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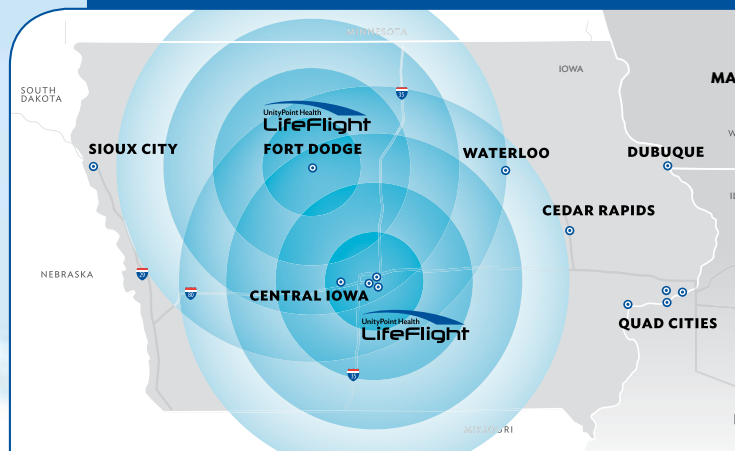
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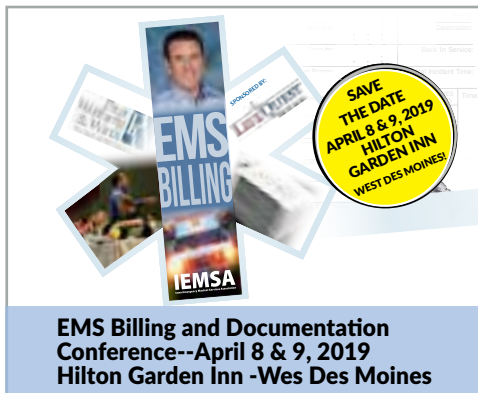
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> CONTENTS

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.



**EMS Billing and Documentation Conference--April 8 & 9, 2019
Hilton Garden Inn -West Des Moines**



30 DR. CHRISTOPHER COLWELL WILL DELIVER A KEYNOTE ADDRESS AND OTHER SESSIONS AT THE 2018 IEMSA ANNUAL CONFERENCE--REGISTRATION IS OPEN! REGISTER TODAY!

17 15TH ANNUAL REGIONAL BILLING CONFERENCE : CE'S FOR EMS BILLING MANAGERS & CERTIFIED AMBULANCE CODERS

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- > **December 20, 2018**
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- > **January 17, 2019**
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- > **April 8, 2019**
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- > **September 19, 2019**
WDM Station 19- 1:00—3:00pm
- > **October 17, 2019**
WDM Station 19- 1:00—3:00pm

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05	PRESIDENT'S NOTE : IDENTITY CRISIS
06	LEGISLATIVE UPDATE : A SOLID AND ACTIVE 2018 LEGISLATIVE SESSION
09	WHERE THERE'S SMOKE, THERE IS FIRE. RECOGNIZING THE IMPACTS OF ALCOHOL OR SUBSTANCE ABUSE FOR EMS RESPONDERS.
10	WHY JOIN IEMSA-- ASSOCIATION
11	AFFILIATE MEMBERSHIP : WHY SHOULD MY SERVICE JOIN IEMSA?
15	MEDICAL DIRECTOR UPDATE: INTRODUCING OUR NEW MEDICAL DIRECTOR -- DR. CHRISTOPHER HILL
16	AMPHASTAR NALOXONE : IOWA REBATE
17	EMS BILLING & DOCUMENTATION CONFERENCE -- APRIL 8 & 9 WEST DES MOINES HILTON GARDEN INN
18	BUREAU OF EMERGENCY & TRAUMA SERVICES UPDATE : EMS IS KEY PARTNER IN IDPH SYSTEM DEVELOPMENT GRANT PROGRAM
21	2018 ANNUAL IEMSA CONFERENCE BROCHURE & REGISTRATION FORM REGISTER BEFORE OCTOBER 31, 2018 TO SAVE \$50
38	CE TRAINING : SEPIS earn 1 optional CE
43	SPOTLIGHT ON TRAINING NORTHEAST IOWA COMMUNITY COLLEGE

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A NOTE FROM OUR PRESIDENT

IDENTITY CRISIS

BY MARK McCULLOCH,
IEMSA President
Deputy Chief, West Des Moines EMS



> I talk to a lot of people about EMS. By geographic default (because of where I live) most of them call some form of urban sprawl home. I have yet to find an individual who doesn't consider EMS an essential service, and fortunately all the municipalities in my area provide very good EMS service to their citizens. Even rural Iowans, with their incredibly strong sense of self-reliance, expect Emergency Medical Services to be there when they call for help.

> Furthermore, to my knowledge there is not a single square inch of Iowa left "un-covered" by EMS service, directly or through mutual aid. We even saw an Iowa county declare EMS essential **by vote** this year (Way to go Wright County!!!!!!) When you think about the tax increase involved, that was a huge accomplishment and makes a profound statement. For these reasons, I think it's safe to declare ourselves essential. No one is going to argue with you. Debate over. Done. **Now what?** [Stick with me here - before you walk away saying "that's not how it works - it has to be a law - or it's not that easy"]

> In my 2 years as IEMSA president, I have had the opportunity to meet many passionate and professional EMS providers from across Iowa. As I expressed in just about every article to this point, the people and their service oriented spirit are the backbone of our industry. Without a doubt, the most frequently discussed issue is the fact that we are not on the books as an essential service. I hear about a number of issues when listening to Iowa responders talk about essential service: They most often boil down to - In some places, citizens don't have ambulance coverage, and they have to wait over 40 minutes for a response. I frequently hear this attributed to lack of personnel. No one is signing up to volunteer as an EMT. It's too expensive, too time consuming, and no one wants to do it anymore. Volunteerism is changing.

> A rapid response by the closest available ambulance may not be guaranteed everywhere because of staffing or volunteer shortages, increasing call volumes, or operational inefficiencies. While it's understood that response expectations differ between the rural and urban setting, there's still no question that waiting an hour for an ambulance is unacceptable, even in the most rural environment - but do we really know what response standard we are trying to achieve?

> How can we address an issue if we don't know the end goal? Who sets our response standards? Do we set our own based on gut feelings and emotions; are they prescribed globally by a College of Surgeons; or are they the responsibility of the State? And has anyone asked the people we serve about their expectations? This highlights a significant hurdle for EMS: **Standards.** We must develop standards and strive to maintain compliance with them. Obviously, there are statewide standards we must all meet (certification and agency), however in addition to those minimum standards we should each work to meet our own local expectations of service. Our standards can be a consensus between those we serve, ourselves, the State, and our medical directors. Without measuring ourselves against standards, we can never unequivocally say we are experiencing

a crisis in EMS, nor can we estimate the cost to fix our crisis. We are literally arguing opinions and emotions, which will stay opinions and emotions until we can prove them with data.

> Recruitment and retention is a "hard sell" in our industry. Hey young people, have we got the deal for you!! First we want you to pay for your education (around 20K after all is said and done). After that we will expect you to work a minimum of 56 hours a week, overnights, weekends, holidays, birthdays, anniversaries (the few that you have). And if you don't work extra, like all of us old timers did, we'll think you're lazy. We expect you to perform flawlessly day or night, in incredibly challenging - and sometimes hopeless situations. while everyone watches, criticizes, and disrespects from the comfort of their armchair. You will be subject to one of the most dangerous jobs, with an injury rate around 3 times that of the national average for all occupations, and a fatality rate of 7.0 per 100,000 FTEs, while the average for all workers is 4.0, and firefighters 6.1. (Reichard A, Marsh S, Moore P. Fatal and nonfatal injuries among emergency medical technicians & paramedics. *Prehosp Emerg Care.* 2011;15(4):511-517). You will be more likely to get divorced, and around 10 times more likely to contemplate or attempt suicide than the average person. If you decide to make this your career, according to the Bureau of Labor and Statistics, you can plan on making around \$16/hr. Of course, if you volunteer you can expect less pay.

> Additionally, the motivations that drive successful EMS providers are internal, and often not discovered until the provider is knee deep in their career; a career they thought would be very different from what it actually is. So many perspective EMS providers start out with a Hollywood inspired desire to save lives on every call, rescue children from the clutches of death, and enjoy the comradery of fellow responders; only to find out that most people in need are nowhere near death, and when they are; death usually wins. We spend a lot of time contemplating why so many new EMS workers never renew their certifications - but with the "help wanted" add above, it's not a big mystery. It really is no surprise we don't have droves of applicants lining up at the door to sign up for their own little slice of this heaven. Don't get me wrong, you can make a living in this profession, and there are some very fortunate people, like myself, who have been able to do so. But generally speaking, it's still a tough sell.and something we need to change.

> This is our identity crisis: What are we? Everyone knows about the fire service (from the time they can walk), and everyone knows about nursing. Both are legitimate, livable professions - each with their own dangers and challenges. Neither are far from EMS, but neither are close enough to be considered the same. Now contemplate both careers - or any other for that matter - and weigh the inputs, responsibilities, risks, and rewards of each. I think EMS is deserving of its own recognition as a profession. As long as we start to address the things we can control; pay, hours, work-life balance, recognition, safety, support, and uphold our own professional standard. We can be a very attractive career for a lot of young people. "These dang Millennials" who are unwilling to make their work their life might actually be on to something. To attract a new workforce, we must recognize this and quit trying to make young workers accept terms and conditions that turn them away from the industry.

> When we ask for EMS to be considered an essential service, we are asking for money. Lawmakers are fiscal agents responsible for the sensible distribution of our tax dollars (I know it doesn't always seem like it). I guarantee they all believe EMS is an essential service - and so do the majority of their constituents. I also guarantee they support EMS providers, and hear our issues. They are even sympathetic to our issues. But they won't throw tax money at a problem without a solution. We, as an industry MUST make changes and plans to address the issues we face. We need to answer HOW we will use tax dollars to recruit and retain providers. Maybe we can pay more to attract people to our industry, or maybe we will be able to require fewer hours worked, or provide better benefits. Maybe we can pay for the emotional support of our responders. Or perhaps we can develop systems to consistently deliver EMS in all areas of the state. All of these things require planning and money, neither of which we have right now.

> Declaration of EMS as an essential service might bring in some tax money to throw at our problems. But our problems are not the type money alone can fix. We are doing ourselves a disservice by blindly fighting for that "essential" declaration, when it already exists in many forms, and we still don't know what to do about our issues once money starts pouring in. We need a legitimate plan to address our hardships before we just throw cash in every direction in hopes it will make everything better. Yes - we should be recognized as "essential" in Iowa Code, but that won't make our issues disappear. We need to address those ourselves.

BY MICHAEL TRIPLETT IEMSA Lobbyist

OUR VOICE ON THE HILL LEGISLATION

> IEMSA HAD A SOLID AND ACTIVE 2018 LEGISLATIVE SESSION, WITH KEY VICTORIES AND CONTINUED SUPPORT VOICED FROM OUR FRIENDS IN CAPITOL..

> GEMT - IEMSA led a coalition of groups that worked extensively on ground emergency medical transport (GEMT) funding. HF 2285 requires the Iowa Department of Human Services to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to allow for qualified EMS programs to access GEMT funding. Our language was drafted to allow for both public and private EMS programs to be eligible, subject to CMS approval. Gov. Reynolds signed the bill on March 29, with immediate effect. IEMSA is also leading the way on helping DHS draft its state plan amendment. We will continue to update you on its progress through this state and federal bureaucratic maze.

> EMS as an Essential Service - IEMSA also made significant progress in its push to create a dedicated funding stream for rural EMS. HF 2479 passed the House 96-0, but stalled in the Senate Ways and Means committee after rural firefighters raised questions about how this would impact townships that are already at their maximum property tax levy. IEMSA had offered an amendment to address this perceived problem, but the shot clock ran out and the Legislature adjourned before they could bring it up. All throughout this process, legislators acknowledged the needs of rural EMS in Iowa, and lauded IEMSA for coming to them with new ideas to study. IEMSA will continue its push for permanent and sustainable funding for all levels of EMS in Iowa.

> Concussion Protocols - The Legislature took another crack at addressing the concussion problem in high school sports with the passage of HF 2442. Many rural legislators voiced concerns that some sports contests would have to be cancelled if specific types of medical providers were not available, so they narrowly allowed circumstances in which EMRs, EMTs, AEMTs and paramedics could remove a player from competition if they observe "signs, symptoms, or behaviors consistent with a concussion or brain injury". However, these same emergency medical care providers are NOT allowed to clear the student to return to practice or play. IEMSA was glad to work with legislators to address their concerns within the context of our training, insurance and certifications.

> Narcan ... again - IEMSA also worked with legislators late in the session on the vexing issue of who can administer narcan and by which method. As you know, our scope of practice is narrow and does not allow several levels of emergency care providers to inject



medicines; however, several legislators were hearing from some of their constituents (some of whom are paramedics) that they should expand our scope of practice to allow for injectable delivery of opioid antagonists. IEMSA opposes this, and spent a significant bulk of one afternoon explaining to lawmakers why they should leave our scope as is. In the end, IEMSA's views prevailed and our scope of practice remained intact.

> This will be my last article as Legislative Counsel for IEMSA.

Due to another client's merger with a large, national health insurer, there is a distinct possibility that I would be in conflict on an insurance issue if I were to work with both groups. As a result, I feel it is only fair to all for me to choose now rather than in the middle of the 2019 session. This will also give you time to prepare your new lobbyists to help you strategize and advocate for your issues.

> IEMSA has accomplished so much in the past few years, and I am glad to have been a part of your successes. The GEMT bill is a perfect example of this. It passed and was signed before the end of March, when some people thought it would be a 2 or 3 year process to get it signed. The language that ended up passing existed in FIVE different bills in various forms, which shows that
a) lawmakers were hearing our concerns and wanted to help and
b) we knew how to work the process to position ourselves for success. Kudos to all of us for such great work!

> I must say that I was proud to represent you every day I walked into the Capitol. You are strong and passionate advocates and sacrifice so much to make your communities safer. Legislators are hearing your voice, and I would urge you to continue your push for permanent and sustainable funding for all levels of EMS.



