

IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



2017 Volunteer Service of the Year: **Fayette Ambulance Service**

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**IEMSA AWARD RECIPIENTS:
HONORED AT THE ANNUAL
CONFERENCE**

LOBBY FOR EMS



Frank Prowant, Brian Helland, Chris Perrin
EMERGING TRENDS CONFERENCE - FEB. 8

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**NEW! EMS SERVICES AND EMS
SYSTEMS : What is the Road Ahead?**



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**FEBRUARY 8TH, 2018
EMS DAY ON THE HILL
STAND UP FOR EMS--BE THERE!**



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**ADVANCED CARDIAC CARE
--Continuing Education Article**



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Bound Tree Medical has been IEMSA's Group Purchasing Partner for the past year and will continue to provide our Affiliate Members with considerable discounts on their products for another year.

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Bound Tree's dedicated account managers offer valuable input on cost/quality tradeoffs, state/local requirements, industry changes and new product introduction.



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



FEBRUARY 7, 2018 - 3:30p

**ATTEND THE IEMSA ANNUAL MEETING:
TO BE HELD IN CONJUNCTION WITH
EMS DAY ON THE HILL ACTIVITIES AT THE
MARRIOTT DOWNTOWN DSM**



**UH-OH! PEDS CONFERENCE:
SHARPEN YOUR Pediatric Skills**

**FEBRUARY 24, 2018-CORALVILLE, IOWA,
FORMAL CES OFFERED. REGISTRATION
OPEN -- REGISTER NOW-LIMITED SPACE!**

OUR PURPOSE : To provide a voice and promote the highest quality and standards of Iowa's Emergency Medical Services.

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Eric Goranson & Karla Fultz McHenry

> 2018 BOARD MEETINGS

- > **January 18, 2018**
WDM Station 19- 1:00—3:00pm
- > **February 7th, 2018**
Marriott Downtown DSM - 3:30-4:50pm
Annual IEMSA Member Meeting
- > **March 15, 2018**
Teleconference - 1:00—3:00pm
Call (857) 216-6700
Enter Access Code 223239
- > **April 16th, 2018**
Hilton Downtown Des Moines
8am-10am
- > **June 21, 2018**
WDM Station 19- 1:00—3:00pm
- > **July 19, 2018**
Teleconference - 1:00—3:00pm
Call (857) 216-6700
Enter Access Code 223239
- > **September 20, 2018**
WDM Station 19- 1:00—3:00pm
- > **October 18, 2018**
WDM Station 19- 1:00—3:00pm
- > **December 20, 2018**
Teleconference - 1:00—3:00pm
Call (857) 216-6700
Enter Access Code 223239

> IEMSA OFFICE

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04	PRESIDENT'S NOTE : Torching the Pass
05	LEGISLATIVE : 2018 Talking Points are set--and we have some big goals to tackle. We need your help.
06	EMS DAY ON THE HILL & EMERGING TRENDS CONFERENCE (formerly the Leadership Conference) FEBRUARY 8, 2018 : FEATURING A NEW SESSION PRESENTED ON HOW TO SECURE FUNDING TO GROW YOUR EMS PROGRAM. A MUST ATTEND EVENT FOR ANY IOWA EMS SERVICE -- FEB. 8
07	BUREAU OF EMERGENCY & TRAUMA SERVICES REPORT : IMPORTANCE OF COMPLIANCE AND REGULATIONS
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19	CE TRAINING : Advanced Cardiac Care in the Field --IEMSA Current Members earn an optional CE for taking and passing the article test
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24	MISSION LIFELINE UPDATE FREE IN-HOUSE STEMI EDUCATION
25	AMPHASTAR NALOXONE IOWA REBATE : \$6 PER DOSE REBATE FOR EACH AMPHASTAR NALOXONE SYRINGE --SEE DETAILS

A NOTE FROM OUR PRESIDENT

TORCHING THE PASS

BY MARK McCULLOCH, Deputy Chief, West Des Moines EMS
IEMSA President / Board of Directors



OVER THE PAST COUPLE
YEARS WE'VE BEEN
PREDICTING A RAPIDLY

APPROACHING STAFFING CRISIS
IN OUR INDUSTRY. OUR IOWA
EMS SURVEY DATA SUGGESTS
AN ALARMING SITUATION IN
WHICH OUR WORKFORCE IS AGED
(SIGNIFICANTLY AGED!) AND THERE
ARE FEW YOUNGER WORKERS AND
VOLUNTEERS AVAILABLE TO FILL THE
GAPS CAUSED BY IMPENDING RETIREMENTS.



My fears for the preparedness of our industry actually extend far beyond just staffing, I am truly concerned for our ability to meet our citizens' needs in the near future. Citizens who are also aging, and who expect an ambulance when they need it.but I've been kicking that horse for a while now, and my foot is sore – so I would like to share a few thoughts on leadership this quarter instead.

> Admittedly, any decent skeptic could find faults in our data. Our sample of the local industry is homogenous – all IEMSA members – and might just be the wise old hats chiming in on the survey. After all, IEMSA members are definitely wise and understand the importance of survey data! In this case though – our survey results seem to confirm the assumptions we have regarding our staffing abilities as well as many stories of missed coverage and anemic volunteerism that are surfacing with increased frequency. This looks like one of those rare cases where our gut feelings and assumptions are actually CONFIRMED by hard data. A significant number of our responders are OVER 55 years old and own OVER 20 years of experience! Considering EMS has only been on the books in Iowa since 1979, a significant number of our responders can legitimately call themselves the “First Generation” of EMS providers in Iowa.

