of legislative process and how we, as individuals, can make a difference. Senator David Johnson –R (Ocheyedan), Representative Roger Thomas – D (Elkader) and Lynne Patterson, Legislative Liaison to the Department of Public Health joined me on this panel. Senator Johnson is a brain injury survivor who is forever grateful to his rescuers. Representative Thomas is an active paramedic on his hometown squad and keeps a jump kit under his desk as the only paramedic working at the Capitol Complex. Both have been among our strongest allies.

All of us stressed the importance of face-to-face and at-home contacts with lawmakers. Most communities have a cracker barrel or coffee session with their lawmakers on Saturday mornings. It is a great place to meet and converse with your legislators. If there is no such event in your community, maybe your EMS should sponsor one. All you need is a coffee pot, a few cups and a place!



Lynne Patterson publishes a weekly Legislative Update on the web that is worth your attention. www.idph.state.ia.us/do/legislative_updates.asp is the address. It is updated every Monday morning and follows and explains all bills of public health interest. Lynne is brilliant in her work. Check it out. You will be impressed.

Next was a session from Representative Mark Smith – D (Marshalltown) who is sponsoring a measure to add volunteer crisis counselors to the protection of Iowa's Good Samaritan law.

We learned about the Florida hurricane aftermath's Iowa D-Mat team deployment, and the day was capped by Dr. Broselaw's presentation on his expanded color-coding of kids program.

It was another great day for EMS! Thanks to all who attended. Maybe we will see the rest of you next year! It was definitely worth the trip! ■

Welcome New IEMSA Members

NEW IEMSA MEMBERS NOVEMBER 2004 – JANUARY 2005

AFFILIATES:

Baxter Rescue
Bellevue Ambulance Service
City of Prairie City Ambulance
Crescent Volunteer Fire Dept.
Eagle Grove EMS
Jefferson County EMS Association
Lewis Township Fire & Rescue
Lockridge Emergency Response Unit
McClelland Volunteer Fire
New Hartford Ambulance
Newton Fire Department
North Liberty Fire Department
SW Webster Ambulance Service
Washta Fire & Rescu

INDIVIDUALS:

Teresa Adrian-Andrews
Darrin Alderson
Jamie Alshouse
Jerry E. Anderson
Joshua Anderson
Sam Arnold
Galen Barrett
William J. Bartachek
Tom Bates
Stephen Beattie
Randy Berry
Dianne Bowser
Stephanie Brunsting
Peggy Bullard
Richard Bullard
Dennis Burke
Robin Butler
Rodney Case
Colin Chinery
Clark A. Christensen
Dawn Craighton
Carie Creelman
Christina Debner
Keith DeGroot
Caroll DeGroote
Brenda DeWild
Jason Dinwiddie
Angie Donley
Donald Donley
Connie Dunham
Christopher M. Dunn
Lisa Eggers
Greg Elmore
Jeannie Everly
Dave Eyman
Aaron Feagain
Andrew Fischer
Lou Ann Forward
Heather Fraise
Jay Franzen
Vickie Frederick
Kent Geppert
Brandie Golik
Chris Goodwin
Leanne Gray
Richard Groves
Lisa Grulke
Dewayne Hagan
Bryan Hardin
Elizabeth Hargis
Diana Harness
Kent Heazlett
Steve Helm
Robbie Herley
Trevor Hilgenerg
Joshua Hlas
Donald Hobbs
Eric Hoogendorn
Rhonda Ingwersen
Noel Isaac
Tara J. Kaufman
Amy Kelley
Lori King
Chad Klein
Deb Krichau
Corey Larson
Debra Lee
Michael J. Lee
Brad Leedon
Bob Libby
Holly M. Lovig
Shane D. Lovig
Tyler Lupkes
Susan Lynn
Monica Machovec
Gerald D. Malone
Derek Manser
Reylon Meeks
Karen Menke
Steve Mercer
Heather Metzger
Erran L. Miller
Kyle Mohni
Krystal Moss
Ethan Moulden
Teresa Mouw
Kelly Murley
Joyce Murphy
Tracy Musser
Terri L. Naso
Les Nichols
Terry Niemeyer
Luke Nixa
Ann Nolan
Rick Norrish
Gary Oakley
Terri Oden
Diane Orbell
David Peterson
Daniel L. Phillips
Jessica Phillips
Matthew K. Powers
Brian Prange
Frank Randall
Rod Rasmussen
Josh Ries
Charlotte Robinson
David Roquet
Nicole Routh
Jeremy Rummel
Trina Lynn Schirboun
Renee S. Schlichte
Philip Schmidt
Nathan Schmitz
Tim Scurlock
Bob Seivert
Ann Shaklee
Eleanor Sheffield
David Smith
Dave Smith
Kevin Smith
Terry Sprague
Karisa Stahl
Janice Steffen
Brenda J. Stevens
John Stoner
Brenda Stottlemyre
Andrew Sweeney
John Thoren
Nathan Toleheim
Kathy Twedt
Heather Vanden Berg
Laryl Vanden Berg
Miranda VandenBrink
Eric Vandewater
Bobby Vargason
Scott Vaughan
Melorie Vonk
Carrie Wagner
Robert Walker
Melissa Walker
Rodney A. Whitecotton
Gary A. Whitney
Michelle Wortman
Jared Zimmer