BILL WATCH



BY MARK McCULLOCH

IEMSA President/Legislative Chair

BILL	DESCRIPTION	POSITION
HF 2006	Brain injury policies for extracurriculars	Neutral
HF 2442	Brain injury policies for extracurriculars	Neutral
SF 2060	Voter approval to require a township to provide emergency medical services	Neutral
HF 2215	Township funding for emergency medical services	Neutral
HF 2454	Township funding for emergency medical services	FOR
HF 2479	Township funding for emergency medical services	FOR
HF 2092	Helmet requirement for minors	FOR
SF 2111	Helmet requirement for minors	FOR
SF 2090	Extends immunity from tort liability to non-profit emergency medical services	FOR
HSB 648	Deapprops bill with GEMT language	FOR
SF 2117	Deapprops bill with GEMT language	FOR
HF 2103	GEMT	FOR
HF 2285	GEMT	FOR
SF 2149	GEMT	FOR
HF 2118	Prohibiting the use of automated traffic cameras	Neutral
SF 2103	Assignment of benefits for EMS	FOR
HF 2049	Continuation of health coverage for spouses/children of deceased peace officers	FOR
HF 2351	Continuation of health coverage for spouses/children of deceased peace officers	FOR
HF 2060	Overtime compensation for state employees who volunteer for EMS providers	FOR
SF 2075	Three-month retroactive Medicaid coverage	FOR
SF 2073	Changes to public employee retirement plan.	Neutral
HF 2126	Stroke-related care	FOR
SF 2299	Stroke-related care	FOR
HSB 613	Unified fire and emergency service departments	Neutral
HF 2225	Authorized annual tax implementation by a benefitted fire district	Neutral
SF 2210	Duties of political subdivisions to provide EMS	FOR
HF 2299	Pharmacy regulation	Neutral
HF 2377	Pharmacy regulation	Neutral
HF 2418	Income tax deductions for volunteer fire fighters	Neutral
SSB 3197	Modifying individual and corporate income taxes	Against
SF 2383	Modifying individual and corporate income taxes	Against





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¹Acosta JA, et al. *Journal of the American College of Surgeons*. 1998;186(5):528-533.



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WHERE THERE'S SMOKE, THERE IS FIRE.

BY ERIC WEINKOETZ, *Director
Manning Regional Healthcare Recover Center*

RECOGNIZING THE IMPACTS OF ALCOHOL OR SUBSTANCE ABUSE FOR EMS RESPONDERS.

It's a common phrase with a simple literal and figurative meaning – if something looks wrong, then it probably is wrong. But when it comes to substance abuse and alcohol addiction, the signs of a fellow Emergency Medical Service responder struggling aren't always as easily seen. Or, perhaps concerning behavior is noticed, but dismissed as being nothing serious and just a "normal" way to relieve job-related stress.



Extreme stress, sleep deprivation, anxiety and depression that result from working long shifts in the EMS field is recognized as a problem impacting responders across the county. Researchers have found that exposure to repeated traumatic events in the field and the subsequent post-traumatic stress disorder many develop makes EMS professionals at especially high risk of alcohol or drug use. Specifically, prescription medications and alcohol are found to be common drugs of choice used to cope.

So, how does casually drinking or taking a pill to alleviate chronic pain turn to serious abuse? According to Eric Weinkoetz, Director of the Recovery Center at Manning Regional Healthcare Center, signs of this escalation are usually there, but many people look past them because they still equate old stereotypes of alcoholics or drug addicts as being homeless individuals living on the street.

"Recognizing the signs of addiction or substance abuse early can make the difference between successful recovery or lifelong struggle with addiction," Weinkoetz said. "Many people believe if someone holds a job or appears to contribute to society that there is no way he or she could be an alcoholic or have a drug problem. But, unfortunately, alcoholism and drug abuse take many forms."

Weinkoetz notes some warning signs include changes in sleep habits, stealing medications or forging prescriptions, taking higher dosages than prescribed, appearing over-stimulated or too sedated, drinking alone or in secrecy, and more.

"If you or someone you are concerned about has these or any other warning signs, we encourage you to contact the Recovery Center to undergo an evaluation," said Weinkoetz. "These scientific evaluations are used as a tool to determine the extent of a person's misuse and abuse of drugs or alcohol and assess the extent by which the substance abuse affects the person's life."

The Recovery Center at Manning Regional Healthcare Center is a 16-bed co-ed chemical dependency facility. Located in Manning, Iowa, 90-minutes from Des Moines, this state-of-the-art treatment facility offers unique accommodations and services.

For nearly four decades, it has adapted treatments to meet the most pressing or newly emergent addiction issues. From alcoholism, to the influx of meth to the abuse of prescription painkillers, Weinkoetz says the staff have consistently helped clients take their first step toward healthy, drug and alcohol-free lifestyles.

"We encourage integration into everyday life and support the therapeutic value of being connected to a rural community," said Weinkoetz. "The Center's serene setting on the outskirts of town is complemented by our close proximity to nature allowing for an escape from the distractions of everyday life. Utilizing this peaceful environment has been extremely beneficial for individuals who seek help."

Admissions to the Recovery Center are made through a referral system. Referrals can come from medical providers, a hospital or treatment facility, or from the addicted individuals themselves. Potential clients or residents seeking admission must be medically and mentally stable and provide health insurance information to determine eligibility.

Furthermore, confidentiality is of the highest priority at the Recovery Center. Because it is a department of a hospital (Manning Regional Healthcare Center), all Recovery Center employees undergo strict HIPAA Privacy Rule training.

Weinkoetz says that keeping personal and treatment details of all residents private is not just a matter of morality – and maintaining employment – but it is essential in establishing trust between staff and individuals seeking treatment.

"Whether you're a first-year EMT, decades-old veteran, or someone concerned about a loved one in the field, you are not alone," said Weinkoetz. "We understand your struggles and have medically-trained professionals who will evaluate your needs and chart your path to recovery."

To learn more about the referral process, inpatient, outpatient and consulting services these trusted experts provide, contact the Recovery Center at (712) 655-2300 or find out more online at www.manningrecoverycenter.com.

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"Our youngest child, Caleb, tragically died the day before his third birthday, on December 17, 2014, after having a tonsillectomy. When faced with the unimaginable, my husband and I knew that good must come from our tragedy. Our first bit of light came from requesting that Caleb be an organ, eye, and tissue donor. We know our Bubba's loving and giving nature would want nothing but goodness and light to rise from the darkness of his death. His donation did not just save and improve the lives of all of his recipients, but it was key in saving me in my darkest hour. My name is Jenelle Shamrell and I am an eternally proud and grateful donor mom."



IEMSA INDIVIDUAL MEMBERSHIP UPDATE



WHY JOIN IEMSA?

BY AMY GEHRKE, NC REGION DIRECTOR & INDIVIDUAL MEMBERSHIP COMMITTEE CHAIR

IEMSA was established in 1987 and has been actively involved in EMS in many facets. No matter your level of service, type of department, or patch on your sleeve, IEMSA is here to serve you and help be you're VOICE in Iowa. Some join for the professional recognition and networking opportunities, while some join for the member benefits and discounted educational opportunities that are held throughout the year across Iowa. Others join for the resources, group purchasing, quarterly VOICE publication, our strong advocacy efforts, and timely member alerts through eNews. There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally.

> WHY SHOULD YOU SPREAD THE WORD ABOUT IEMSA MEMBERSHIP? There are so many benefits with this low cost membership. The most important for any EMS provider is the \$10,000 accidental death/dismemberment policy offered to each member. In our high risk line of duty this could be a huge asset to your family. If you are a member, have you filled out your beneficiary designation? We want to make sure all families receive this benefit if needed so fill out this form ASAP. You can find the form at this link: http://www.iemsa.net/pdfs/beneficiary_form.pdf

> EDUCATION IS ANOTHER IMPORTANT BENEFIT FOR ALL MEMBERS. You will receive a substantial discount on all IEMSA sponsored events, including our annual conference --an amazing event that is a lot of fun, offers top quality certified CE education, featuring well-known local and national speakers. In addition, you can pick up 1.0 CE from our continuing education with each VOICE newsletter. And finally, with your IEMSA Membership you receive a 25% off (\$10 off) NAEMT dues with proof of current membership.

> IEMSA IS YOUR ADVOCATE AT THE STATE LEVEL AND LOCAL LEVEL. Each region has representatives that you can reach out to. We have made great strides in Iowa with the legislators. Your involvement in your professional association is important to EMS. We need your voice to make important improvements in the state and national level. We can't do it without you!

There are also numerous benefits for affiliate organizations, students, retired-active individuals, corporate, and training centers memberships! To see all the great benefits please go to the IEMSA site at: <http://iemsa.net/membership.htm>

JOIN ONLINE TODAY AT: http://iemsa.net/member_account.htm For step-by-step details --follow the instructions on the screen. [NEW MEMBERS SET-UP AN ONLINE ACCOUNT CLICK HERE](#)

MEMBERSHIP BENEFITS OVERVIEW

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Student		X	X		X	X
Active Retired			X		X	X
Individual	X		X		X	X
Affiliate		X	X	X	X	X
Corporate		X	X		X	



WHY SHOULD MY SERVICE BELONG? AFFILIATE MEMBERSHIP

BY LINDA FREDERIKSEN
IMMEDIATE-PAST PRESIDENT

For me, membership is a sense of pride and a sense of belonging for a great group of EMS professionals and a way to give back to make EMS stronger and better in Iowa. Membership is valuable and critical for any organization. In this economy it is often hard to justify spending money on professional organization fees with shrinking budgets. Yet, that membership can provide great value to you, your employer, and IEMSA.

IEMSA was established in 1987 and have been advocating for EMS on the hill passionately ever since. No matter your level of service, type of department, **IEMSA has served Iowa EMS resulting in:**

- > **increased revenues** for your service with increases in the Medicaid Reimbursement rates.
- > **doubling the tax credit for volunteer** providers by increasing the tax credit to \$100.
- > **an education event program that brings national level speakers to Iowa.** Offering an affordable education and a great way to network and improve the level of care by sharing ideas between providers and services.
- > **very deep discounts on equipment and supplies for our Affiliate Members** through our Group Purchasing program.

We have identified the need to address educate the public about EMS and it's role in public safety across our state. The public needs to know who we are and how they can help us better serve them. We believe if Iowans know the struggles of our dedicated EMS providers, they will stand with us to move EMS to "Essential Service" status in Iowa. This status would secure, protect and improve EMS in ways we can only dream of right now. We will be working on this issue in the coming years. Your support will help make this happen.

There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but **only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally. Join the 145 Affiliate Organization Members today--a full list of those members is on page 12.**

JOIN TODAY--Complete the Affiliate Membership Application on Page 13, or Contact Lisa Arndt, Office Manager at 515-225-8079 | administration@iemsanet.net | Go to http://iemsanet.net/member_account.htm For step-by-step details --follow the instructions

WHAT ARE THE BENEFITS?

- > **Job Openings** at your service can be posted on our Job Posting Area of our Website--just complete the application at this link-- <http://www.iemsanet.net/employment.htm> when you have an opening--and we will post it for you. Your service must be an active member to post. There is no limit on the number of postings or how long the opening is posted. We understand our Job Board is, more effective, and less expensive than other job sites, like monster.com and other job sites.
- > **(1-3) FREE IEMSA Individual Membership(s)** for a provider from your organization--(\$30-\$90 Value based on membership level)
- > **25% off an Exhibit Booth** at the IEMSA Conference & Trade Show
- > **(1) FREE Seat in the Pre-Conference Leadership/Management Workshop** at the Annual IEMSA Conference & Trade Show--held in Des Moines every November-- (\$120 Value)
- > **Deep Discounts on Equipment and Products** --Your service/organization will be automatically enrolled in the Group Purchasing Program-- once you're an affiliate member of IEMSA, within 5-7 days from purchase of your IEMSA membership Boundtree Medical will activate your account to apply IEMSA discount levels to your account. This benefit alone will more than re-pay your membership dues with the discounts you see, beginning with your first order. You will enjoy FREE Shipping as well.



IEMSA
Iowa Emergency Medical Services Association

MEMBERSHIP UPDATE

MEMBERSHIP TOTALS
AS OF JUNE 2018:



INDIVIDUAL

1393

+



AFFILIATE

153

+



CORPORATE

24

=

1570



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Cedar Rapids Fire Department
Center Point Regional Ambulance
Central Community Hospital
Children's Neonatal & Pediatric
Critical Care Transport
Clarinda Regional Health Center
Clay County EMS Association
Clive Fire Department
Colfax Fire Department
Community Ambulance Service of Preston
Cornerstone Adminsystems
Council Bluffs Fire Department
Crescent Rescue
Dallas Co EMS
Defiance Fire & Rescue
Denver Ambulance Service
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Dubuque Fire Department
Dysart Ambulance Service
Earlham Rescue
Eastern Iowa Community College
Elberon Fire & Rescue
Eldora Emergency Med Service
Elkhart Fire Department
Ely Volunteer Fire Department
EMERSON VOLUNTEER RESCUE
Essex Fire & Rescue
Forest City Ambulance Service
Fort Dodge Fire Rescue
FOSTER COACH SALES, INC.
Garner Vol Ambulance Service
Gladbrook-Lincoln Ambulance Service
Granville Fire & EMS
Gravity Rescue
Greater Regional Medical Center (GRMC)
Greene County Emergency Medical Services, Inc.
Griswold Fire & Rescue
Hancock Fire & First Responders

Hartley Ambulance
Hawarden Ambulance
Hawkeye Community College
Henry County Health Center - EMS
Hiawatha Fire Department
Hudson Fire & Rescue
Humboldt County EMS Alliance
Independence Fire Department
Indian Hills Community College
Indiana Township First Resp
Iowa Central Community College
Iowa City Fire Department
Iowa County Ambulance
IOWA DONOR NETWORK
Iowa Valley Community College
Iowa Western Community College
Jackson Co. Regional Health Center
Ambulance Service
Jasper County Emergency Management Agency
Jefferson Monroe Fire Dept. (Swisher)
Johnson County Ambulance
Keokuk County Ambulance Service
Key West Fire and EMS
Kirkwood Community College
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Lake Mills Ambulance Service
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Lee County EMS Ambulance
Lewis First Responders
Life Line Emergency Vehicles, Inc.
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North Iowa Area Community College
North Liberty Fire Department
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Northwest Iowa CC
Norwalk Fire Department
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Oakland Rescue
Orange City Area Health System
Ottumwa Regional Health Center
Paramount EMS
Pella Community Ambulance
Pleasant Hill Fire Department
Pocahontas Ambulance Service
Rake First Responders
Regional Medical Center
Remsen Ambulance Service
Rock Valley Ambulance
Saylor Township Fire Department
Shelby County Emergency Services Association
Shelby Fire & Rescue
Sherrill Fire Department
Sioux Center Ambulance
Sioux City Fire Rescue
Slater EMS
Southern Appanoose County First Responders
Southwestern Community College
St. Mary's Fire Department
State Center EMS
Story City First Responders
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Tri-State Regional Ambulance Service, Inc.
UnityPoint Health -
Marshalltown Area Paramedic Service
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West Des Moines EMS
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Wilton Fire and EMS
Winneshiek County Emergency Management
Winneshiek Medical Center Ambulance
(Members as of -- 10/16/2018)



IEMSA
Iowa Emergency Medical Services Association

AFFILIATE MEMBERSHIP APPLICATION



\$50/YEAR
(< 50 Calls/Year)



\$100/YEAR
(51-500 Calls/Year)



\$250/YEAR
(501-2,499 Calls/Year)



\$350/YEAR
(> 2,500 Calls/Year)

TO JOIN IEMSA ONLINE: Go to http://iemsanet/member_account.htm Click the "Login Here" button. You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014 which is case sensitive and contains no spaces. Passwords can be reset at this time.