> These “First Generation” providers have literally forged our industry from nothing. They were here before “BSI” - when we had to call medical control for orders just to “follow protocols” to manage a cardiac arrest patient. They saw MASTs, EOAs, large bore IVs, and demand valves come and go. There was a time that pulse oximeters and glucometers were high tech, and your stair chair was just simply the patient's kitchen chair. How many of you reading this were once EMT-A, EMT-D, EMT-I, EMT-2,

EMT-P, EMT-B, Iowa PM, or PS? How many of you made your own backboards, or commissioned the local high school shop class to make them for you? There was even a time in our recent history that stretchers did not lift themselves and the belts in the back of the ambulance were for your equipment – not you!!

> It's fun to think about how far we've come in the last 30 years. But at the same time it's terrifying and daunting. I wasn't here for that whole trip; so when I think about the amount of work in leadership that has carried us into the current century I'm left seriously wondering if I have what it takes to fill those shoes. That body of work it must have taken to get us here is staggering to think about as well is the strategy, planning, and luck. It's daunting because that evolution must persist.

> We're now faced with a new challenge: The “First Generation” of EMS is preparing for retirement. These are the providers who led significant change successfully – and because they have seen it all (or most of it) continue to face our issues with confidence and skill. In just a few years the next generation of EMS will be charged with facing new and old issues, and I fear we're not ready. How will we make this transition?

> For me, the easiest way to overcome the fear of leadership is to start small. Pick something that interests you and become an expert; then repeat. In a few years you will have built a body of knowledge deserving pride. The payback for these efforts may not be immediate, but with persistence it will come. Furthermore, I doubt you will face much resistance in EMS. We are thirsty for leaders, and all you really need to do is commit the time to be present and make the effort to learn. Just jump in! I think you will be surprised at how well these simple tactics are received by your peers.

> For the sake of the communities you serve, you should constantly look for ways to improve your practice, understanding, and care.lead. I'm not sure if this hesitancy to lead comes from an environment where everyone got a medal, or if it's conditioned by evading criticism. When you go out of your way to excel or lead, others will question your efforts. It's just the way it is, and that's not something to be afraid of. It is important to understand this and accept it at an early stage in your career, because if you can get over the fear of being criticized by your peers, you will be given the opportunity to learn from their criticism.you might even learn that you made the best choices.

One last thought: If we want to attract future generations to take part in EMS, we need to work towards making this a more “livable” profession. Sacrifice is a rite of passage in this industry, and so many of us have put service ahead of our own health, families, relationships, and wellbeing. But is this right? In many circles, the medic who is unwilling to work beyond their regular 56 hour week is looked down upon as lazy, or not a team player because earlier generations of providers put in 72 hour weeks regularly. This job is hard enough as it is – and the younger workforce is unwilling to make their profession the center of their life. I'm a little envious of that, and think we should work to accommodate a better balanced workforce. Doing so will certainly help us recruit and retain top talent, and will ensure EMS remains an agile asset in Public Safety and Emergency Medicine.



IOWA EMS DAY-ON-THE-HILL
NEW DATE - FEBRUARY 8TH
 See next page for registration
 & hotel information

OUR VOICE ON THE HILL LEGISLATION

IEMSA 2018 TALKING POINTS ARE:

- **PERMANENT AND SYSTEMIC FUNDING FOR EMS TO ELIMINATE COVERAGE GAPS.** IEMSA believes that an effective public safety system is only as good as the funding to maintain it. In some places, people can wait over 30 minutes after calling 911 before an ambulance arrives on the scene to treat someone with a serious medical issue. The public's view of EMS is obvious; a significant portion of the nearly 1,000,000 calls to 911 in Iowa per year are for an urgent medical emergency; however, the Iowa Code is still stuck in the 1970s, when EMS was viewed as an optional service.

IEMSA urges the Legislature and Governor to set up a permanent and systemic funding stream for EMS that would allow money to flow to programs that can deliver the best results in the most efficient manner. Permanent funding would allow programs to staff up to respond to emergencies, to purchase the necessary infrastructure to maintain readiness and to expand coverage into the rural areas that need it most. We believe that this funding could be established through a dedicated stream of state sales tax revenue, reassessing the county property tax system or an increase in court fees and costs, with the proceeds directed to EMS.

- **GROUND EMERGENCY MEDICAL TRANSPORT (GEMT)** is a federally-funded supplement to state Medicaid payments to EMS providers transporting Medicaid patients. GEMT recognizes that an EMS program cannot appear from thin air; all EMS programs need certain amounts of established infrastructure (known as "readiness funding") in order to transport patients. GEMT funding does NOT come from the state budget. DHS would have to submit an amendment to its state Medicaid plan and, if approved by CMS, programs transporting Medicaid patients could see a significant positive impact to their revenue. IEMSA urges the Legislature to pass language that requires DHS to submit an amendment to the Iowa Medicaid plan for GEMT to provide reimbursement to all eligible transport agencies who transport Medicaid patients.

> **NOTHING MOTIVATES LEGISLATORS MORE THAN TO HAVE THEIR CONSTITUENTS COME TO THE CAPITOL WITH ISSUES THAT ARE IMPORTANT TO THEM.** It's a great time to see your board members in action working for you and with you!

> JOIN US AT OUR EMS DAY ON THE HILL EVENT THIS FEBRUARY 8TH, 2018 7AM-9AM AT THE CAPITOL ROTUNDA. THEN JOIN US FOR THIS YEAR'S "EMERGING TRENDS CONFERENCE" --Registration information for the Emerging Trends Conference can be found on the next page.