CONTINUING *education*

IT'S ALL THE RAVE

BY JEFF MESSEROLE, PS

CASE STUDY

It's midnight and time is dragging in the local ER when a group of frightened and noisy teenagers show up. They are supporting a girl friend who appears to be having difficulty standing. You assist her to a cot where she falls limp, moaning incoherently. You ask the teens what they think is wrong with her. They say they were at a dance party, called "A Rave." They swear that this girl only had one drink and did not even finish it before she became disoriented and unresponsive. They rushed her to the ER as they did not know what else to do. As a hospital based EMS provider, you are somewhat aware of street drugs in the area and your thoughts turn immediately to Ecstasy or GHB.

"A Rave" used to mean an extravagantly enthusiastic review, or to talk in a noisy, excited or declamatory manner. Today, the term takes on a different meaning. Ask any 18 – 24 year old what rave means and they'll tell you a rave is an all-night dance party where the music is upbeat and loud, typically electronic, played by DJs using mixers and turntables. There are often bright lights and other psychedelic visuals designed to enhance the effect of the music as well as the drugs commonly consumed. Raves are where we first heard about date rape drugs like Rohypnol, and Ecstasy (GHB). These older and illegal drugs have been replaced by one that is legal and as potentially harmful as its predecessor.

OUR CASE STUDY

You begin your assessment. The airway is maintained with head tilt chin lift. She is breathing at a rate of about 12 and shallow. Her radial pulse is weak at 52 and blood pressure is 102/60. Her oxygen saturation is 94% on room air. Although only 15 years old, you begin treatment based on implied consent and have someone call the girl's parents. She is placed in the recovery position, oxygen is applied at 10 LPM via nonrebreather, an IV of NS is established running at TKO, and the heart monitor shows sinus brady at 52 beats per minute. She responds purposefully to painful stimuli, her pupils are equal and reactive, and her GCS is 9. You note some smell of ETOH. Physician orders the usual labs, tox screen, CBC, Chem. Panel, and a medical BA. A phone call is made to Iowa's Poison Control Center at 1-800-222-4222 requesting information on GHB. The ER team is making a decision on whether or not to use their RSI protocol for the purposes of endotracheal intubation.

GHB — WHAT IS IT?

You may have heard of it by one of its 80 club names like Blue Nitro, Borametz, Serenity, BioMetabolic P.M., or Zen. It is being touted as a legal alternative to alcohol, a "kid friendly" way to get drunk without getting intoxicated. It is colorless and odorless, making it easy to slip into the drinks of unsuspecting partygoers and, unlike alcohol, has no calories; a calorie-free drink for those watching their caloric intake. Users have reported a sense of euphoria and enhanced sexual effects with no hangover. Its chemical formula is C4H10O2. You can purchase it on the Internet. A search yielded the ability to purchase it in 55-gallon drums for industrial use. It is found in industrial cleaners, used in polyurethane to make car bumpers and used to make Spandex. It is also an abused recreational drug that has been linked to two deaths and many illnesses.

"It" is 1,4-Butanediol (BD).