Don't have an IEMSA Account? click on the "Guest Registration" Link to create an account:

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Individual Membership" icon, add to your cart, process payment and you're now registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Memberships are not activated until payment is received. **Mail Checks to:** IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266.

TO REGISTER BY MAIL OR FAX: Complete this page and return with your check to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266 -- or FAX with Credit Card Info this form to: 877-478-0926. You will receive a confirmation email once your payment is received and/or processed. If you do not receive an email--please contact the office to confirm your membership was received.

Credit Card or FAX/EMAIL AFFILIATE Membership Application:

☐ LEVEL 1- **\$50/YEAR**

☐ LEVEL 2- **\$100/YEAR**

☐ LEVEL 3- **\$250/YEAR**

☐ LEVEL 4- **\$350/YEAR**

Organization/Service Provider Name

Primary Contact Name

(Home) Address

City

State

Zip

1st FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

All Affiliate Levels Complete --Affiliate Level 1 & 2 receive -(1) FREE Membership--Designate Here

2nd FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

Level 3 & 4 Complete --Affiliate Level 3 receive -(2) FREE Memberships

3rd FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

ONLY Level 4 Complete --Affiliate Level 4 Receive -(3) FREE Memberships

PAYMENT METHOD: ☐ MasterCard ☐ Visa

☐ Check Enclosed-Payable to IEMSA

Credit Card Number

Exp. Date

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uh-oh! Peds! CONFERENCE

EMS TRAINING TO CARE FOR LITTLE BODIES

JANUARY 12, 2019

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Formal EMS CEHs and Nursing Contact Hours applied for.

MORNING AGENDA:

- 7:30AM- 8:00AM** Registration/Welcome
- 8:00AM- 8:50AM** **Tiny Humans, Big Problems** (prehospital care considerations for the neonate)
Whether a home delivery or post NICU complication, EMS providers can face big problems with neonates. In this session, participants will learn the steps of post-delivery resuscitation as well as learn to recognize and manage potential complications after a neonate is discharged from the NICU.
--*Shannon Williams, NRP, MSEMS, FP-C, EMS-I*
- 9:00AM-9:50AM** **Shocknado, When Sepsis Strikes Kids**
When shock impacts children, it can be rapid and devastating. The key to survival is early recognition. In this session, participants will review the basic pathophysiology of pediatric shock, learn to recognize early and late signs and symptoms, and discuss the steps in prehospital shock management
--*Mikele Wissing, RN, BSN, CCRN*
- 10:00AM-10:50AM** **Teamwork Makes the Dream Work** (Specialty Team Tiered Response) Due to the low volume of such, pediatric emergencies can be intimidating for EMS providers. This session will explore a partnership created to ensure critically ill or injured kids receive optimal prehospital care. Participants will understand the project development and implementation and discuss specific supporting cases and clinical outcomes.
--*Megan Sorensen, RN, MHA, BSN, CEN, NEA-BC & Carol Gupton NRP*
- 11:00 AM-11:50** **When a Band-Aid Won't Cut It** (Management of Pediatric Trauma)
In this session participants will review various common injury patterns seen in the pediatric population as well as their prehospital management. Knowledge will be applied through focused case review of various trauma scenarios
--*Justin Parsley, RN, BSN, CCRN*

AFTERNOON AGENDA:

- 1:00PM-3:30PM** **Skill Labs** (Pit Crew CPR and other stations)
Participants will discuss effective resuscitation techniques and the roles of EMS providers in a High-Performance CPR scenario. Providers will then have the opportunity to review and practice various basic and advanced skills associated with resuscitation in a simulated skill lab environment.
--*Children's Transport Team*
- 3:30PM-4:45PM** **Project Austin: Bridging the Gap Between Hospital & Home**
Children with special healthcare needs have unique medical histories and require special medical treatment. In an emergency, many of these children are cared for by local EMS agencies that may not be familiar with their special needs, leading to an increased risk of delayed treatment, unnecessary tests, and even serious preventable errors. In this session, participants will discuss how planning and education can positively impact patient outcomes and EMS providers comfort level.
--*Natalie McCawley, RN, MSN, CCRN*

Registration/Tuition: JUST \$80 for IEMSA Members **and \$110** for Non-Members (includes an IEMSA Membership). **Lunch is included in your Registration Fees.**

REGISTER ONLINE--[Log-in Here](#) **or call 515-225-8079** You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014. Passwords can be reset at the time of initial login. Once logged in--go to the "Online Store" tab at the top of your screen, click on the "Uh-oh! Peds!" icon, complete the registration, process payment and you're registered! **OR print and complete the REGISTRATION FORM** fax to 877-478-0926 or email/scan it to administration@iemsa.net



MEDICAL DIRECTOR UPDATE

BY CHRISTOPHER HILL, D.O.



Introducing
the **NEW! IEMSA**
Medical Director:
Christopher Hill,
D.O.

> **I am indeed a physician that is passionate about excellence in the delivery of emergency medical care across its continuum, particularly in the prehospital setting.** EMS plays a pivotal role in the health care delivery team – and excellence in EMS care equates to saved lives and reduced suffering.

> Having grown up in a very rural part of our state (central Winnebago County), I have an appreciation of the complexities our state faces in providing uninterrupted,

high quality prehospital care to all of our citizens across an expansive geography. In particular, I am excited to see EMS evolve into areas such as community paramedicine.

> Highly engaged medical directors are one of the keys to success, and I am excited to be a part of generating enthusiasm among my colleagues to more closely align with and work with EMS agencies.

A bit about me:

- Graduate of Wartburg College and Des Moines University.
- Emergency Medicine residency was in Long Island and New York City with trauma training at Baltimore's Shock Trauma. I am Board Certified in Emergency Medicine. I also have credentials in hyperbaric medicine.

- I have been at Allen Hospital in Waterloo as an ED physician since 2010, where I served as the ED and ICU Medical Director. My current role (in addition to seeing ED patients at Allen) is as Medical Director of Clinical Performance for UnityPoint Health System Services. I also work part time in the ED at Grundy County Memorial Hospital.
- EMS roles: Medical Director of Waterloo Fire Rescue, Dunkerton Ambulance Service, Fairbank Volunteer Fire Department. Currently working with Bremer County EMS Association on building an EMS Medical Director's Board to serve in a regional capacity. I am also Iowa ACEP's representative to EMSAC.
- I am a Board Member for the Iowa Poison Control Center.



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AMPHASTAR NALOXONE IOWA REBATE



> **EFFECTIVE OCTOBER 1, 2017**, Iowa Attorney General Thomas Miller and Amphastar Pharmaceuticals, Inc., a manufacturer of the lifesaving drug Naloxone, entered into an agreement in which Amphastar has agreed to provide a \$6.00 per dose rebate for each Amphastar Naloxone syringe purchased by eligible Iowa Public Entities, including public EMS providers,

for the next two years. A copy of that agreement can be found as an attachment in the Amphastar Naloxone Rebate section on Iowa's grant management system, <https://odcp.iowa.gov/amphastar-naloxone-rebate-program>. As part of the agreement, the Iowa Governor's Office of Drug Control Policy has agreed to process the rebate requests. Please review the following instructions to submit electronically your certified rebate request to the Iowa Governor's Office of Drug Control Policy.

AMPHASTAR NALOXONE IOWA REBATE INSTRUCTIONS

ELIGIBILITY:

- **Nonfederal, Iowa government agencies are eligible to receive rebate payments.** This includes Iowa government state agencies, county and local government agencies, county and local government EMS providers, law enforcement agencies and not-for-profit community agencies (hereinafter referred to as "Public Entity").
- **To be eligible for the \$6.00 per dose rebate, it is not necessary that the Public Entity originally purchased the Naloxone from Amphastar.** Public Entities that purchase Amphastar-manufactured Naloxone from a pharmacy, wholesale distributor or other third party are also eligible for the \$6.00 per dose rebate.
- **In the event that one eligible Public Entity purchased Amphastar Naloxone syringe(s) and then sold the Amphastar syringe(s) to another Public Entity, the last Public Entity purchaser is eligible to receive the rebate.**
- **Only Amphastar-manufactured Naloxone syringes purchased between October 1, 2017 and September 30, 2019 are eligible for the rebate.**
- **Rebate requests can be submitted only for Amphastar-manufactured Naloxone syringes;** any additional components of administration or a naloxone kit (e.g. nasal aspirator or atomizer) are not part of the agreement and are not part of the rebate program.

CONTACT:

- > Dennis Wiggins 515/725-0311 dennis.wiggins@iowa.gov
 - > Susie Sher 515/725-0308 susie.sher@iowa.gov
- at the Governor's Office of Drug Control Policy with questions.

REBATE SUBMISSION REQUIREMENTS:

In addition to eligibility, there are two prerequisites to applying for a rebate :

- (1) The Public Entity seeking the rebate must enroll and obtain, or use its preexisting vendor ID in the State of Iowa's online Financial System known as I/3 (Integrated Information for Iowa) (https://vss.iowa.gov/webapp/vss_on/altselfservice); and
- (2) The Public Entity seeking the rebate must enroll and obtain or use its preexisting User ID in the Iowa Grant Management System online at www.iowagrants.gov

Instructions to register with www.iowaGrants.gov can be found at <https://odcp.iowa.gov/iowagrantsreg>. This site also contains a link to register as a vendor on the State Financial System, I/3

Many Public Entities are already set up to do business through I/3, the State of Iowa's online financial system. Check with your office or finance manager.

Instructions for making a request for a rebate using the Iowa grant management system are available as an attachment in the grant management system. <https://www.iowagrants.gov/getOpportunity.do?documentPk=1504016507606>

- **Rebate requests must be submitted at the end of each calendar quarter** for Amphastar-manufactured Naloxone syringes purchased during that calendar quarter.
- **Rebate requests and supporting documentation must be submitted electronically via the State of Iowa's grant management system, www.iowagrants.gov, and must be received electronically by the 23rd day of the month following the end of each quarter (must be received by January 23rd, April 23rd, July 23rd, and October 23rd).**

The Governor's Office of Drug Control Policy will submit on behalf of all eligible Public Entities one certified combined rebate request to Amphastar within 45 days following the end of a calendar quarter. Amphastar will issue a payment for the combined rebate amount to the Governor's Office of Drug Control Policy, which will then disburse rebates to eligible Public Entities via the same electronic system.



IEMSA BILLING & DOCUMENTATION CONFERENCE

BY LINDA FREDERIKSEN



A total of ninety-seven people attended the 14th Iowa EMS Association Billing and Documentation conference on April 16 & 17, 2018 at the Hilton

Des Moines Downtown. Once again, Doug Wolfberg, founding partner of Page, Wolfberg & Wirth, and one of the best known EMS attorneys and consultants in the United States, captivated those attending with eight hours of comprehensive education helpful for not only billers, but EMS Providers. Many who attended this presentation possess a Certified Ambulance Coder (CAC) certification from the National Academy of Ambulance Coding; these individuals must renew this certification annually with twelve hours of continuing education, and appreciated the fact that the four "mandatory" continuing education hours are included

in this seminar.

We added a day to our program this year-offering Iowa EMS Providers a brand new "Certified Ambulance Documentation Specialist" (CADS) Certification Course. This course was met with overwhelming success. Sixty-five providers passed the exam and are now "CADS" Certified. Mark your calendar for next year-we are considering offering this course again next year.

Wolfberg's depth of knowledge was appreciated by those attending, as well as his engaging presentation style, which kept everyone interested. Plans are already being made for next year's session in April, 2019, Mark your calendars for April 8 & 9, 2019 this great event...you won't want to miss it!

15th ANNUAL REGIONAL EMS BILLING & DOCUMENTATION CONFERENCE

APRIL 8 & 9, 2019

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EMS BUREAU UPDATE

BY ALEX CARFRAE - IDPH-BETS Service Area Preparedness Coordinator

EMS IS KEY PARTNER IDPH SYSTEM DEVELOPMENT GRANT PROGRAM

The Iowa Department of Public Health Bureau of Emergency and Trauma Services (BETS) rolled out a new grant program in July that combines the administration of the EMS System Development Grant with the public health and hospital emergency preparedness grant programs.

- > The changes were brought about to establish more efficient use of the federal emergency preparedness grants and state EMS system development funds in the face of continued budget and resource challenges. Each year we are asked to do more with less people, equipment, supplies, and funding. BETS' goal is to leverage the power of 930-plus EMS service programs, 118 hospitals, and 99 county public health departments to reduce redundant expenses, make more efficient use of available resources, and determine ways to share resources in a disaster or other emergency to build upon systems.
- > The program is called the All Hazards System Development and Response Grant, and is administered by BETS through 12 contracted service areas across the state. System development is the overarching goal of the new grant program. System development as it relates to EMS will be focused on a couple of areas to start.

PARTNERSHIPS

- > By becoming part of the healthcare coalition that administers the grant funds, your EMS service program should be part of the decision making process to set the priorities for the service area system development funds.

FUNDING

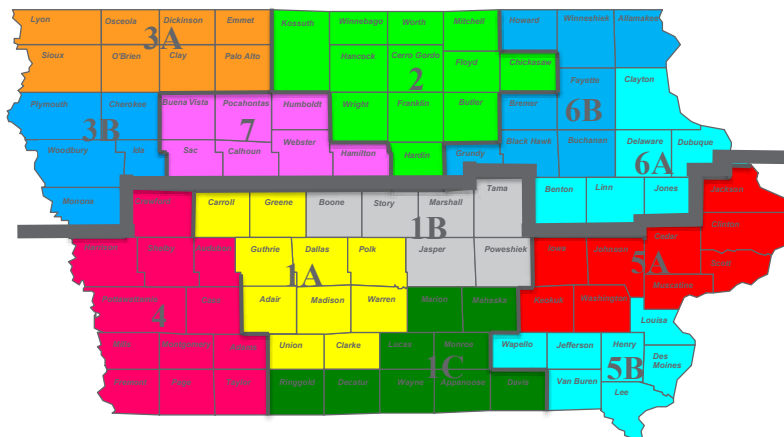
- > Efficiency in use of the funds. EMS System development funds have historically been used for training. A prioritized training and exercise plan for the entire service area will be planned and implemented. Going through this process will allow EMS service programs to identify what training is needed and look for opportunities to share/combine trainings to more effectively use the funds.