NEW THIS YEAR! EMS SERVICES AND EMS SYSTEMS— What is the Road Ahead?

Presented by

- **Frank Prowant,**
Deputy Chief EMS, City of Ankeny
- **Brian Helland**
Assistant Chief-Operations, City of Clive
- **Chris Perrin**
Emergency Management & Security Coordinator Mary Greeley Medical Center

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. 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.



EMERGING TRENDS CONFERENCE

FEATURED SPEAKER IRON JEN McDONOUGH

FORMERLY THE "LEADERSHIP CONFERENCE"

In her roles as a motivational storyteller, engaging Amazon Top 100 author, and business coach, she empowers the Everyday Hero to unleash their very best. Jen and her family are most known for paying off over \$212,000 worth of debt and medical expenses in 4 years. Their story has been featured in local, national and international media.

She is also an 8-time national weightlifter, Minnesota Hall of Fame, and 2-time US Olympic Festival medal winner as

well as an Ironman triathlete. All 3 of her books have hit Amazon's Top 100 categories.

Iron Jen is passionate about cultivating courageous leaders through building resiliency and reducing stress. Attendees easily relate to her authentic presentation style, as well as her delivery of humorous relevant stories that teach powerful and impactful lessons.

TO BE HELD AT THE MARRIOTT Downtown Des Moines--Discounted rates available--click here.

SCHEDULE OF EVENTS FEBRUARY 8, 2018

09:30-10:00 **REGISTRATION** (beverages provided)

NEW! EMS SERVICES AND EMS SYSTEMS— **What is the Road Ahead? : 10:30 - 12:00PM**

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. 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.

Legislative Update--Mark McCulloch, IEMSA President

Iowa EMS Past, Present and Future - Presented by



• **Frank Prowant,**
Deputy Chief EMS, City of Ankeny



• **Brian Helland**
Assistant Chief-Operations, City of Clive



• **Chris Perrin**
*Emergency Management & Security Coordinator
Mary Greeley Medical Center*

- 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 - Presented by:

- 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--How can IEMSA help?

LUNCH PROVIDED : Noon-1:15pm

CULTIVATING THE COURAGEOUS LEADER MINDSET

1:15-4:00pm Presented by Iron Jen McDonough

How much better would our families, communities and organizations be if we helped individuals develop a courageous mindset? In this engaging session, audience members will learn how to build resilience, overcome obstacles, and work in their strengths by developing a courageous mindset.

The outcomes of this session are to build stronger individuals, teams, organizations, and families by:

- Recognizing how lack of a courageous mindset can cause chaos
- Identifying destructive behaviors that a discourage a courageous mindset and promote chaos
- Teaching 4 ways to develop a courageous mindset even during times of turbulence

Organizational benefits include:

- Promote employee wellness
- Create and cultivate a culture of courageous leaders
- Improve employee retention and satisfaction

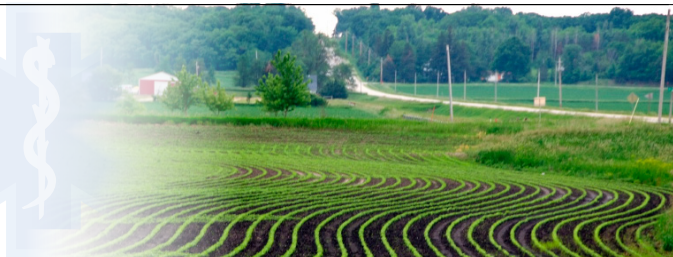
TO REGISTER ONLINE: [CLICK HERE http://iemsanet/member_account.htm](http://iemsanet/member_account.htm) -Click the "Login Here" button.

DOWNLOAD THE FULL PDF REGISTRATION FORM:
[CLICK HERE](#)



BUREAU OF EMERGENCY AND TRAUMA SERVICES UPDATE

BY NIC BIEBER: COMPLIANCE OFFICER II
IDPH - BUREAU OF EMERGENCY AND TRAUMA SERVICES



WHY IS COMPLIANCE AND REGULATION IMPORTANT IN IOWA EMERGENCY MEDICAL SERVICES?

> **In the United States every state has an agency charged with regulating emergency medical care providers and service programs within their respective states.** In Iowa, the responsibility is delegated to the Iowa Department of Public Health (IDPH) by Iowa Code chapter 147A.1A. This code section directs the responsibility and authority to IDPH for implementation of the code provisions related to emergency medical services (EMS) in Iowa. The Bureau of Emergency and Trauma Services (BETS) is the bureau delegated responsibility for the regulatory compliance of Iowa's EMS programs and providers.

> **Why is regulatory compliance such an important aspect of the Iowa EMS system?** The short answers; public trust and public safety. In Iowa there are approximately 931 EMS programs and 11,771 EMS providers (IDPH, 2017) which serve 3.1 million residents (State of Iowa, 2016) and numerous visitors who travel in and around our state each day. These residents and visitors in Iowa expect the same quality of emergency pre-hospital care regardless of where they live, work or play. It is the duty of BETS to assure EMS programs and providers deliver top quality care to the residents and visitors of Iowa that follow established protocols and scope of practice.

> **The general public likely does not see a delineation between certification levels of EMS service programs and EMS providers, and that should be seen as a compliment to all Iowa EMS personnel.** It suggests the high level of confidence the public has in Iowa's EMS system. If someone finds themselves in a position in which they need to call 911, they do not ask the 911 operator to send a specific level of EMS service program or EMS provider. The caller expects highly trained and qualified EMS providers and the appropriate equipment to manage the situation. The idea behind a tightly regulated EMS system is to ensure EMS providers and service programs comply with the regulations, rules and statutes of the state. This patient and family should know that the care received will be the most consistent pre-hospital care from a competent provider who understands compliance with established regulations for the best possible outcome.