Once ingested, BD turns into gamma hydroxybutyrate — GHB, the so-called "date-rape" drug. It received national attention when two teenage girls died after it was slipped into their sodas. As a result of this case, GHB was declared a restricted drug (classified Schedule I) in March 2000. There is now a 20-year maximum jail term for the illegal manufacture or trafficking of GHB.

GHB is illegal, but BD is not. This is like banning peanut butter but leaving peanuts on the grocery store shelves. As a first step toward banning BD, the US Food and Drug Administration has declared BD a Class 1 Health Hazard. Since then, manufacturers have been asked to recall products containing BD. However, because of the wide range of products that use BD, it is not illegal to purchase or possess.

BD affects the central nervous system in a way similar to alcohol. It relaxes people and makes them sleepy. It gives the user a feeling of euphoria, that everything is fine. It also slows central nervous system functions, causing a reduced breathing rate, slowed reflexes and a slowed heart rate. As with alcohol, too much BD can cause a person to overdose leading to combativeness (wanting to pick fights), loss of consciousness, incontinence, vomiting, seizures, coma and death. The amount required to get a "high" is VERY close to that of a toxic dose. In other words, to get high, you have to take an amount that is so toxic you may overdose. When mixed with alcohol the standard liquid dose of 4 ml can cause overdose symptoms. Friends may simply "party on" while the affected person lies dying or near death. They often describe that their friend as snoring (BD causes a rather distinctive snoring in many cases) and they assume all is well.

Like most drugs, the dose of BD is dependant on the user. The standard 4 ml dose may be just right for one user and deadly for another. BD can be produced in clear liquid, white powder, and pill and capsule forms. Proponents of BD — no longer sold legally in the U.S. as a diet or nutritional aid but widely available on the Internet as a solvent — tout it as a natural and nontoxic way to build muscle, improve athletic performance, increase libido and sexual performance, reduce stress and wrinkles, reverse baldness and combat depression and insomnia.

BD is addictive, and when it is discontinued after regular use, some users may have withdrawal symptoms such as feelings of anxiety, severe sweating, tremors and muscle aches, and audio or visual hallucinations.

TREATMENT

Treatment is largely supportive, aimed at managing the ABC's until the effects of the drug wear off. Aggressive airway protection and management is necessary in comatose patients.

Because there are no solid confirmatory tests for BD, the diagnosis must be made by history. If the diagnosis is in question, the clinician should rule-out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia.

Although co-ingestants are common with BD, isolated ingestions do not respond to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Once these patients awaken fully, further observation is not necessary and they may be discharged in the absence of other complications. BD does remain in body fluids for a relatively short period of time compared to other drugs; it lasts in blood for four hours and in urine for twelve hours.

CASE STUDY FOLLOW-UP

Labs results have come back, showing everything is within normal limits, the medical blood alcohol is .o4, and the tox screen won't be back until tomorrow. The patient is left in the recovery position, is admitted on close observation with frequent level of consciousness checks. With in 6 hours patient is alert, awake and oriented with no memory of what happened. ■

REFERENCES:

Google Search: 1,4 Butanediol

www.nutritionalsupplements.com/borametz.html

http://archives.cnn.com/2001/HEALTH/alternative/01/11/dangerous.supplement/

http://faculty.washington.edu/chudler/14b.html

http://leda.lycaeum.org/?ID=173

10 QUESTION

Quiz

POST-ARTICLE

1) The antidote for 1,4 Butanediol ingestion is:

A) Naloxone
B) Flumazenil
C) Time
D) Activated Charcoal

2) 1,4 Butanediol can be supplied in which form(s)?

A) White powder
B) Clear liquid
C) Pill / Capsule
D) All the above

3) It is illegal to have in your possession 1,4 Butanediol?

A) True
B) False

4) Once ingested 1,4 Butanediol turns into:

A) Methamphetamine
B) Gamma Hydroxybutyrate (GHB)
C) Rohypnol
D) LSD

5) 1,4 Butanediol is not addictive making it popular with frequent users.