> **TO BE PART OF THE PROCESS**, your agency must be an active participant in the healthcare coalition within the service area.

- > Service areas are holding general membership meetings, and discipline-specific meetings in your area of the state.
- > Contact your county EMS association or IDPH EMS field coordinator for the time and location of those meetings. [Click Here for the listing of contact information](#)
- > Additionally, your local public health department service area coordinators/fiscal agent is listed in the next column.

Visit this link for FULL DETAILS and contact information:

<https://idph.iowa.gov/BETS/partnerships>



Service Area Fiscal Agents | IDPH Central Office and Unit Leads

Updated - September 2018

- Service Area 1A:** Scott Slater | Polk County Public Health | scott.slater@polkcountyiowa.gov
- Service Area 1B:** Kristy Reedy | Poweshiek County Public Health | kreedy@grmc.us
- Service Area 1C:** Kim Dorn | Marion County Public Health | kdorn@marionph.org
- Service Area 2:** Emily Dunbar | Cerro Gordo Public Health | edunbar@cghealth.com
- Service Area 3A:** Jared Johnson | O'Brien County Public Health | jjohnson@obriencounty.org
- Service Area 3B:** Tyler Brock | Siouxland District Public Health | tbrock@siouxlanddistricthealth.org
- Service Area 4:** Sherri Bowen | Mills County Public Health | sherib@mcph.us
- Service Area 5A:** Michelle Cullen | Clinton County Public Health | cullenm@genesishhealth.com
- Service Area 5B:** Christa Poggemiller | Des Moines County Public Health | poggemillerc@dmcounty.com
- Service Area 6A:** Julie Stevens | Linn County Public Health | julie.stevens@linncounty.org
- Service Area 6B:** Nafissa CisseEgbuonye | Black Hawk County Public Health | ncegbuonye@co.black-hawk.ia.us
- Service Area 7:** Kari Prescott | Webster County Public Health | kprescott@webstercountyaia.org

IEMSA AFFILIATE MEMBERS -- A FREE SEAT IS WAITING FOR YOU

at the IEMSA Annual Conference on November 8th at the **Pre-Conference Workshop - "System Development : Best Practices"** Register today--learn all about this grant and how to apply for this funding. See the registration form on page 35.



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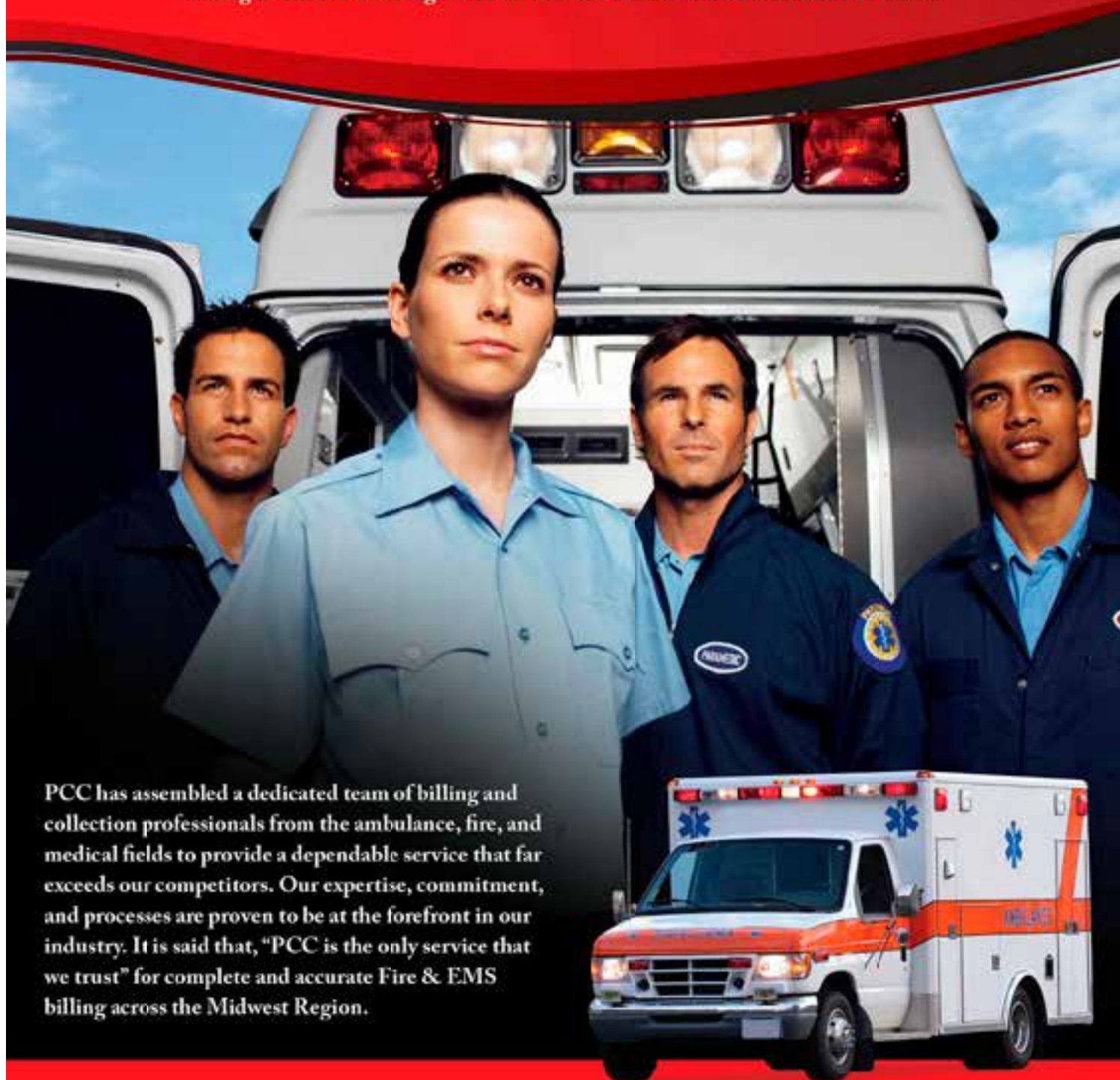
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DISCOUNT CUT OFF DATE:
October 16, 2018.



VENUE: IOWA EVENTS CENTER

COMMUNITY CHOICE CREDIT UNION CONVENTION CENTER & HYVEE HALL C

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IEMSA EXHIBIT HALL

HYVEE HALL C

FEATURING:
THE TOOLS OF YOUR TRADE

EXHIBIT HALL HOURS:

THURS. NOV 8TH
WELCOMING RECEPTION
4:30PM-7PM

FRI. NOV 9TH : 9:15AM-5:40PM

SAT. NOV 10TH : 9:00AM-1:00PM

IEMSA CONFERENCE GIVE-AWAY WINNERS ANNOUNCED

DRAWING HELD DURING BREAKS
FRIDAY AND SATURDAY. **MUST BE
PRESENT TO WIN**



IEMSA 29TH ANNUAL CONFERENCE & TRADE SHOW



**REGISTER BEFORE
OCTOBER 31ST
AVOID \$50 LATE FEE!**

To avoid the Late Fee your registration must be received in our office or posted online by 12AM October 31st.

**ALL REGISTRANTS
WILL RECEIVE AN IEMSA
BAG and Water Bottle.**

> REGISTRATION DEADLINE: Register prior to **October 31st** to ensure entrance to the conference. Registrations received after this date and on-site registrations may be limited. IEMSA will not invoice services for payment. PO's are not an accepted form of payment. Register by October 31th before 12am to **SAVE \$50.**

> CONFIRMATION: Registrations processed online will automatically receive a registration confirmation immediately via email. All others will not receive a confirmation unless requested by email to: administration@iemsa.net.

> CANCELLATION/REFUND POLICY: Refunds, less a \$50 processing fee, will be made for cancellations made prior to October 15th. No refunds will be made for cancellations after October 15th. IEMSA reserves the right to cancel any session or special event that does not meet the minimum requirements, or to change a speaker as necessary.

> REGISTRATION SIGN-IN: Packets and badges will be available for pick up in the first floor lobby of the Veteran's Memorial Community Choice Credit Union during the following hours: Thursday, Nov. 9 from 7:00am to 5:00pm; Friday, Nov. 10 from 7:00am to 5:00pm; and Saturday, Nov. 11 from 7:00am to Noon. **IEMSA MEMBERS:** Don't forget to join IEMSA or renew your membership. Conference registration member discount not allowed for non-active members. NON-Active Members taking the conference discount will be billed accordingly. Visit www.iemsa.net and go to Membership for all the details.

> CELL PHONES/PAGERS: Out of courtesy for fellow attendees, it is requested that all cell phones and pagers be turned off during all sessions, the Awards Ceremony, and the Honoring Our Own Presentation.

HIGHLIGHTS

> EXHIBIT HALL : HYVEE HALL C

LARGE DISPLAY OF THE TOOLS OF YOUR TRADE

EXHIBIT HALL HOURS:

• **THURSDAY, NOVEMBER 8TH**

VENDOR HALL WELCOMING RECEPTION

4:30PM-7PM

• **FRIDAY, NOVEMBER 9TH : 9AM-5:40PM**

GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL

DRAWINGS WILL DONE DURING THE A.M AND P.M.

BREAKS ONLY--**MUST BE PRESENT TO WIN.**

• **SATURDAY, NOVEMBER 10TH : 9:10AM-1:40PM**

GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL

DRAWINGS HELD DURING A.M. BREAK ONLY--

MUST BE PRESENT TO WIN.

> AWARDS CEREMONY : Saturday, November 10th, 1200-1300, during lunch. Awards given for EMS Service - Career and Volunteer, EMS Individual - Career and Volunteer, EMS Instructor, Dispatcher, Friend of EMS, and Hall of Fame.

> HONORING OUR OWN : Saturday, November 10th, 0730-0815
Please join us in honoring those no longer with us at this moving ceremony.

> LUNCHES : Again this year, we have elected to allow you the option and convenience of purchasing lunch during the conference. Our venue is a little farther away from the usual lunch sites, and with the short lunch break, we are encouraging you to include our plated hot lunch in your registration. In an attempt to keep the conference affordable, we kept the lunch price at \$15/day, a discounted price from what we are charged. Lunches must be purchased when you register—you will not be able to purchase a lunch the day of the event. **Lunch is on your own on Thursday.** **Concession stands will be available** during the lunch break on Thursday, Friday and Saturday. Food Concession open in the exhibit hall on Friday and Saturday.

> BREAKS : Coffee, tea and water will be available during registration. Two refreshment breaks will be provided on Friday and Saturday at no additional cost--served in the exhibit hall.

> CONFERENCE HOTEL GROUP RATES :
—SEE PAGE 21 FOR DETAILS



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EDUCATION AFFORDABLE

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, who makes continuing education possible at our conference.

REGISTER TODAY! THIS IS HOW IT WORKS:

> CEHs:

EASTERN IOWA COMMUNITY COLLEGE will award one continuing education hour (CEH) of credit for each contact hour attended. CEHs earned will be applicable for renewal of an Iowa EMS Provider certification.

> NURSING CONTACT HOURS:

ILLINOIS AND IOWA NURSING CONTACT HOURS are approved through Eastern Iowa Community Colleges Iowa Board of Nursing Approved Provider No. 8. Topics approved for Nursing Contact Hours are designated on the brochure as Formal Education (FE).

> CEH/NURSING CONTACT HOUR PROCESS:

IEMSA PARTICIPANTS MUST BE PRE-REGISTERED TO INCLUDE NAME, LEVEL OF CERTIFICATION, CERTIFICATION NUMBER, AND BIRTHDATE (*necessary to avoid duplication in recording hours*). At check-in, the day of the conference, you will receive a nametag with a barcode. In order to be awarded Contact Hours/CEHs, **each attendee must have their nametag barcode scanned after each presentation attended.**

> AFTER THE CONFERENCE | WATCH YOUR EMAIL

After the conference, you will receive your "Certificate of Attendance" which will indicate all the CEH/Nursing Contact Hour detailed information, including **Iowa EMS sponsor number as designation of formal education (FE) or optional education (OE).**

Before you can access your certificate--the link will require you to take a quick post-conference survey. After the survey is complete--you will see a link to your certificate in the top left corner of your screen. Click that link--to show your certificate. You can then download, save, and/or print it.

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PRE-CONFERENCE WORKSHOPS THURSDAY, NOVEMBER 8, 2018

★ = FORMAL EMS CEH + NURSING Contact Hours
 ○ = OPTIONAL EMS hours

7:15 AM REGISTRATION OPENS

8:00 AM-4:30 AM

FULL DAY PRE-CONFERENCE WORKSHOPS

- ★ **CRITICAL CARE PARAMEDIC (CCP) REFRESHER**
- **NATIONAL TRAFFIC INCIDENT MANAGEMENT (TIM) RESPONDER TRAINING PROGRAM** --THOMAS CRAIGHTON

8:00 AM - 11:15PM --1/2 DAY MORNING WORKSHOPS

- ★ **SYSTEM DEVELOPMENT BEST PRACTICES - --**
 This discussion on EMS Systems Development will assist EMS leaders in identifying and articulating the challenges EMS services face throughout our state and how participating in System Development activities can help us overcome those challenges.
 --MARK McCULLOCH, FRANK PROWANT, BRIAN HELLAND, & CHRIS PERRIN--to name a few, as well as members of the IDPH Bureau of EMS staff.

(LEADERSHIP/MANAGEMENT TRACK-AM SESSION)

12:15 AM - 4:30 PM 1/2 DAY AFTERNOON WORKSHOPS

- ★ **PEER SUPPORT TEAMS: BEST PRACTICES**
 PRESENTED BY THE PEER SUPPORT FOUNDATION
 SPEAKERS: JEREMY SPRAQUE & PAUL L. ASCHEMAN, PH.D.
 (LEADERSHIP/MANAGEMENT TRACK-PM SESSION)
- ★ **SERVICE DIRECTOR/MEDICAL DIRECTOR WORKSHOP**
 --IDPH STAFF

LUNCH AND SPECIAL EVENTS

11:15 - 12:15 PM

LUNCH IS AVAILABLE OUTSIDE THE EXHIBIT HALL

--HYVEE HALL BBQ, MEXICAN FOOD VENDORS AND SEATING WILL BE AVAILABLE

4:30 - 7:00 PM

> VENDOR HALL WELCOMING RECEPTION

--EXHIBIT HALL --HYVEE HALL C

- COMPLIMENTARY FOOD AND BEVERAGES.
- LARGE DISPLAY OF THE TOOLS OF YOUR TRADE

NOW IS YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET FOR A CHANCE TO WIN PRIZE! DRAWINGS WILL BE

IN THE EXHIBIT HALL FRIDAY AND SATURDAY BREAKS ONLY. YOU MUST DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH. YOU MUST BE PRESENT TO WIN.