> **Emergency medical services, and health care in general, has evolved into a highly regulated field with high degrees of ethical standards, codes of conduct, and complex legal**

requirements. Compliance with state rules and statutes not only ensures patient care is provided consistently across the state, it ensures EMS providers and services can comfortably and seamlessly work together while operating under the same set of established rules. ETS ultimately strives for all EMS providers and services to be in compliance with the rules and statutes provided in Iowa law. BETS encourages any EMS service or provider with questions regarding the application or enforcement of Iowa administrative rules and statutes which effect EMS providers and services to contact us at (515) 281-0601.

REFERENCES

IDPH. (2017, December). Iowa Department of Public Health. Retrieved from Bureau of Emergency and Trauma Services: <https://idph.iowa.gov/BETS>

State of Iowa. (2016, December). Iowa Quick Facts. Retrieved from Iowa Data Center: <http://www.iowadatacenter.org/quickfacts>



Horton Model 623



Medix MSV-II



TUITION : \$20/IEMSA MEMBERS \$50/NON-MEMBERS (MEMBERSHIP INCLUDED)

ATTENTION ALL EMS PROVIDERS! YOUR OPPORTUNITY TO PICK UP SOME CE's

We are proud to present the 9th Annual SE EMS Saturday Conference. The Agenda is set with a full day of training. The agenda is outlined below. **Formal CEHs have been applied for.**

NON-IEMSA MEMBERS registering for this conference you will receive a 1-year membership to IEMSA. Many benefits are included with this membership, such as discounted educational opportunities to pick up CE's (including at the Annual Conference in November), a free \$ 10,000 accidental or Line of Duty Death/ Dismemberment insurance policy, E-News, and a subscription to the IEMSA Newsletter- The Voice.

MORNING AGENDA:

7:30AM- 8:00AM	Registration
8:00AM- 8:05AM	Introduction Welcome —IEMSA Board Member
8:05AM- 8:55AM	Fireworks : Explosively Fun Trauma —Chuck Gipson
9:00AM- 9:50AM	Intro to EMS Research —Chuck Gipson
9:50AM- 10:00AM	Break
10:05 AM- 10:55AM	CISD : It's what we do —Jamie Temple
11:00 AM- 11:50AM	EKGs for EMS Personnel —Jamie Temple
11:50 AM- 12:50 PM	Lunch (on your own)

AFTERNOON AGENDA:

1:00PM 1:50PM	LVADs —Terry Ragaller
2:00PM 2:50PM	Chainsaw Suicide —Terry Ragaller
2:50PM 3:00PM	Break
3:00PM 3:50PM	Pediatric Poison - Thru the Eyes of a Child —Jules Scadden
4:00PM 4:50PM	Total Chaos! Behavior Emergencies —Jules Scadden
4:50PM 5:00PM	Closing —IEMSA Board Member

To Register for this 1-Day Conference

COMPLETE THE ONLINE REGISTRATION FORM BY [CLICKING HERE](#)

OR [CLICK HERE](#) AND Follow the log-in Instructions--Payment must accompany all registrations--you can pay securely online by credit card or select "Mail my Check"
--your registration is not confirmed until payment is recieved. **No Refunds after January 12th, 2018. Cancellations prior to the 1/13/2018 are subject to a \$10 cancellation fee.**

Walk-in registrations are welcome--with payment by check. However, you must first, register online--so we know to expect you. Just click the "[Mail my Check](#)" button on the payment page.

If you have any questions, please call our office at 515-225-8079. We look forward to seeing you on the Saturday, January 13th.





BY DR. JOSH STILLEY MEDICAL DIRECTOR UPDATE

FEDERAL LEGISLATION THAT BENEFITS EMS PROVIDERS

I wanted to let you all know of some new federal legislation that will be beneficial for EMS providers. It is not often we get to say that, so I wanted to take some time to highlight it.

> In 2011 there was a letter sent to an EMS agency from the DEA stating they would need a real-time physician order for all controlled substances given.

This was because there were in fact no federal laws or DEA rules allowing for delivery of schedule II controlled substances by EMS providers via a protocol. This has led to the recent passage of the Protecting Patient Access to Emergency Medications Act of 2017. Relatively speaking, this went pretty quickly through congress taking only a couple years from first introduction to final passage. It also had unanimous support in both the house and the senate.

> There are a few specific authorities granted with the law. The most important is that it specifically gives an EMS Medical Director the ability to authorize providers to administer controlled substances outside the physical presence of a physician. As I stated above, before this bill was passed there was actually no allowance for this in federal law. In the state of Iowa we have been operating under an emergency provision for the last 40 years. This law also changes how some of the ordering, tracking, and distributing of controlled substances is regulated.

Fortunately the overall goal and result of the law are that there is both better oversight and less burden. We don't often see those two come at the same time.

> Does this mean that we can go out today and implement these provisions? No, it does not. There will still need to be a coordinated effort between IEMSA, the Iowa Board of Pharmacy, the Bureau of Emergency and Trauma Services, the Iowa DEA office, and probably the Iowa Legislature to make the necessary changes to allow Iowa EMS agencies to operate within the new law. However, there is hope on the horizon that soon we will have both a better process from an administrative standpoint and a lessened chance of diversion of controlled substances. I am in full support of both of these goals.