A) True
B) False

6) Signs and symptoms of 1,4 Butanediol ingestion may include:

A) Feeling of euphoria
B) Slowed respiratory and heart rates
C) Loss of consciousness
D) Vomiting
E) Seizures
F) All the above

7) The standard dose of liquid 1,4 Butanediol is:

A) 2 ml
B) 4 ml
C) 6 ml
D) 8 ml

8) 1,4 Butanediol is also found in the following:

A) Spandex
B) Plastics on cars
C) ndustrial cleaners
D) All the above

9) Airway obstruction and aspiration are the common causes of death in patients taking 1,4 Butanediol.

A) True
B) False

10) Patients who are unconscious after taking 1,4 Butanediol wake up suddenly with little or no memory of the event.:

A) True
B) False

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. ☐	B. ☐	C. ☐	D. ☐		
2.	A. ☐	B. ☐	C. ☐	D. ☐		
3.	A. ☐	B. ☐				
4.	A. ☐	B. ☐	C. ☐	D. ☐		
5.	A. ☐	B. ☐				
6.	A. ☐	B. ☐	C. ☐	D. ☐	E. ☐	F. ☐
7.	A. ☐	B. ☐	C. ☐	D. ☐		
8.	A. ☐	B. ☐	C. ☐	D. ☐		
9.	A. ☐	B. ☐				
10.	A. ☐	B. ☐				

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 University of Iowa Hospitals' EMSLRC, Provider #18.

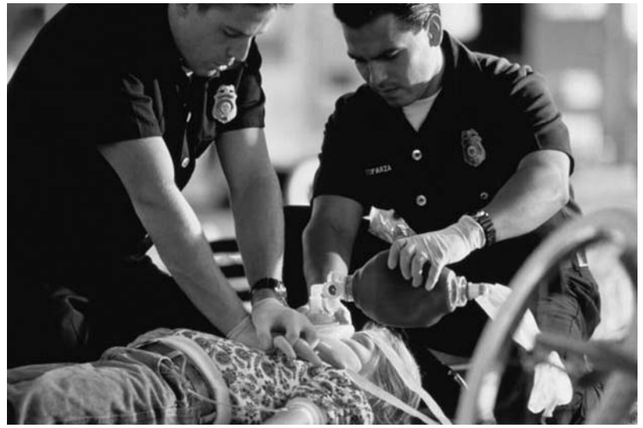
For those who have access to email, please email the above information, along with your answers to:
adamr@uihc.uiowa.edu

Otherwise, mail this completed test to:
Rosemary Adam
University of IA Hospitals and Clinics
200 Hawkins Drive, EMSLRC So. 608GH
Iowa City, IA 52242-1009

THE DEADLINE TO SUBMIT THIS POST TEST IS **MAY 1, 2005.**

REVOLUTION IN RESUSCITATION:
A Goal for the Future

BY CHAD TORSTENSON, M.D. MEDICAL DIRECTOR, IEMSA



Every year in the United States nearly 250,000 people suffer a sudden cardiac arrest. Currently, the survival rate for out-of-hospital cardiac arrest is between 5-10%. To put this into perspective, this would be like the city of Des Moines being wiped out with 12,000 – 25,000 survivors. Over the years there have been minimal advances in cardiac arrest survival despite ongoing research and changes in the American Heart Association's ACLS protocols. The biggest contributor to cardiac arrest survival to date was the introduction of portable defibrillators. At times, we have even taken known technology and tried to improve upon it to increase survival - monophasic to biphasic. Still, we are left with bleak survival rates with out-of-hospital cardiac arrest. Thankfully, there is new information that suggests that we may be able to do better.

There are two major multicenter trials about to get underway that will be looking at new concepts in out-of-hospital resuscitation. Let me first say that these trails are in the early stages and protocols have yet to be determined, so the goal of this article is not to get ahead of ourselves or predict outcomes. The goal is to inform you, the EMS provider, that your job is likely going to change over the next several years. You may think of change as bad but, believe me this type of change is good; good because EMS systems are getting the opportunity to be a part of a project that is attempting to answer the question: "Can we do better?" To date, many of the EMS protocols were developed because of what we know about patients in the hospital. Albuterol was placed in ambulances only after we learned what it did for patients in our hospitals. My point is that this is research for our out-of-hospital cardiac arrest patients that is going to be developed in the streets, exactly where it is intended to be employed. This is a rare concept in pre-hospital medicine but, thankfully, one that is catching on with many EMS researchers.