DRAWINGS WILL BE HELD:

- FRIDAY AM BREAK -- 9AM - 9:45AM
- FRIDAY PM BREAK -- 2:55PM - 3:40 PM
- SATURDAY AM BREAK 9:15AM - 9:45AM

IMPORTANT NOTE:

NO RAFFLE DRAWINGS DURING LUNCH

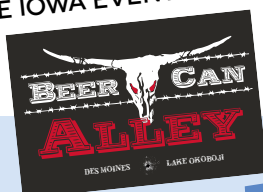
7:30PM - 11PM

> **"GATHERING PLACE EVENT" -- "BEER CAN ALLEY"**
 ON COURT AVE DETAILS BELOW.

THURSDAY NIGHT FUN
 GATHERING PLACE EVENT : 7:30-11P

LOCATION: BEER CAN ALLEY - NOV. 8TH
 (NO COVER FOR CONFERENCE ATTENDEES)

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PRE-CONFERENCE WORKSHOPS THURSDAY, NOVEMBER 8, 2018

WORKSHOP DESCRIPTIONS/SPEAKERS

★ = FORMAL EMS CEH + NURSING Contact Hours
 ○ = OPTIONAL EMS hours

AFFILIATE MEMBER SERVICES BENEFIT OF MEMBERSHIP: Current Affiliate IEMSA Member Services/Organizations are allowed \$120 towards your choice of TWO (1 -AM and 1- PM) of the 1/2 Day Workshops on this page. **Become an Affiliate Member Before you Register to Qualify.** Use Promo Code: AFF-Leader

1/2 DAY WORKSHOP: SYSTEM DEVELOPMENT : BEST PRACTICES ★

\$60 MEMBER / \$90 NON-MEMBER

8:00AM - 11:15AM -- **THURSDAY MORNING WORKSHOP**

MARK MCCULLOCH, BRIAN HELLAND & CHRIS PERRIN

What is the Road Ahead?

This discussion on EMS System Development will assist EMS leaders in identifying and articulating the challenges EMS services face throughout our state and how participating in System Development activities can help us overcome those challenges. We will also define, describe, and discuss Service Regions across Iowa and how we fit into our local Service Area Coalitions. We will work together to identify best practices and strategies for leveraging this new model towards our advantage.

- History of EMS in Iowa
- Problems we now face across the state (age, attrition, reimbursement, funding, etc....)
 - Now we face "service regions"
 - How and what do we do?

Coalitions:

- Define – What is this???
- History of how and why they were developed
- Service areas – geography lesson – and how this was developed
- Where does the money come from – Follow the dollar!
- How can we leverage this as an opportunity

Strategy – Group Discussion

1/2 DAY WORKSHOP: EMS SERVICE/MEDICAL DIRECTOR WORKSHOP ★

\$60 MEMBER / \$90 NON-MEMBER

12:15 PM - 4:30 PM -- **THURSDAY AFTERNOON WORKSHOP**

-IDPH : BUREAU OF EMERGENCY TRAUMA SERVICES

This program will provide the participant with some background information about the structure changes at the Bureau of Emergency and trauma services, give a review of the AMANDA system the departments new electronic service and personnel data base, introduce Chapter 132, the administrative rules for Ambulance/Non-transport EMS service programs, discuss the roles and responsibilities for the Medical and Service director, look at some EMS statistics and Share Leadership Best Practices from Service Programs.

Program Objectives: At the conclusion of today's presentation the participants will be able to:

- Describe the roles and responsibilities of the Iowa Department of Public Health regarding EMS
- Describe the roles, responsibilities, & duties of the Medical Director and Service Director of an Iowa authorized EMS program as defined in Iowa Code Chapter 147A and Iowa Administrative Code (IAC) Section 641 Chapter 132
- List the resources available to assist the Service Director and EMS physician Medical Director with managing their system
- Navigate the AMANDA Registry System
- Apply knowledge & information from today's workshop to given scenarios

1/2 DAY WORKSHOP: PEER SUPPORT TEAMS: BEST PRACTICES ★

\$60 MEMBER / \$90 NON-MEMBER

12:15 PM - 4:30 PM -- **THURSDAY AFTERNOON WORKSHOP**

PAUL L. ASCHEMAN, Ph.D. & SGT. JEREMY SPRAGUE

This course provides the information and resources needed to start and maintain a peer support team. Peer support teams offer ready access to assistance for personnel experiencing problems that negatively affect their work, family, or self. The use of peers reduces stigma of help seeking for both critical incidents and day-to-day stressors common to first responders. It is can used as part of a crisis intervention model and serves both a preventative and responsive role in personnel wellness. Trained peer support team members offer confidential consultation to prevent burnout and other harmful consequences of stress by offering social, emotional, and practical support from persons with shared experience and training in support strategies.

Attendees will:

- Understand the psychology of first responders
- Learn how to create and structure a team of trained peers
- Learn techniques to gain acceptance among administrators and line personnel
- Understand what is needed to maintain a successful program.

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FULL DAY : PRE-CONFERENCE WORKSHOP

CRITICAL CARE PARAMEDIC (CCP) REFRESHER

\$120 MEMBER / \$150 NON-MEMBER

SHOCK TREATMENT AND USE OF LIQUID PLASMA IN RESUSCITATION ★

--ROSEMARY ADAM

A REVIEW OF AIRWAY MANAGEMENT FOR THE CCP ★

--ROSEMARY ADAM

CHEST TUBE MAINTENANCE ★

--BILL BEVINS, NRP, CCP

PHYSIOLOGY OF FLIGHT ★

--BILL BEVINS, NRP, CCP

AIR GOES IN AND OUT: AN IABP CASE STUDY ★

--BRIAN RAYHONS, NRP, CCP

CAPNOGRAPHY FOR THE CCP ★

--JOSEPH HEMELT -- SPONSORED BY BOUNDTREE MEDICAL

A REVIEW OF TRAUMATIC BRAIN INJURY FOR THE CRITICAL CARE PARAMEDIC ★

--BRAD BUCK, NRP, CCP

FULL DAY : PRE-CONFERENCE WORKSHOP

NATIONAL TIM RESPONDER TRAINING PROGRAM ①

--THOMAS A. CRAIGHTON

\$120 MEMBER / \$150 NON-MEMBER

TIM training program was designed to establish the foundation for and to promote consistent training of all responders to achieve the three objectives of the TIM National Unified Goal (NUG):

- Responder Safety
- Safe, Quick Clearance
- Prompt, Reliable, Interoperable Communications

The National TIM Responder Training Program was developed and reviewed by professionals from all responder disciplines and those disciplines are the target audience for the training.

Lesson Objectives

1. Describe the purpose of the Strategic Highway Research Program 2 (SHRP 2) National TIM Responder Training Program
2. Recognize the dangers encountered by emergency responders working in or near traffic
3. Define traffic incident management (TIM)

TIM Fundamentals and Terminology

1. Define safe, quick clearance
2. List the principal laws that relate to responder safety and safe, quick clearance
3. Describe how the Manual on Uniform Traffic Control Devices (MUTCD) relates to TIM
4. Recall common response terminology, lane designations, and incident scene terminology

Notification and Scene Size-Up

1. Recognize the important role public safety communications centers play in incident response
2. Describe the notification and verification process
3. Recall the typical responsibilities of a Transportation Management Center (TMC)
4. List the key information that should be included in a scene size-up report

Safe Vehicle Positioning

1. Differentiate between Move It and Work It incidents
2. State the MUTCD definition of safe-positioned and describe blocking
3. Define Lane +1 blocking and describe the need for it
4. Describe safe practices for working around or avoiding the zero buffer

Scene Safety

1. Describe how emergency vehicle markings can improve scene safety
2. Describe recommendations for emergency vehicle lighting as set forth in the MUTCD
3. Describe high-visibility safety apparel requirements for incident responders

Command Responsibilities

1. Describe both the need and the requirements for establishing and participating in the Incident Command System (ICS)
2. Describe when it is appropriate to implement Unified Command
3. Identify the need for and use of Staging Areas

Traffic Management

1. Describe the four main components of a Traffic Incident Management Area
2. Identify conditions at an incident scene that would require the Advance Warning Area be extended
3. Describe the need for, and how to set up, a taper
4. Identify and describe the two types of buffers that may be **Special Circumstances**
5. Identify the safety concerns related to responding to an incident involving a vehicle fire
6. Describe how to identify what hazardous material is being transported
7. Recount good practices for responding to an incident involving a vehicle fluid spill
8. Describe the primary goal of a crash investigation and the importance of preserving short-lived evidence
9. Describe the importance of performing response tasks

Clearance and Termination

1. Describe quick clearance strategies for both minor incidents and incidents that involve tractor trailers and/or spilled cargo
2. List the type of information that needs to be provided to towing and recovery to facilitate their response
3. Describe the major activities that take place during termination and identify safety related considerations for scene breakdown



FRIDAY : DAY 1—NOVEMBER 9, 2018

COURSE DESCRIPTIONS/SPEAKERS

★ = FORMAL EMS CEH + NURSING Contact Hours
 ① = OPTIONAL EMS hours

GENERAL SESSION

7:45 AM - 9:00 AM -

FERGUSON INCIDENT AND EMS SITUATIONAL AWARENESS ★

--
TERRY LEDBETTER

Circa August 2014 a fatal police officer involved shooting occurred in St. Louis County, Missouri. During the homicide death scene investigation a large gallery of on-lookers gathered. The scene rapidly became volatile. The area was unsafe for first responders and citizens of the community. The proceeding days, weeks, and months resulted in the St. Louis metropolitan area to be under siege of civil unrest. This presentation will explain the police officers initial contact with his assailant who would later be fatally shot. The threat to first responders and the community will be described. At the conclusion our lessons learned will be presented to prepare others for civil unrest pre-planning and management.

TRACK 1

9:45 AM - 10:35 AM

WHO WILL REPLACE ME?

AGING EMS POPULATION IN AMERICA ★

--DAWN BRUS

As our population ages so does the EMS providers and we are not seeing the younger generation filling the shoes of us baby boomers that are aging out. Rather than Bash the Gen Xer's & Millennials, we need to look at what is our roll in raising up our replacements? This presentation will be an open discussion of the reality of not enough EMS providers in the future.

10:45 AM - 11:55 AM

RADIO 101-WHY CAN'T WE TALK ①

--ROB DEHNERT & CURTIS "WALLY" WALS

Do kids in pain scare you? Are you worried about overdosing and underdosing them? This session will discuss how people feel pain and the various treatment modalities at the disposal of the EMS provider.

1:00 PM - 1:50 PM

PRESERVATION OF THE CRIME SCENE ★ --TERRY LEDBETTER

First responding emergency medical service (EMS) personnel should be familiar with forensic death scene evidence. This presentation will explain the basic information about preservation of evidence in a medical case that has the potential to be a criminal investigation. This lecture will cover homicides, suicides, motor vehicle accidents, child deaths, pattern injuries, etc. This information is not only for death scenes, but also for injured persons who are viable patients.

2:00 PM - 3:15 PM

WHEN FICK FAILS: CURRENT TOPICS IN SHOCK RESUSCITATION ★ --RICK ERICKSON--

SPONSORED BY AIR METHODS

Fick essentially says blood goes round and round, air moves in and out, any variation is bad. Understanding the shock state and choosing the appropriate treatment plan is paramount in improving patient outcomes. This will be a case based presentation to focus on what we can do as EMS providers to help our patients. We will review the different forms of shock and look at the current topics in shock resuscitation that are showing to be beneficial at helping patients survive when Fick fails!

TRACK 2

9:45 AM - 10:35 AM

RURAL TRAUMA--

YOU'RE STILL IN KANSAS TOTO ★ --DAVID SEASTROM

This lecture will cover some of the barriers to trauma care in general with a specific focus on the rural environment. The listener will learn why rural trauma carries a higher mortality rate and what they can do to decrease that. Common misconceptions regarding EMTALA and the transfer process will also be discussed.

- Discuss the difference in mortality between urban and rural environments
- List the barriers to rural trauma care
- Understand why a trauma system is the best intervention for a rural trauma victim

10:45 AM - 11:55 AM

EMERGENCY RESPONDER PIPELINE AWARENESS COURSE - IOWA PIPELINE ASSOCIATION ★

--MIKE HARTMAN

Overview:

- Pipeline Systems and their purpose:
- Transmission, Batching, Pipelines in Iowa Pipeline Safety and Integrity.
- Leak Recognition & Product Properties
- Common Product Properties, Resources, Scenarios, Liquid Spills
- Incident Response
- Purpose of PSAP, Pre Arrival and Arrival Information, On Scene Assessment and set up
- Patient Care - Objective: To add 10 minutes minimum on subject of patient care
- Topics to include in this portion are Fire Entries, Chemical Exposure, Triage etc.

1:00 PM - 1:55 PM

TAKING CARE OF OUR OWN -- MENTAL HEALTH ISSUES FACING EMS ★ -- DAWN BRUS

This presentation will openly address the stressors in EMS and how we may be contributing to the fear of talking about the dark side of our jobs and the impact it has on each of us. This will not be a lecture but a group collaboration in ways that we can change the culture. No longer shall we eat our own young, but rather build a culture of care.

Learning Objectives:

- Recognize the subtle signs and systems of cumulative stress on the EMS provider.
- Identify how stress on the prehospital care provider impacts our ability to treat patients.
- Create a "Culture of Care" for our EMS Family Members



2:05 PM - 2:55 PM

STUPID KID TRICKS ★ --DAVID SEASTROM

This lecture focuses on 3 of the common mechanisms of injury for the pediatric trauma population: Pills, Spills & Thrills. The pills section covers the basics of pediatric overdoses with helpful insights of what to look for and works in some comic relief by some great and amusing pictures. The spills topic covers some of the most common injuries in children sustained by falls and their treatments and the reminder to never underestimate the occult injury. Lastly is the thrills section where we see pediatric trauma at its worst from lawnmower incidents, life threatening dog bites and major burn patients. This lecture is assured to wow your participants.