> Now is a good time to take a look at your own policies and ensure compliance with current regulations. How are your narcotics ordered? How are your narcotics tracked? How often is a complete inventory accounting completed? Compliance with state and federal rules for narcotics is not something to take lightly. It is up to your medical director, service director, and pharmacist to ensure appropriate policies are

in place for your agency. It is up to each provider to ensure you are following state and federal law as well as your department's policy. Concerned you are not in compliance? Please bring it to your service leadership.

> I also want to say thank you to all of you. I will be taking a new job in 2018 so will be stepping down from my IEMSA Medical Director position. I have thoroughly enjoyed working with the leadership and membership of IEMSA. I am hopeful I can continue to attend and speak at the IEMSA Annual Conference and interact with all of you. I am constantly amazed at the sacrifices made by all of you to serve your communities and your patients. Keep up the good work.

Iowa Board of Pharmacy. (2017, June). Drugs in Emergency Medical Service Programs. Retrieved from <https://www.legis.iowa.gov/docs/iac/chapter/657.11.pdf>

Public Law. (2017, November 17). Protecting Patient Access to Emergency Medications Act of 2017. Retrieved from <https://www.congress.gov/115/plaws/publ83/PLAW-115publ83.pdf>



Career Service of the Year : Clarinda EMS



EMS INDIVIDUAL VOLUNTEER PROVIDER SUE DUFFY, *Blairstown EMS*



"Sue Duffy's contribution to Blairstown EMS as a volunteer has been outstanding. In her almost 10 years of service, she exhibits professionalism and provides excellent

patient care and works on her skills to achieve this. She was involved in a serious car accident toward the end of her paramedic class that required surgery for a shattered ankle. When she was well enough she sat for her National Registry exam. Doctor's orders were to keep the leg elevated, but due to rules at the testing center, she couldn't have a chair to prop her leg up on during testing, so it throbbed all the way through the test. Even with that distraction, she passed with flying colors as well as all the colors of healing bruises!

Sue started out as an EMT-B in 2007 and took the Paramedic class in 2011 becoming a Paramedic with the Blairstown EMS in 2012.

Sue received her EMS instructor endorsement and her evaluator endorsement and recently worked very hard to get her instructor certifications in BLS, ACLS, PALS, AMLS and PHTLS. She is currently an instructor for Kirkwood Community College. She teaches these classes and paramedic skills. She has taught 2 EMT classes through the Kirkwood Community College. Her first EMT class being lead instructor was this past year in Blairstown. When teaching the class she passed along her passion for people and her amazing skills to these students. She has had this same positive effect on so many paramedic

students that have come through her skills stations and classes at Kirkwood.

We've all witnessed Sue being a patient advocate as well as being empathetic and supportive of her patients. It's not unusual to see her encouraging a patient who is dealing with an addiction to take one day at a time and telling them "you can do this!" or empathizing with a patient who has to be on a longboard or has a fracture. She knows all too well how that felt from her own accident. She had a cardiac save a few years ago who woke up on scene after being shocked and having medications administered. The helicopter had landed and the patient told her if he was going to ride in a helicopter he wanted them to take him somewhere warm away from the Iowa winter!! As a paramedic, this was definitely one of the best things she had ever heard from a patient! When she is not having a huge effect on patients, she is right there for every one of us on the crew. She is a good friend to each of us and works exceptionally well with everyone in our EMS family.

Sue and her brother, David, are also very involved with A Brotherhood Aimed Toward Education (ABATE) of Iowa (a volunteer organization). They have taught classes on motorcycle safety to our crew as well as others. They are huge advocates for being aware of motorcycles on our roadways and safe riding and driving. Sue was Treasurer of ABATE of Iowa District 5 for the years of 2010 to 2013. Sue volunteers each year at the ABATE of Iowa Freedom Rally in Algona, Iowa in the first aid station and treats many people during the week. The Freedom Rally lasts 3 days and Sue worked extra hours in addition to the 8 hours a day she was scheduled while serving as treasurer. Since Sue doesn't drive a motorcycle, she road as a passenger when joining her brother and friends on their trip to attend a 2 wheel trauma class.

Sue held the title of President for the Benton County EMS Association (BCEMSA) for the years of 2013 to 2016. During this time she made sure the county was set up to get the system development grant that brought in about \$12,000 each year to services in Benton County. She is also a quality assurance and training officer with Blairstown EMS and doesn't hesitate to teach skills, classes and mentor others on the crew.

Sue is a tremendous asset to our community, to the Blairstown Volunteer Ambulance Service, and to the EMS program at Kirkwood Community College. She is on the schedule several shifts each month and when the pager goes off is often the first to arrive at the station and ready to go.

The following is a testimony by Ben Symonds (from Kirkwood Community College) who has had extensive opportunity to experience Sue's talent and dedication on multiple levels:

"Sue Duffy is an outstanding paramedic and EMS educator. I have had the fortunate opportunity to complete my paramedic training with Sue, and I knew that she was one of our class' strongest candidates. Sue demonstrated the commitment to

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study and practice from day one on the program that many other students looked up to, including myself. It was these memories of Sue's dedication to EMS that reinsured my confidence that she would be a perfect fit when I became the Paramedic Program Director at Kirkwood." --Mindy Fisher