So you may be asking, what are the studies? The study that will likely have the most local involvement is the ROC (Resuscitation Outcomes Consortium) study. Once it starts, the study will first look at cardiac arrest and trauma patients. Since the protocols are still in development and community consultations have to be initiated, it is too early to comment or give details of this project, but it is exciting that this will be occurring at several services and hospitals in Iowa! We are certainly lucky to be providers in a state that has an institution like the University of Iowa Hospitals and Clinics. UIHC continues to be a leader in education and research, and was selected as one of eight sites in the entire country to conduct and oversee this project.

Another study that is gaining momentum will occur in Minneapolis, St. Paul, King County (Seattle), suburban Milwaukee and Detroit. It will be looking at the use of devices to promote circulation during CPR and hence hope to promote survivability. The preliminary research of these devices is very exciting. These devices will be used by EMS providers in the field to assist in resuscitation, and the EMS provider's role is paramount to the success in obtaining good data.

As we enter a new era in out-of-hospital resuscitation, I am excited about what is to come. Think of it, if we could improve survival from 10% to 13% this would be a difference in roughly 10,000 people's lives. This is why we all became involved in EMS…to help. What a wonderful opportunity the state of Iowa and EMS providers have to help answer the question: "Can we do better?" ■

IEMSA AWARD
Nominations

Do you work with a person who exemplifies what a professional emergency medical services provider should be? Are you proud of the accomplishments made by the ambulance service you work for? Did an EMS instructor have an extraordinary ability to shape your career through his or her teaching? Do you know of someone in your community who supports EMS activities in a special way? GREAT! Nominate them for the annual IEMSA Awards. Below is a description of each award given at the annual IEMSA Conference and Trade show held each November.

INDIVIDUAL:
The nominee must be currently certified by the State of Iowa, have strong and consistent clinical skills at his/her certification level, and have made an outstanding contribution to the EMS system either within or outside of his/her squad or service. Award recipients MUST be (or become) an active Iowa EMS Association member. Two awards in the Individual category will be presented — volunteer and career.

SERVICE:
The nominee must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to public relations, information and education (PI&E), maintain a positive and outstanding relationship with the community it services and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care. Two awards in the service category will be presented — volunteer and career.

FRIEND OF EMS:
Any individual who has made outstanding contribution(s), which enhance the quality of EMS at the local, regional or state level.

HALL OF FAME:
Any individual who has made outstanding contributions to EMS during longevity in the field (10+ years). This individual may be someone to recognize posthumously. This will be an ongoing plaque displayed in the Association Office.

INSTRUCTOR:
Any individual who instructs and/or coordinates on a full-time or part-time basis; has dedication to EMS through instruction, number of years in EMS and/or number of years instructing EMS. Two awards in the Instructor category will be presented – full time and part time.

Winners of these prestigious awards will be announced at the Recognition Banquet at the Annual Conference and Trade show held in November. Each award winner will receive a plaque to commemorate their achievements and will be recognized in The Voice. Winners of the Hall of Fame award will have their name engraved on a permanent plaque that is displayed at the IEMSA office (when it is not being displayed at the IEMSA booth).

In order to nominate a person or service for one of these awards, you must

1) complete the Award Nomination Form,

2) include a letter of recognition/nomination and

3) submit your nominations to the IEMSA office any time between now and September 23.

DON'T MISS THIS OPPORTUNITY TO RECOGNIZE

SOMEONE DESERVING RECOGNITION!

IEMSA AWARD
Nomination Form

INDIVIDUAL: ☐ Volunteer ☐ Career
SERVICE: ☐ Volunteer ☐ Career
INSTRUCTOR: ☐ Full Time ☐ Part Time
FRIEND OF EMS: ☐
HALL OF FAME: ☐

Nominee's Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Certification Level & Number: _____

Nominator's Name: _____

Address: _____

City / State / Zip: _____

Day Telephone: _____

Evening Telephone: _____

MAIL NOMINATION FORM AND LETTER OF RECOGNITION/ NOMINATION TO:

IEMSA AWARDS
2600 Vine Street, Suite 400
West Des Moines, IA 50265

DEADLINE: SEPTEMBER 23, 2005

NEW
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New merchandise with the IEMSA logo is available for sale at special member prices. Warm up with the **FLEECE BLANKET**. Be prepared for the cold with an **IEMSA WIND SHIRT**. Enjoy your favorite cup of coffee with the new **THERMAL MUG**.