TRACK 3

9:45 AM - 10:35 AM

THE PROOF IS IN THE PUDDING, RESEARCH FOR EMS CARE ★

--CHUCK GIPSON

This topic will discuss the importance of evidence based care in EMS and how to find the truth in data to implement best case care to the patients we serve. Different types of research and their applications and examples will be reviewed to show the importance of making good decisions on clinical care.

- Explain practical use of research in ESM care and explain the process of conducting a review
- Understand the types of research methods and their applications.
- Review of some research projects and applications.

10:45 AM - 11:55 AM

BRIAN INJURY AND CONCUSSION: WHAT'S YOUR ROLE? ★

--GEOFFREY LAUER

Iowa passed a Youth Sports and Concussion law in 2011. This law was updated and expanded in the most recent legislative session. This session reviews "what's new" and "what to do". New effective July 1, 2018 is a process for regular review of return-to-play (RTP) protocols (by the Iowa Dept. of Public Health), the addition of a requirement for schools to adopt return-to-learn protocols, and limited liability for some emergency medical and health care professionals who serve to identify concussion at school events.

1:00 PM - 1:50 PM

YES--THERE'S AN APP FOR THAT! ①

--CENTRAL IOWA REGION SERVICE DIRECTORS

Across the region, the Des Moines metro-area struggled to unite all of their EMS agencies and multiple hospitals with one another during time-sensitive emergencies, such as stroke and heart attacks. EMS and the emergency department used a legacy system of telephone calls when preparing a patient for critical care, making multiple calls to alert the appropriate care teams and relay important patient information including ETA, case type, vital signs, and more.

Central Iowa EMS and Hospitals recognized a need for a solution that would get all members of the care team on the same page and potentially improve treatment times, patient care, and team coordination. Learn how Des Moines EMS teams collaborated with its hospital systems to employ mobile technology that improves patient care, not only for the high-acuity calls, but for every patient transport through the region.

2:00 PM - 3:15 PM

EMERGENCE OF A CRISIS, FACTS TO KNOW ABOUT THE OPIOID EPIDEMI ★

--CHUCK GIPSON

This topic will take a look at the current opioid epidemic in America. How did we get here and what are we doing about it? Statistics and treatment will be reviewed to deliver the best care possible for the addicted patient.

- Understand the history of the opioid epidemic.
- Knowledge of the current data and statistics regarding opioid addiction.
- Treatment and the future of opioid care.

TRACK 4

9:45 AM - 10:35 AM

NATIONAL EMS REFRESHER : CAPNOGRAPHY ★

--JOSEPH F. HEMELT -- SPONSORED BY BOUNDTREE MEDICAL

While capnography has become the gold standard for tube verification it is only the beginning and your peers are using it on a daily basis to do much more. Come and see how capnography is used to monitor ventilations, perfusion, and metabolism status in both the intubated and non-intubated patient. Discover how capnography is guiding care and assisting healthcare professionals in making clinically appropriate decisions that improve patient outcomes. Through lecture and case scenarios you will leave this session with a thorough understanding of capnography and a new level of excitement regarding its use.

10:45 AM - 11:55 AM

NATIONAL EMS REFRESHER : VAD & OB ★

--ROSEMARY ADAM

Ventricular Assist Device --This short course will focus on the ventricular assist device (VAD) and patients who utilize them. These not so common devices can present challenge

Obstetrics for EMS Providers--OB emergencies can be some of the most challenging cases we face as EMS providers. Continuing education regarding childbirth and care of neonatal patients is paramount in maintaining an appropriate level of readiness. This class will discuss multiple OB emergencies and will review basic care of neonatal patients. ges to EMS providers when encountered in the prehospital and interfacility setting.

1:00 PM - 1:50 PM

NATIONAL EMS REFRESHER : PAIN MANAGEMENT ★

--MIKE MCELMEEL

This talk will review effective principles of pain management. This lecture will cover assessment of pain and various medications used to treat pain. This talk will also cover non-pharmaceutical treatment of pain.

2:00 PM - 3:15 PM

NATIONAL EMS REFRESHER : CULTURE OF SAFETY & EVIDENCE BASED GUIDELINES ★

--MICHAEL KADUCE

Culture of Safety--Our industry has seen much change in recent history. One of the biggest changes has been to focus on the culture in our field. We, as EMS professionals, must remain committed to the safe practice of prehospital medicine. The talk will focus on that initiative and what part you must play.

Evidence Based Practice--The latest catchphrase? This one is here to stay. This program will focus on the guidelines we use and the evidence that develops them. From EMS standard operating procedures to patient care protocols, evidence is used to ensure that our patients receive the very best care.

GENERAL SESSION

3:40 PM - 4:55 PM

ON THE WINGS OF EAGLES : HOT TOPICS IN EMS ★

--DR. CHRISTOPHER COLWELL

This course will review the hottest topics in EMS from the Gathering of Eagles (The US Metropolitan Municipalities EMS Medical Directors Consortium), including myths of spinal immobilization, sedation practices in the field, geriatric trauma, and more!

- Discuss some of the more controversial topics in EMS today
- Review the risks and benefits of current spinal immobilization practices
- Discuss appropriate management of agitated trauma patients and sedation practices



SATURDAY : DAY 2—NOVEMBER 10, 2018

COURSE DESCRIPTIONS/SPEAKERS

★ = FORMAL EMS CEH + NURSING Contact Hours
 ○ = OPTIONAL EMS hours

GENERAL SESSION

8:25 AM - 9:15 AM

MYTHS IN PEDIATRIC CARE ★

--DR. CHRISTOPHER COLWELL

Course description - This session will review the common myths in pediatric care in EMS and discuss appropriate ways to manage pediatric patients in light of these myths.

- Review current myths that exist in the care of the pediatric patient in the field
- Discuss appropriate management strategies when caring for pediatric patients
- Review the literature when debunking common myths in pediatric care

TRACK 1

9:45 AM - 10:35 AM

ROLE OF RESEARCH IN TRAUMATIC HEMORRHAGE CONTROL ★

--MIKE MCELMEEL

The Role of Research in Traumatic Hemorrhage Controls discusses the "why" behind current best practices in hemorrhage control. This class will also discuss what equipment is being currently used and why it is being used.

10:45 AM - 12:00 PM

EXTREME CASES ★

--DAVID SEASTROM

Children have a habit of getting into things and places they aren't supposed to. This lecture will review some of the uncommon injuries found in the pediatric trauma population. Some cases in this presentation are humorous while others are of a very serious nature.

- Some less common alternative treatments will be reviewed with these cases.
- Discuss uncommon injuries found in the pediatric trauma population
- Identify management priorities for the critically injured pediatric trauma patient
- Review the resuscitation of major dog bite injuries

1:00 PM - 2:15 PM

WHERE DO STANDARDS COME FROM? A HISTORICAL LOOK ★

--DR. JOSHUA STILLEY

This class will take a Historical look at why we do what we do. Attendees will learn the historical perspective of the research, protocol development and patient management decision making priorities related to the following topics

- Spinal immobilization
- ACLS drugs
- Blood pressure estimation by pulse location
- Ketamine in head injuries

2:25 PM - 3:15 PM

TO TUBE OR NOT TO TUBE—THAT IS THE QUESTION ★

--JOY WOODWOTH DRAKE

This course is a case review of a severe angioedema patient. The course will walk you through the event, highlighting key takeaway points for difficult airways. It will also discuss the anatomy and pathophysiology of angioedema.

- Recognizing a potentially life threatening airway patient.
- Understanding the differences between oxygenating and ventilating a patient.
- Identifying key resources to facilitate a rapid transport.
- Knowing when you are out of your depth.

TRACK 2

9:45 AM - 10:35 AM

STEMI LOCALIZATION AND MIMICS ★ --DR. PETE GEORGAKAKOS

Brief review of EKG lead placement and associated anatomy, followed by multiple cases and sample EKGs to teach localization of injury/infarct based on patterns seen on EKG. Finally, common STEMI "mimics" will be reviewed with special focus on Wellen's syndrome, Left bundle branch block and Sgarbossa's criteria, Pericarditis versus benign early repolarization and Brugada syndrome.

10:45 AM - 12:00 PM

STROKE CARE & TRANSPORT: WHERE DO I GO FROM HERE? ★

--BRIAN HELLAND

The American Heart Association/American Stroke Association released new guidelines for care of Acute Ischemic Stroke early this year... and then rescinded large portions of them.

Stroke care is a very complex issue that affects patients, care providers, hospitals and EMS systems. There is new information being broadcast weekly regarding new EMS stroke assessments, routing criteria for suspected large vessel occlusions (LVO) and different treatment windows for clot busting drugs and thrombectomy. In this presentation, we will discuss the navigation through the pitfalls of stroke care and the importance of a local systems approach to transporting stroke patients.

Attendees will learn:

- how updates in stroke care affect stroke screening for EMS providers
- the importance of knowing hospital capabilities for treatment of stroke
- the impact on EMS routing for stroke patients

1:00 PM - 2:15 PM

SUFFERING IN SILENCE: MENTAL HEALTH, DEPRESSION AND PTSD IN FIRST RESPONDERS ★

--BRIAN FREESE

This class is designed to begin a dialogue between first responders about mental health. Too often we find ourselves grieving when we lose a brother or sister, but why does it take such a tragedy to bring people together? If we are talking about suicide, we are already too late; there is a lot that can happen between an initial trauma and suicide.

In this class, I present my own battle with the diagnosis of PTSD and subsequently depression. My goal is to show others that they are not alone. However, there is still so much stigma surrounding the discussion of mental health emergency services that we must start breaking down the barriers and make it okay to talk about. Even within our own departments there is often a lack of support and labeling of those suffering from these terrible battles.

Until changes are made, we will continue to tragically lose our first responders to something preventable if we offer them help. We work to save others, but who saves us? Let's begin the discussion today before it's too late for someone we know.



2:25 PM - 3:15 PM

TOXICOLOGY FOR THE EMS PROVIDER ★

--DR. PETE GEORGAKAKOS

Description of how to evaluate toxicologic patient in the prehospital setting. Review of pathophysiology, toxidromes, and treatment of common toxicological emergencies encountered through cases. Decontamination principles will be reviewed. There will be special focus on alcohol withdrawal and its potential complications.

- Review how to evaluate toxicologic patient
- Learn to recognize common toxidromes
- Treatment options for various toxicologic emergencies
- Review of Decontamination principles
- Recognition and management of alcohol withdrawal

TRACK 3

9:45 AM - 10:35 PM

EMERGENCIES IN OBSTETRICS ★ --DAVID SEASTROM

This lecture covers most emergency conditions in the world of obstetrics from trauma to pre-mature contractions to eclampsia. This lecture is a good review of many emergencies and will help the provider understand which are immediately life-threatening.

- Participant will be able to differentiate the signs and symptoms of obstetrical emergencies.
- Discuss the critical differences between eclampsia and pre-eclampsia
- Recognize life threatening injuries in a pregnant trauma patient.

10:45 AM - 12:00 PM

IMPACT OF LEGALIZATION OF MARIJUANA ON EMS/COMBATIVE OR INTOXICATED TRAUMA PATIENTS ★

--DR. CHRISTOPHER COLWELL

This session will review the impact of Legalization of Marijuana on EMS in Colorado and California and discuss how we can be better prepared for this impact.

- Review the legalization of marijuana and what legalization of recreational marijuana really means.
- Discuss the impact legalization of recreational marijuana has had on EMS in Colorado and California.
- Discuss ways we can be better prepared for the challenges legalized marijuana brings to EMS

1:00 PM - 3:15 PM

THE DARK SIDE OF PEDIATRICS CHILD ABUSE ★

--DAVID SEASTROM

With nearly 683,000 victims of child abuse every year and 1700 being fatalities this topic is paramount to EMS providers all over the U.S. The risk factors and common s/s of abuse will be covered along with the importance of specialty assessments and evaluations. This lecture will be beneficial to providers of all skill levels and tenure.

- Review the risk factors for child abuse
- Review unusual injury patterns that would be considered as child abuse
- Review the treatment and work-up for children who suffer child abuse

2:25 PM - 3:15 PM

HUMAN TRAFFICKING: MODERN-DAY SLAVERY ★

--BRIAN RECHKEMMER

Human trafficking is modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Every year, millions of men, women, and children are trafficked in countries around the world, including the United States. It is estimated that human trafficking generates many billions of dollars of profit per year, second only to drug trafficking as the most profitable form of transnational crime. Human trafficking is a hidden crime as victims rarely come forward to seek help because of language barriers, fear of the traffickers, and/or fear of law enforcement.

TRACK 4

9:45 AM - 10:35 PM

NATIONAL EMS REFRESHER : CREW RESOURCE MANAGEMENT ★

--MICHAEL KADUCE

Crew Resource Management --The "I'm in charge" mentality is fading fast but the EMS industry has been somewhat slow to change. All crew members are responsible for excellent outcomes. This class will explore various situations where crew resource management is applied. We will also look at poor outcomes due to lack of accountability.

10:45 AM - 12:00 PM

NATIONAL EMS REFRESHER : ACUTE CORONARY SYNDROME & IMMUNOLOGY ★ --MIKE MCELMEEL

Acute Coronary Syndrome-- This talk will review a common killer. EMS providers take much stock in the outcomes of prehospital treatment of acute coronary syndrome. We will review signs and symptoms as well as outline the latest evidence based approach to treatment of acute coronary syndrome.

Immunological Emergencies-- Allergic reaction and anaphylaxis are focus of many hours of training for EMS providers but staying current with guidelines for care and treatment can be critical to good outcomes. This class will review the immunological response associated with these conditions.

1:00 PM - 2:15 PM

NATIONAL EMS REFRESHER : CHF & MEDICATION DELIVERY ★

--MIKE MCELMEEL

Congestive Heart Failure--Differentiation between CHF and COPD can be difficult for all clinicians, especially when traveling down the road in a moving vehicle. This class will review congestive heart failure pathophysiology and treatment.

10:45 2:25 PM - 3:15 PM

NATIONAL EMS REFRESHER : TOX (OPIOID), NEUROLOGICAL SEIZURES AND AMBULANCE SAFETY ★

--MICHAEL KADUCE

Toxicological Emergencies (Opioid)--Prescription and non-prescription use of opioid pain medication is on the rise. More EMS providers are encountering dependence and overdose in their service area. This class will briefly review care and treatment of patients with a suspected opioid overdose.

Neurological Emergencies (Seizures)--Seizures can be a serious condition. It is critical that all EMS providers act quickly when responding to a patient with a seizure. This class will review seizures and various forms of treatment for these patients

Ambulance Safety has long been a topic of discussion in the industry. Ambulances are being built with safety in mind, crew members are educated, and the industry is embracing a culture of safety. This class will review basic principles of ambulance safety and will look to the future to ensure everyone goes home.