INDIVIDUAL CAREER PROVIDER OF THE YEAR

SANDY HEICK *Johnson County Ambulance*



"Sandy has been dedicated to work in EMS for over twenty years. Sandy comes to work every shift ready to serve. She has continual interest in not herself, but rather

the good of the service, and the good of her patients. Not only is Sandy a full-time paramedic for Johnson County Ambulance Service, she also works full-time at the local dispatching office (JECC, and is a volunteer for the West Branch Fire Department. She also does additional trainings and teaching in the community. Sandy works countless hours, and helps others in picking up open shifts. Sandy is diligent, funny, altruistic, and dependable. She cares for the future of EMS. As a young paramedic, I look up to her for these traits, and look to her for advice on what it takes to be a successful EMS provider. Sandy is also very humble. She does her work without the expectation of being rewarded. She is smarter than she knows, more hard-working than she'll admit! She is truly someone I value, and I would love to see her receive the IEMSA award for her recognition. Thank you." -- Catherine Found



EMS DISPATCHER OF THE YEAR

KRISTIE FULTON, *PageComm (Clarinda)*



On behalf of the EMS, Fire and Law Enforcement services throughout Page County, I nominate Kristie Fulton for recognition as IEMSA Dispatcher of the Year. Kristie is a lead dispatcher for PageComm, the 911 dispatch center in page County Iowa. Throughout her over 20 year career Kristie has taken lead as role model to her fellow dispatchers. Kristie often

steps forward to train new dispatchers and her professionalism, knowledge and expertise has helped to prepare these individuals for a very stressful occupation. As Page County transitioned to a new dispatch center, Kristie embraced her role as lead dispatcher and worked to ensure that communications throughout the county were maintained. Kristie's expertise ensured that any difficulties were quickly overcome and that new employees were trained to the highest standards. As lead dispatcher Kristie was integral to the hiring and training of new dispatchers. Her knowledge of the job ensures that she is able to answer any questions that arise and that responders can rely on her accuracy and professionalism.

When a 911 call comes in, Kristie provides a calm and reassuring voice to the caller as well as the first responder that she dispatches. During even the most stressful times Kristie



Kristie Fultons proud grandson

is able to work will with the various EMS, Fire, and Law Enforcement agencies throughout Page County. This in addition to the fact that she works well with the area 911 dispatch centers ensures that when a person calls 911 they will quickly receive help. Kristie is an integral part of our emergency response system in Page County and her guidance ensures that our dispatchers

and responders are prepared to respond to any emergency. Thank you for considering Kristie Fulton for IEMSA Dispatcher of the Year.



EMS INSTRUCTOR OF THE YEAR

DAWN BRUS, *Kirkwood Community College*

"To describe this instructor in one word would be easy "AMAZING". This instructor is always willing to go above and beyond for her students. She has that caring attitude that helps stu-



dents strive in her class. She is always willing to go that extra mile for her students, whether it be putting in extra time with them or even opening her home for students from other areas of the state or even different countries

to stay there while they are taking their courses so they can focus on their studies and not have all of the drive time. She is instrumental in scheduling the courses that she is teaching and always has the classroom open early for the students to come in and ask questions. She has always been there to help

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the students with not only problems with their course work but will also lend an ear if the students are having personal problems also. Her students would tell you that she makes learning fun and that she relates what is in the book to real world situations. She has the ability to relate to all students and can adapt to different types of courses that she is teaching. She has the ability to motivate her students in the class through having them take ownership in the learning process or if all else fails she uses baking bribery to motivate them. Dawn is also an active member on the ambulance as well as an active volunteer on the fire department. Dawn feels as though if she does not stay active on fire and ambulance that it would take away from her experience to teach. Her dedication and drive to see students succeed is the reason that I am nominating her as Instructor of the Year.” -- Brian Rechkemmer



EMS CAREER SERVICE OF THE YEAR CLARINDA EMS *Clarinda, Iowa*



“I would like to nominate Clarinda EMS in Clarinda Iowa for IEMSA EMS Career Service of the Year. For over 20 years Clarinda EMS has provided care to patients throughout Clarinda and the surrounding area. The members of Clarinda EMS have developed a close working relationship with other area EMS providers which translates into improved patient care. The members of Clarinda EMS are dedicated to advancing their knowledge and many have obtained certification as Critical Care Paramedics. In addition to this the staff of Clarinda EMS embraces the opportunity to gain further knowledge by attending various conferences and bringing what they learn back to better the crew. The hard work and dedication of the members of Clarinda EMS make programs such as Home for the Holidays and the new Community Paramedicine program successful.

Since 1993 Clarinda EMS has offered the chance for bed ridden family members to be transported from local nursing homes to family events during the Thanks-

giving to Christmas holiday season. This program is offered free of charge and often the crew members that participate in transporting these individuals volunteer their time. My family was able to take advantage of this program and have my father present for the last Christmas before he passed away. Programs offered by Clarinda EMS such as the Home for the Holidays provide a great service to the area and help to build a stronger connection between the public and those that work for Clarinda EMS.

Recently Clarinda EMS and Clarinda Regional Health Center started a Community Paramedic program. This collaboration provides a follow up visit with patients who were recently released from the hospital and ensures that they understand their discharge information and medications. The program has already been successful as the trained EMS providers were able to prevent medication errors by the patient that may have resulted in harm to the patient or unnecessary readmission to the hospital. Clarinda EMS and its members have shown time and again that they are dedicated to the community that they serve. Whether it be through the development of programs such as Home for the Holidays or advancing training and technology the members of Clarinda EMS always have the best interest of the patient at heart. Clarinda EMS is able to provide the highest quality patient care, it is for this reason as well as those listed above that I am nominating Clarinda EMS for Career EMS Service of the Year.” --Tom Mothershead



EMS VOLUNTEER SERVICE OF THE YEAR FAYETTE AMBULANCE *Fayette, Iowa*



“This service was founded in the late 1960’s and became ACLS certified in the late 70’s which was unheard of then for a volunteer service. Fayette Ambulance continued to advance over the years and currently is staffed with 3 Paramedics, 1 AEMT, 13 EMTs, 1 EMR and 3 certified drivers.