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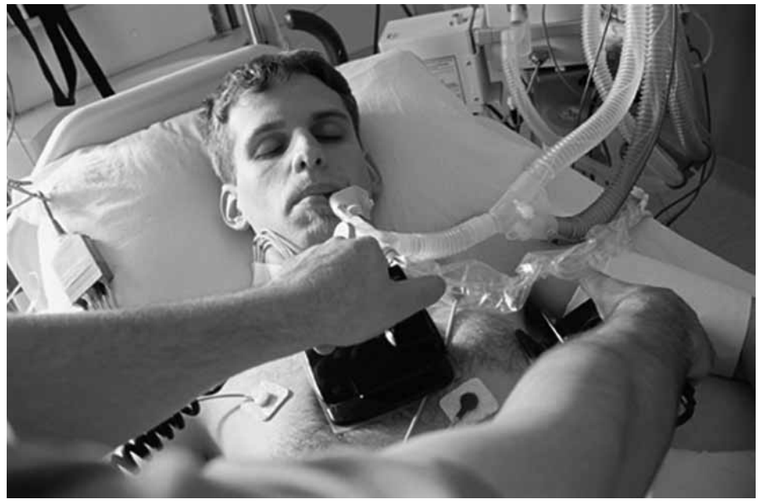
The Scoop on Scope:

What's Happening With EMS Scope of Practice?

BY ROSEMARY ADAM



THIS QUARTERLY UPDATE ON IOWA'S EMS SCOPE OF PRACTICE WILL REVIEW: what continuous positive airway pressure (CPAP) is; which EMS levels can provide it; and a new pilot project for the Iowa Paramedic level (EMT-I) to provide CPAP.

During the January 12th meeting of the Scope of Practice committee, an interesting request from Dubuque Fire Dept. EMS was received, reviewed and discussed by the group. The request was for the provision of continuous positive airway pressure (CPAP) by the Iowa Paramedic and the Paramedic Specialist in their department. There was supporting evidence that included draft protocols, education program, letters of support from several area physicians and science literature positive for the use of this special type of ventilation from the organization that the committee reviewed.

What is CPAP? Continuous positive airway pressure (CPAP) is a type of ventilation for the non-intubated patient that supports both inspiratory and expiratory efforts. CPAP is indicated in the patient with respiratory failure secondary to diseases such as CHF and COPD, and can allow aggressive ventilatory support (with therapeutic positive end-expiratory pressure (PEEP) without invasive airway management.

Who can provide this specialized ventilation? In the Iowa EMS Provider's scope of practice, recent definitions have allocated this type of therapy to the critical care level. More recently, it has been noted that the EMT-P: National Standard Curriculum (Paramedic Specialist) includes references to the BiPAP and CPAP forms of ventilation. As such, the committee decided that this should be added to the PS level in Iowa.

Another issue is if the Iowa Paramedic should be able to provide this specialized therapy. It was decided by the committee that Dubuque Fire Dept.(DFD) may develop a pilot project for their service only. In this project, the DFD should develop a continuing education curriculum that includes an overview of anatomy, physiology and pathophysiology pertinent to the use of CPAP; indications, contraindications and application of CPAP; and the special monitoring necessary once the ventilatory device is used.

As part of a pilot project, the Scope of Practice committee has asked DFD to provide quality control measures that include compliance with protocol (specificity and sensitivity), (did they choose the right patient, did they do it right, etc.) and include which patients would have been intubated without CPAP availability, etc.. This project will be evaluated continuously by the DFD Medical Director and liaisons and, again, by this committee.

Only the Dubuque Fire Department's Pilot Project for CPAP allows the Iowa Paramedic to offer this specialized skill.

Paramedic services who would like to incorporate CPAP into their protocols will need to request a waiver until the Scope of Practice Document is updated by a rule change. Service Directors interested in a variance should contact their Regional EMS Coordinator.

For information on how to develop a pilot project within your organization, please contact the Iowa Department of Public Health, Bureau of EMS Regional representatives or the Bureau office for the appropriate process of application. ■