GENERAL SESSION

3:25 PM - 4:40 PM

ATTITUDE CHECK: DO YOU VIEW YOUR PATIENTS AS A PERSON, A CUSTOMER, A BARRIER, A BURDEN? ★

--DR. JOSHUA STILLEY

This lecture will challenge the attendees to ask the question: Do you view your patients as a person, a customer, a barrier, a burden? Objectives: At completion of the class attendees will be aware of the following. This new knowledge base should guide their practice upon returning to the field and treating patients within their communities.



FRIDAY NOVEMBER 9, 2018 SCHEDULE AT-A-GLANCE PLANNER

★ = FORMAL EMS CEH + NURSING Contact Hours
○ = OPTIONAL EMS hours

6:45 AM REGISTRATION OPENS

7:45 AM - 9:00 AM --KEYNOTE SPEAKER GENERAL SESSION **BALLROOM**

★ **FERGUSON INCIDENT AND EMS SITUATIONAL AWARENESS** —TERRY LEDBETTER

9:00 AM - 9:45 PM

• **BREAK IN THE EXHIBIT HALL--HYVEE HALL C**

Give-Away Drawings Begin and Refreshments and a treat will be served in the exhibit hall for this break.

• **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**

"DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH #65 IN THE EXHIBIT HALL."

9:45 AM - 10:35 AM

○ ★ **WHO WILL REPLACE ME?
AGING EMS POPULATION IN AMERICA** --DAWN BRUS

○ ★ **RURAL TRAUMA -- YOU'RE STILL IN KANSAS TOTO**
--DAVID SEASTROM

○ ★ **THE PROOF IS IN THE PUDDING,
RESEARCH FOR EMS CARE** --CHUCK GIPSON

○ ★ **NATIONAL EMS REFRESHER: CAPNOGRAPHY**
JOSEPH F. HEMELT | **SPONSORED BY BOUNTREE MEDICAL**

10:45 AM - 11:55 AM

○ ○ **RADIO 101-WHY CAN'T WE TALK**
--ROB DEHNERT & CURTIS "WALLY" WALLS

○ ★ **EMERGENCY RESPONDER PIPELINE AWARENESS
COURSE - IOWA PIPELINE ASSOCIATION**
--MIKE HARTMAN

○ ★ **BRAIN INJURY AND CONCUSSION: WHAT'S YOUR ROLE?**
--GEOFFREY LAUER

○ ★ **NATIONAL EMS REFRESHER: VAD & OB**
--ROSEMARY ADAM

NOON - 1:00 PM

• **Lunch is also available at the FOOD VENDORS (BBQ, Mexican)**
IN THE EXHIBIT HALL

SIT-DOWN LUNCH--you must have purchased a ticket with your registration. Lunch is served in the educational area of the event center. Your Badge indicates your lunch purchase on the back--this is your ticket.

1:00 PM - 1:50 PM

○ ★ **PRESERVATION OF THE CRIME SCENE**
--TERRY LEDBETTER

○ ★ **TAKING CARE OF OUR OWN
MENTAL HEALTH ISSUES FACING EMS** --DAWN BRUS

○ ○ **YES--THERE'S AN APP FOR THAT!**
--CENTRAL IOWA REGION
Learn about a new patient centric regional communication system to improve patient outcomes.

○ ★ **NATIONAL EMS REFRESHER: PAIN MANAGEMENT**
--MIKE MCELMEEL

2:00 PM - 3:15 PM

○ ★ **WHEN FICK FAILS:
CURRENT TOPICS IN SHOCK RESUSCITATION**
--RICK ERICKSON | **SPONSORED BY AIR METHODS**

○ ★ **STUPID KID TRICKS**
--DAVID SEASTROM

○ ★ **EMERGENCE OF A CRISIS, FACTS TO KNOW
ABOUT THE OPIOID EPIDEMIC**
--CHUCK GIPSON

○ ★ **NATIONAL EMS REFRESHER: CULTURE OF SAFETY &
EVIDENCE BASED GUIDELINES**--MICHAEL KADUCE

-- 3:15PM - 3:45PM

• **BREAK IN THE EXHIBIT HALL--HYVEE HALL C**

Give-Away Drawings Continue and Refreshments and a treat will be served in the exhibit hall for this break.

• **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**
--DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH #65 IN THE EXHIBIT HALL.

3:45 PM - 5:00 PM -- **KEYNOTE SPEAKER--GENERAL SESSION - BALLROOM**

★ **ON THE WINGS OF EAGLES HOT TOPICS IN EMS**

—DR. CHRISTOPHER COLWELL

8:30 PM - 11:30 PM — ★ **LIVE BAND --DANCING PARTY** ★

— **HELD AT THE HILTON DOWNTOWN DES MOINES
DES MOINES** (435 PARK ST. - DES MOINES)

LIVE MUSIC IS BACK--THIS YEAR WILL FEATURE THE "PINK KADILLAC" BAND-- SPONSORED BY **Air Methods**.

You earned it--a night of fun and relaxation. This event is FREE to all registered conference attendees.

PLEASE JOIN US FOR fun, dancing and more. Registered attendees admission is included.

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SATURDAY NOVEMBER 10, 2018 SCHEDULE AT-A-GLANCE PLANNER

★ = FORMAL EMS CEH + NURSING Contact Hours
○ = OPTIONAL EMS hours

7:00 AM REGISTRATION OPENS

7:30-8:15 AM — **HONORING OUR OWN CEREMONY** : Please join us in honoring those no longer with us at this moving ceremony. Upstairs in the Ballroom--Level 3. This ceremony starts promptly at 7:30am. Doors will be closed once the ceremony starts.

8:25 AM - 9:15 AM -- KEYNOTE SPEAKER GENERAL SESSION BALLROOM

★ **MYTHS IN PEDIATRIC CARE** --DR. CHRISTOPHER COLWELL

9:15 AM - 9:45 PM

• **BREAK IN THE EXHIBIT HALL--HYVEE HALL C**

Give-Away Drawings Continue and Refreshments and a treat will be served in the exhibit hall for this break.

• **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**

*DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH IN THE EXHIBIT HALL.

9:45 AM - 10:35 AM

- ★ **ROLE OF RESEARCH IN TRAUMATIC HEMORRHAGE CONTROL**--MIKE MCELMEEL
- ★ **STEMI LOCALIZATION AND MIMICS**
--DR. PETE GEORGAKAKOS
- ★ **EMERGENCIES IN OBSTETRICS**
--DAVID SEASTROM
- ★ **NATIONAL EMS REFRESHER : CREW RESOURCE MANAGEMENT**--MICHAEL KADUCE

10:45 AM - 12:00 PM

- ★ **EXTREME CASES**--DAVID SEASTROM
- ★ **STROKE CARE & TRANSPORT: WHERE DO I GO FROM HERE?**--BRIAN HELLAND
- ★ **IMPACT OF LEGALIZATION OF MARIJUANA ON EMS/ COMBATIVE OR INTOXICATED TRAUMA PATIENTS**
--DR. CHRISTOPHER COLWELL
- ★ **NATIONAL EMS REFRESHER: ACUTE CORONARY SYNDROME & IMMUNOLOGY**
--MIKE MCELMEEL

NOON - 1:00 PM (EXHIBIT HALL CLOSING AT 1PM)

IEMSA AWARDS CEREMONY LUNCH

--you must have purchased a ticket with your registration. Lunch is served in the educational area of the event center. Your Badge indicates your lunch purchase on the back--this is your ticket. **ATTENDEES Line-up on the far ends of the lunch hall. The center line is reserved for honorees and their guest.**

- **Lunch is also available at the FOOD VENDORS (BBQ, Mexican, Concession) IN THE EXHIBIT HALL**

1:00 PM - 2:15 PM

- ★ **WHERE DO STANDARDS COME FROM? A HISTORICAL LOOK** --DR. JOSHUA STILLEY
- ★ **SUFFERING IN SILENCE: MENTAL HEALTH, DEPRESSION, AND PTSD IN FIRST RESPONDERS**--BRIAN FREESE
- ★ **THE DARK SIDE OF PEDIATRICS: CHILD ABUSE**
--DAVID SEASTROM
- ★ **NATIONAL EMS REFRESHER : CHF & MEDICATION DELIVERY**--MIKE MCELMEEL

2:25 PM - 3:15 PM

- ★ **TO TUBE OR NOT TO TUBE. THAT IS THE QUESTION.**
--JOY WOODWORTH DRAKE
- ★ **TOXICOLOGY FOR THE EMS PROVIDER**
--DR. PETE GEORGAKAKOS
- ★ **HUMAN TRAFFICKING : MODERN-DAY SLAVERY**
--BRIAN RECHKEMMER
- ★ **NATIONAL EMS REFRESHER: TOX (OPIOD), NEUROLOGICAL SEIZURES AND AMBULANCE SAFETY**--MICHAEL KADUCE

3:25 PM - 4:40 PM — KEYNOTE SPEAKER--GENERAL SESSION - BALLROOM

★ **ATTITUDE CHECK : DO YOU VIEW YOUR PATIENTS AS A PERSON, A CUSTOMER, A BARRIER, A BURDEN?** —DR. JOSHUA STILLEY

NOTE: The IEMSA Conference committee reserves the right to cancel or change any session or special event that does not meet minimum requirements, or to change a speaker as necessary.



2018

RELAX AND HAVE FUN!

FRIDAY • NOVEMBER 9TH • 8:30 - 11:30P
NEW! HILTON DES MOINES BALLROOM

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SO, PLEASE JOIN US IN THE HILTON BALLROOM

for some fun--including contest, dancing and more. Registered attendees admission is included.

HONORING OUR OWN

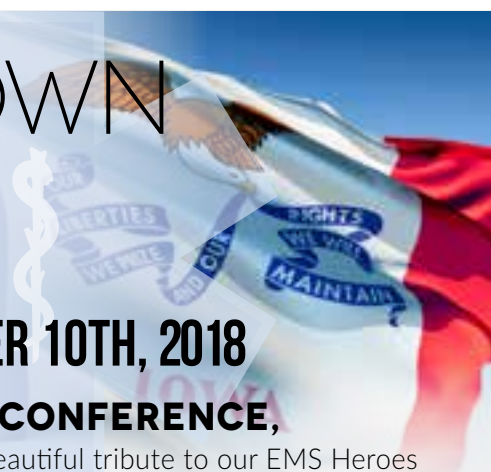
JOIN US

SATURDAY, NOVEMBER 10TH, 2018

AT THE 2018 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, Mark Sachen, Rick Morgan or Amy Gehrke your IEMSA Board of Director members that can help you. Contact information at http://iemsa.net/contact_info.htm





2018 : 29TH ANNUAL IEMSA CONFERENCE REGISTRATION

REGISTER BEFORE OCTOBER 31ST TO AVOID A **\$50 LATE REGISTRATION FEE!**

FIRST NAME

LAST NAME

ADDRESS

CITY/STATE/ZIP

LAST 4-DIGITS OF SS#

DATE OF BIRTH (for CE Purposes):

PHONE

EMAIL

CERTIFICATION LEVEL

CERT/LICENSE #

IEMSA INDIVIDUAL MEMBERSHIP: SAVE UP TO \$90

[SIGN-UP OR RENEW NOW & PAY MEMBER PRICES TODAY!]

\$ _____ ☐ NEW ☐ RENEW: \$30/YR

THURSDAY : PRE-CONFERENCE WORKSHOP REGISTRATION

\$ _____ **FULL DAY** CRITICAL CARE PARAMEDIC (CCP) REFRESHER
\$120 MEMBER / \$150 NON-MEMBER

\$ _____ **FULL DAY** NATIONAL TRAFFIC INCIDENT MANAGEMENT (TIM)
RESPONDER TRAINING PROGRAM
\$120 MEMBER / \$150 NON-MEMBER

\$ _____ **1/2 DAY : AM** SYSTEM DEVELOPMENT BEST PRACTICES
LEADERSHIP/MANAGEMENT PRE-CONFERENCE
\$60 MEMBER* / \$90 NON-MEMBER

**IEMSA AFFILIATE MEMBERS: 1-PERSON MAY ATTEND THE LEADERSHIP/
MANAGEMENT PRE-CONFERENCE AM AND PM SESSIONS AT NO CHARGE--
MEMBERSHIP STATUS WILL BE VERIFIED. INDICATE "FREE" OR ONLINE
APPLY PROMO CODE AFF-Leader18**

\$ _____ **1/2 DAY : PM** PEER SUPPORT TEAMS: BEST PRACTICES
LEADERSHIP/MANAGEMENT PRE-CONFERENCE
\$60 MEMBER* / \$90 NON-MEMBER

\$ _____ **1/2 DAY : PM** SERVICE DIRECTOR/MEDICAL DIRECTOR WORKSHOP
\$60 MEMBER* / \$90 NON-MEMBER

2-DAY : FRIDAY & SATURDAY CONFERENCE REGISTRATION

\$ _____ \$220 MEMBER / \$290 NON-MEMBER

\$ _____ 2-DAY LUNCH - PASS : \$30

1-DAY : FRIDAY REGISTRATION

\$ _____ \$165 MEMBER / \$240 NON-MEMBER

\$ _____ 1-DAY LUNCH - PASS : \$15

1-DAY : SATURDAY REGISTRATION

\$ _____ \$165 MEMBER / \$240 NON-MEMBER

\$ _____ 1-DAY LUNCH - PASS : \$15

LATE FEES:

\$ _____ + \$50 LATE REGISTRATION FEE
REGISTRATIONS REC'D AFTER 12 AM/OCTOBER 31ST

\$ _____ TOTAL REGISTRATION FEES



**REGISTER BEFORE
OCTOBER 31ST
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WILL
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3-WAYS TO REGISTER:



ONLINE BY CREDIT CARD: Go to www.iemsa.net/conference—click on "Register Now", complete the online form, make payment securely by credit card.



**COMPLETE THIS REGISTRATION FORM
& MAIL WITH PAYMENT** to confirm your registration.
Make checks payable to IEMSA and mail to: 5550 Wild
Rose Lane, Ste. 400, West Des Moines, IA 50266.



COMPLETE THIS FORM AND FAX
This method is **only for credit card payment
registrations**. Fax to 877-478-0926.

REFUND POLICY: Refunds, less a \$50 processing fee, will be made for cancellations made prior to October 15th. No refunds made after Oct 31st.

REGISTRATION DEADLINE: Register prior to **October 31st to ensure entrance to the conference**. Registrations received after this date & on-site registrations may be limited. IEMSA will not invoice services for payment. PO's not accepted form of payment.