The service provides stand-bys for local school events, County fairs, fire department trainings, and assist with medical transports from area county hospitals.

We also have a mutual aid agreement with surrounding services and is always willing to lend a hand.

Paramedic Dave Collins has been with the service since the late 1960s joining as a first responder. He is currently a Paramedic and has helped make this service what it is today, along with the other members. The service has seen many upgrades including the new Lucas Device and a new cardiac monitor.

One local citizen states that the pride of the service shows. "It is just a love for helping your community and doing what is right. Your community is only as strong as the volunteers you have. And we are extremely fortunate that we have Fayette Ambulance and the citizens know how lucky we are and appreciate the volunteer service so much!"

Fayette Ambulance can be proud that it is a shining example of what a great volunteer service should be!"

--Scott Luchsinger



HALL OF FAME INDUCTEE ROB MARSH

Clarinda, Iowa



When I think of the qualities an EMS professional must hold, I think of responsibility, intelligence, the willingness to sacrifice to help others and compassion, to name a few. If I had to think of one individual who embodies the spirit of EMS, it would be my dad.

We moved to Clarinda in 1993 when he became the Director of Emergency Medical Services, a position he still holds today. He was the first Paramedic to provide service and for quite some time, the only paramedic. This meant that he was constantly on call. I can recall several occasions when he had to leave suddenly such as a play, a game or Christmas morning... He understood and was willing to sacrifice his own happiness to help others. Having received a wonderful education at Creighton University he understood the importance of education in EMS and became an instructor which led to the creation of hundreds of EMT's over the years, many of which went on to become paramedics and all of which have saved even more lives. Having been one of his students, I can tell you he was tough and he taught us that not only was it important to be technically perfect, but to be able to hold the hand of a dying patient and comfort a scared family. His love of EMS and drive to continue to improve our system brought him to run

for the IEMSA board and he continues to enjoy being able to have a voice in EMS and encourage others to as well. For all his ability to assert himself when a member of his crew is in need of recognition, he is very quiet in relating his personal accomplishments. He sees all he has accomplished as "part of the job," which it is...but when I look back at the last 30+ years he has been in EMS, I see a hero."-- Heather Marsh



HALL OF FAME INDUCTEE RAY STONE

Clay Township Fire & Rescue



In 1994, Ray served as a volunteer fire fighter and EMT with Clay Township Fire and Rescue from 1994 to 2014. He was a founding member and driving force behind the successful growth of a brand new department to be known as Clay Township Fire Department. Once an idea or suggestion was made to upgrade the department, the building or equipment, Ray would take that idea, research it and was the biggest driving force to make it happen.

In 1995 Ray with 5 other department members took an EMT class and all became medics for the department. At that time the department name was changed to Clay Township Fire and Rescue. In 1997 Ray and one other medic became EMS instructors and evaluators. In 1998 Ray Stone and Fay Boyd started their first EMT B class in January. As a result of that class 3 more medics were added to the department. While on the Department he served in many officer roles, he served as Chief, Assistant Chief, Training officer and EMS Coordinator. He wrote many grants for the department to help improve our equipment.

Ray went on to become Marion County's Interim EMS on 11/16/98, became full time EMA on 11/30/98 and retired 12/31/07. Ray was at the EMA during a particularly interesting period of time following 9/11/01 where federal grant dollars flowed from FEMA through the states to local governments in large quantities. He was instrumental in helping to

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identify applicable projects for those grant dollars, and was successful in securing those grants for many projects Marion County. Some of those projects were communications equipment and hazardous materials preparedness related. Ray also planned and executed many exercises that ranged from table top to full scale, impacting several hundred first responders during his tenure.

He started the Marion County Red Cross Redi program to assist residents with Red Cross help after experiencing a fire. He recruited many to help with the endeavor and assisted with the mountain of paperwork to complete. He formed the Marion county CISM team and went to many debriefing and defusing. He recruited not only the peer support but also the mental health providers to keep the team full and active. He also volunteered to be the point of contact for that while serving as the emergency manager. After 9/11 Ray went to Ground Zero as a CISM volunteer and worked at Ground Zero in this capacity for 2 weeks. He returned with many humbling stories and shared the devastation from a "Bird's eye view" to his Department.

Ray went on to become trustee for Clay Township from 2007 to 2014.

Ray always encouraged everyone, not only on his own department but everyone in Marion County and sometimes the surrounding counties too. He was there to lend an ear, a shoulder to lean or cry on. When you had a bad call or one that just bothered you, he would listen, support and encourage you. He would also check on you every few days for a while to make sure you were doing ok. Ray was not only supportive, encouraging and caring of his peers, but also of the victims he cared for. Whether it was a rescue call, fire call or another tragic event for someone in the community, Ray was there with a hug and an encouraging word for the victim and/or the victim's family.

Ray will be missed by his family, his Clay Township Fire and Rescue family and his peers in all emergency services not only in Marion County, but also the State of Iowa and also is evident by his dedication, outside of Iowa. Ray was one of the few people who in 18 years of his service to emergency services strived to make a difference in care and response to incidents.