SPEAKER/SPECIAL EVENT CANCELLATION POLICY:

The IEMSA Conference committee reserves the right to cancel any session or special event that does not meet minimum requirements, or to change a speaker as necessary.



**CHOOSE YOUR BREAK-OUT SESSIONS
ON THE BACK OF THIS FORM.**

[REGISTRATION FORM -----> CONTINUED ON PAGE 36]



2018 : 29TH ANNUAL IEMSA CONFERENCE REGISTRATION

REGISTER BEFORE OCTOBER 31ST TO AVOID A \$50 LATE REGISTRATION FEE!

CONTINUED—

REGISTER BEFORE OCTOBER 31ST TO AVOID A \$50 LATE FEE.

REGISTRANT'S FIRST NAME (REQUIRED FOR FAXING AND MAILING) :

REGISTRANT'S LAST NAME (REQUIRED FOR FAXING AND MAILING) :

*Refresher Certification Offered to qualified providers that attend all the National EMS Refreshers

> DAY 1 : FRIDAY, NOVEMBER 9TH, 2018

09:45 - 10:35

- Who Will Replace Me? Aging EMS Population in America
- Rural Trauma--You're Still in Kansas ToTo
- The Proof is in the Pudding, Research for EMS Care
- *National EMS Refresher : Capnography

10:45 - 11:55

- Radio 101-Why Can't We Talk
- Emergency Responder Pipeline Awareness Course - Iowa Pipeline Association
- Brian Injury and Concussion: What's Your Role?
- *National EMS Refresher : VAD & OB

1:00 - 1:50

- Preservation of the Crime Scene
- Taking Care of Our Own --Mental Health Issues Facing EMS
- YES--There's an App for That!
- *National EMS Refresher : Pain Management

2:00 - 3:15

- When Fick Fails: Current Topics in Shock Resuscitation
- Stupid Kid Tricks
- Emergence of a Crisis, Facts to Know about the Opioid Epidemic
- *National EMS Refresher : Culture of Safety & Evidence Based Guidelines

> DAY 2 : SATURDAY, NOVEMBER 10TH, 2018

09:45 - 10:35

- Role of Research in Traumatic Hemorrhage Control
- STEMI Localization and Mimics
- Emergencies in Obstetrics
- *National EMS Refresher : Crew Resource Management

10:45 - 12:00

- Extreme Cases
- Stroke Care & Transport: Where do I go from here?
- Impact of Legalization of Marijuana on EMS/Combative or Intoxicated Trauma Patients
- *National EMS Refresher : Acute Coronary Syndrome & Immunology

1:00 - 2:15

- Where do Standards Come From? A Historical Look
- Suffering in Silence: Mental Health, Depression and PTSD in First Responders
- The Dark Side of Pediatrics: Child Abuse
- *National EMS Refresher : CHF & Medication Delivery

2:25 - 3:15

- To Tube or Not To Tube--That is the Question
- Toxicology for the EMS Provider
- Human Trafficking: Modern-Day Slavery
- *National EMS Refresher : TOX (Opioid), Neurological Seizures and Ambulance Safety

3-WAYS TO REGISTER:

> **ONLINE BY CREDIT CARD:** Go to **www.iemsa.net/conference**—click on "Register Now", complete the online form, make payment securely by credit card

> **COMPLETE THIS REGISTRATION FORM & MAIL WITH PAYMENT** to confirm your registration. Make checks payable to IEMSA and mail to: 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266.

> **COMPLETE THIS FORM AND FAX** This method is **only for credit card payment registrations**. Fax to : 877-478-0926.

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CANCELLATION POLICY: The IEMSA Conference Committee reserves the right to cancel any session or special event that does not meet minimum requirements, or to change a speaker.

CREDIT CARD PAYMENT:

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

CARD HOLDER NAME

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AUTHORIZED SIGNATURE

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SEPSIS

BY Samuel Janecke, BS, NRP, EMS Program Director
Northeast Iowa Community College



FULL CODE, CODE BLUE, CARDIAC ARREST, STEMI ALERT, STROKE ALERT, MULTIPLE SYSTEMS TRAUMA, TRAUMA ARREST, MULTIPLE VEHICLE COLLISION. ALL

THESE ARE TERMS THAT MAKE EMS ATTRACTIVE AS A CAREER; AND YES, A GOOD PORTION OF OUR REQUEST FOR SERVICES REVOLVES AROUND THESE TYPES OF CALLS. HOWEVER, THERE IS MORE DISCUSSION INVOLVING A RISING DISEASE THAT IS CLAIMING THE LIVES OF MANY, SEPTICEMIA.

- > Septicemia is defined by Merriam-Webster dictionary as an invasion of the bloodstream by virulent microorganisms and especially bacteria along with their toxins from a local seat of infection accompanied especially by chills, fever, and prostration [7]. Woah, is there a better way to define this disease that we can relate to? How about what the National Institute for Health and Care Excellence (NICE) states: Sepsis is caused when the body's immune system becomes overactive in response to an infection, causing inflammation which can affect how well other tissues and organs work [4].
- > Okay, so simply it's the breakdown of living tissue. We as EMS providers can now focus on what to do to either stop, slow, or prevent this disease in the pre-hospital setting right? I mean, we essentially help diseases or illness that involves the breakdown of living tissues all the time! Stroke involves the breakdown of tissue in the brain. Coronary Artery Disease involves the breakdown of tissue in the heart. Trauma involves the breakdown of tissue that is lacking oxygen because of uncontrolled hemorrhage.
- > EMS providers familiar with anaphylaxis can think of sepsis as progressing in a somewhat similar way. There is an initial injury (say, a bee sting for anaphylaxis or a bacterial infection for sepsis). While the initial injury is bad, what's worse is that it triggers an overreaction of the body's normal immune system (different pathways for sepsis and anaphylaxis, but both are inappropriate over-response) ultimately resulting in organ dysfunction and cardiovascular collapse (again, the pathways are different but the end results are similar. Perhaps the biggest difference an EMS provider will notice is that anaphylaxis occurs very quickly and can often be unavoidably obvious. Sepsis tends to progress more slowly, with signs and symptoms that are much more subtle right up to the point of complete cardiovascular collapse. So there must be a way for EMS to help Sepsis in the pre-hospital environment. Fortunately, early recognition of sepsis by sharp EMS providers has been shown to improve time to treatment and early treatment of patients has been shown to greatly improve outcomes.
- > When sepsis is recognized early, people can be quickly given the correct treatment. However, the signs and symptoms of sepsis can vary and may be subtle which can lead to it being missed if it is not considered early on. According to the Centers for Disease Control and Prevention, more than 1.5 million people get sepsis each year in the U.S. About 250,000 Americans die from sepsis each year. One in three patients who die in a hospital had sepsis. In adults, many illnesses can lead to sepsis such as lung infection (i.e. pneumonia), kidney or urinary tract infection, stomach or intestine infection, and skin infection. An annual estimated cost for sepsis in the U.S. is over \$20 billion per year and increasing at a rate of 12 percent per year [6]!

- > How do these statistics compare to other leading health disease and illness? Heart Disease: about 610,000 people die in the U.S. every year – that's 1 in every 4 deaths [3]. Stroke: about 140,000 Americans die each year because of stroke – that's 1 out of every 20 deaths. Stroke costs the U.S. an estimated \$34 billion each year [8]. Cancer claims about 590,000 lives every year [5]. Motor Vehicle Collision causes about 136,000 deaths per year [5]. Does sepsis rank just as important as these diseases? Absolutely!
- > How can we detect sepsis? Here are some key guidelines according to Steve Whitehead's article in EMS World [9]:
 - > **Recognize high-risk patients** (i.e. Bed-confined, immobile, recent surgeries, chemotherapy, organ transplant, diabetes, autoimmune disease, etc.)
 - > Look for a source of infection (i.e. ask the right questions: recent illnesses, surgeries, invasive procedures or trauma? Been feeling ill or respiratory illness? Ask about past prescriptions for antibiotics, steroids or immunosuppressant's.)
 - > **Pay attention to the patient's body temperature.** Traditionally fevers are a symptom of the body's response to infection, but septic patients may also be mildly hypothermic. Be suspicious of core temperatures above 38 degrees Celsius (100.4F) or below 36 degree Celsius (96.8F).
 - > **Look for changes in vital signs.** Look for a pulse greater than 90 beat per minute and a respiratory rate above 20 breaths per minute in combination with a blood pressure below 90 systolic or a mean arterial pressure below 65. EtCO₂ of less than 25 mmHg is also a very important tool to help confirm sepsis in the pre-hospital setting. Consider these signs tipping points for severe sepsis.
 - > **Assess other subtle signs.** Look for signs of dehydration like poor skin turgor, dry mucosa, and decreased urine output. Septic patients will rapidly become fluid-depleted. Also take note in the patient's mentation or orientation. Many septic patients may have an altered mental status.
 - > **Check serum lactate levels when possible.** There is an available tool for assessing lactate levels. It was originally developed for athletes, but is proving useful patient assessment tool. Lactate is a sign of metabolic distress and may be an early indicator of severe sepsis. Lactate levels above 4 mmol/L are an additional indicator of hypoperfusion.
 - > What can EMS providers do for treatment in the prehospital setting? We do not need a sepsis alert protocol to begin treating sepsis patients. Most of the assessment and treatment guidelines are already available.
 - > **Support the airway.** EMS providers can administer appropriate oxygen supplement for septic patients. Hypoxia is the enemy to organ tissue. Monitor the patient's SPO₂ and EtCO₂ where



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available. Make sure you are delivering an appropriate amount of oxygen through an appropriate tool. Some patients might just need a nasal cannula, some may need CPAP. Keep in mind that sepsis patients are likely candidates for acute lung injury and acute respiratory distress syndrome. Remember not to overventilate [1]

> **Aggressive fluid resuscitation and hemodynamic stabilization.**

Septic patients are profoundly dehydrated. Aggressive fluid resuscitation may be the single most important intervention we can begin in the prehospital environment. Establish bilateral IV lines. While local protocols will dictate the extent of fluid resuscitation permissible, a bolus of 500-1,000 mL in the first 30 minutes of care is a good starting point [1]. Even patients who are traditionally considered fluid restricted, such as those with CHF and renal failure, may still be indicated for well-monitored fluid challenges. Pay close attention to lung sounds and blood pressure during aggressive fluid resuscitation. Prehospital use of vasopressors for sepsis is rare and should be considered only after fluid resuscitation has proven inadequate. Seek consultation with your base physician if you're considering dopamine or dobutamine [2]

> **Prevent hypothermia. Patients transitioning through severe sepsis become highly susceptible to hypothermia.**

This is especially true in elderly and young. 17, 18. Abnormally low body temperatures increase mortality in these patients. Resist actively cooling septic patients and protect them from excessive heat loss from the environment and administration of cold fluids.

> **Trend the vital signs. Trend heart rate, blood pressure, and respiratory rate in septic patients.**

Calculate the mean arterial pressure (MAP) if you are trained to do so. Not only are these values excellent warning indicators of early end-organ failure, they are necessary signposts on the journey through sickness and into health.

> Good prehospital management can make a profound difference in a septic patient's outcome. Early identification and treatment can significantly decrease patients ICU stays, hospital stays and mortality. Sepsis is a costly, billions of dollars, disease that we as EMS providers can help decrease healthcare costs with early recognition of the signs and symptoms. There is a need for more advanced monitoring tools that can help us look more closely into the patient's true metabolic status and warn us when a systemic inflammatory response is underway. Serum Lactate may be one such indicator, but the future holds even more possibilities. Preliminary research has already demonstrated great promise. If the performance remains strong through clinical trials, the future of sepsis recognition and treatment may be a whole lot brighter [10].

> **Resources:**

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>>> TEST ON PAGE 40

39

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1. Approximately how much money is spent on sepsis on an annual basis?
 - a.) 34 Billion
 - b.) 20 Billion
 - c.) 400 Million
 - d.) 2 Trillion
2. Which type of injury or illness is comparable to body's over response similar to sepsis?
 - a.) Anaphylaxis
 - b.) Congestive Heart Failure
 - c.) Myocardial Infarction
 - d.) Drug Overdose
3. About how many lives are lost from Sepsis on an annual basis?
 - a.) 100,000
 - b.) 1,000,000
 - c.) 250,000
 - d.) 750,000
4. Which is NOT an indicator of a high risk patient for Sepsis?
 - a.) Bed-Confined
 - b.) Recent Surgery
 - c.) Organ Transplant
 - d.) Mild contusion on thigh
5. Initial symptoms of severe sepsis include all of the following except:
 - a.) HR greater than 90
 - b.) Altered Mental Status
 - c.) EtCO₂ 35-45
 - d.) Respiratory Rate greater than 20

6. What is an appropriate amount of Normal Saline to infuse into a severely septic patient in the prehospital setting?
 - a.) 500-1,000 mL
 - b.) 100-150 mL
 - c.) 2,000 mL
 - d.) TKO
7. What serum lactate level indicates hypoperfusion?
 - a.) 2 mmol/L
 - b.) 0.5 mmol/L
 - c.) 4 mmol/L
 - d.) 10 mmol/L
8. What measure of body temperature would be consistent with a septic patient?
 - a.) Below 96.8F or Above 100.4F
 - b.) Below 36C or Above 38C
 - c.) Neither are correct
 - d.) A & B are correct

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SPOTLIGHT ON TRAINING



Northeast Iowa Community College's EMS programs offer quality training for students and 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 advisers, award-winning faculty and high-tech simulation labs for credit and non-credit students at the college's Peosta and Calmar campuses.
- > NICC has integrated new technologies into its EMS programs that contribute to students' learning and their career preparation. As part of the implementation of the required National Registry of EMTs (NREMT) Paramedic Psychomotor Competency Package (PPCP) skill and scenario portfolio, Paramedic students are required to participate in over 40 unique 15-20 minute scenarios prior to their Capstone Field Internship. Each of these scenarios utilizes either a full body patient simulator or moulaged standardized patient and mimics the NREMT Integrated Out of Hospital scenario exam format in expected realism. All scenarios are video recorded for debriefing and self-critique purposes and are later used for peer and instructor documentation of performance.
- > In March, the EMS-Paramedic program's national accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) was renewed for a period of five years. 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.
- > Hundreds of students rely on EMS programs at NICC each year by enrolling in Emergency Medical Responder (EMR) training, credit and non-credit Emergency Medical Technician (EMT) training, and Paramedic credit courses.

For more information on EMS programs at NICC, contact:

Program Director Sam Janecke at (563) 556-5110, ext. 186, or janeckes@nicc.edu.





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