The following quote sums up Ray's life and service to Emergency Services, 'What you call a hero. I call, just doing my job.' -- Dee Alexander



HALL OF FAME INDUCTEE **FRANK PROWANT** *Ankeny Fire Dept.*



"There are a few discussions about EMS in Iowa that; in some way have not been influenced by Chief Frank Prowant. From teaching EMS to leading EMS, and influencing the next generation of EMS Leaders, he has been a fixture in EMS

in the state of Iowa for many years. Through his vision and guidance, the many EMS Services that he has touched have grown and evolved as a result of his input. He has the uncanny ability to see EMS from all points of view. He is an advocate for progress while at the same time not losing sight of the time tested EMS practices that provide for the best patient outcomes. His voice can be heard as an advocate for all patients through his advocating for EMS. One could be hard pressed to find a better ally for EMS in all of public safety. As one who has had their approach to EMS shaped by Chief Prowant, I can say that I have never encountered a better mentor. Through him and his actions it is clear that EMS in Iowa has improved. The leaders that he has taught will continue to oversee the evolution of EMS in the state. It would be safe to say that there are few discussions about EMS in Iowa that would be complete without discussion of the role that Chief Prowant has played. It is rare to work with a living legend, and I am honored to nominate Chief Frank Prowant for induction into the IEMSA EMS Hall of Fame." -- Josh Harding



HALL OF FAME INDUCTEE **TROY ARMSTRONG** *Buffalo Center Volunteer Ambulance*



"I am honored to nominate my father, Troy Armstrong, for the Hall of Fame. He began his career in November 1988 when the Buffalo Center Ambulance was in desperate need of volunteers. His uncle was a charter member of the ambulance and so my father decided to help out his community and begin to help others.

Troy took the First Responder class and then in 1991 became a EMTA. In 1993 he took the EMTI class. He is currently a EMT. Troy has had various positions on the Buffalo Center Ambulance including President, Vice President, Training Officer, and currently the secretary. He has helped teach various CPR and

emt classes and also served on the Winnebago County EMS Board of Directors.

Troy is currently the Mayor of Buffalo Center and is currently serving on the Winnebago and Kossuth County 911 Boards. Buffalo Center responds to approximately 130 calls a year. They cover about 200 square miles. He is on call for the service about 300 hours a month.

He has been a volunteer EMT in our small town of about 900 since 1991. He has dedicated many hours to this profession. His true act of kindness and caring shows daily....

One call that stands out was his first cardiac arrest save with the defib was on a 80 y/o female. Everytime this pts husband would see my father to thanked him for giving him 3 more years with his wife.

I have looked up to my father ever since I could remember because he is an EMT. He truly loves what he does, he shows a lot of compassion to his patients and many times follows up with them and talks to them after they return from the hospital.

Dad is one of the most caring EMTs you will ever meet. He also became an EMT-I provider to further himself in the EMS industry. Dad says this is one of the most rewarding things he has ever done in his life. He has dedicated 27 years of volunteering and giving back to his community. I couldn't be more proud as a son, to watch my dad touch so many people's lives. I am currently following in his footsteps and taking the emt course my self."--Spencer Armstrong



FRIEND OF EMS MARY JO WILHELM

Former State

Senator



"Former State Senator Mary Jo Wilhelm has been a strong supporter of EMS during her time representing Iowa's Senate District 26. As a former EMT from Howard County, she is uniquely familiar with the issues facing Iowa's EMS providers. She has supported the Volunteer Firefighter/EMS

and Law Enforcement Tax Credit, sponsored legislation for the safe and secure transport of psychiatric patients, supported Medicaid reimbursement increases and co-Chaired the EMS Interim Study Committee in 2013." --Mark Sachen



WELCOME NEW IEMSA BOARD MEMBER SOUTHWEST REGION : JASON WICKIZER



We'd like to welcome Jason Wickizer to the IEMSA Board of Directors as our South West Region Director. He is currently the Emergency Management Operations /EMS Service Director / Regional Saw Team for Shelby County Emergency Management. Jason's unique background in Emergency Management brings a discipline to the board that is needed. Jason stepped in and filled an open position on the board. Thank you Jason for dedication to helping improve EMS across Iowa.



THANK-YOU IT IS WITH A GRATEFUL HEART that we say "thank-you" to two outgoing board members this year, who served so faithfully on the IEMSA Board.



Brad Buck served on the IEMSA Board for many, many years, first as a Region Representative then as an At-Large representative, also serving on the executive board as Secretary during his tenure with IEMSA. His work on various committees and dedication to volunteering to take part in board meeting, work at the Annual

Conference and new Pediatric Conference has made a huge difference for IEMSA. We will miss Brad and wish him all the best in his work on the team at Mayo in Minnesota.



Also leaving us is Terry Evans. He was not able to take part in a lot of board meetings or activities, but his experience and work getting a community paramedicine program up and running in Ft. Dodge, continues to help move that program forward in our state. We look forward to working with Terry on that program

as we work to get more Community Paramedicine programs up and running in Iowa.

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HALL OF FAME INDUCTEE : DR. JOSHUA STILLEY

IT IS WITH A GRATEFUL HEART

that we say "thank-you" to our outgoing Medical Director Dr. Joshua Stilley who has served Iowa EMS so faithfully from 2014-2017. We will miss his guidance and compassion.



Dr. Joshua Stilley completed his undergraduate at Iowa State, Medical School at the University of Missouri and his Emergency Medicine Residency at the University of Iowa. Dr. Stilley began his dream job and we in Iowa had our dream team leader as he took the Medical Direction helm serving on the IEMSA Board. He is a Clinical Associate Professor in the Department of Emergency Medicine and the Medical Director for the EMS Learning Resources Center and AirCare flight service at the University of Iowa Hospitals and Clinics. Josh has been instrumental in the growth and enrollment of the EMSLRC and AirCare during his tenure at UIHC.

Dr. Joshua Stilley grew up in EMS here in the state of Iowa watching his dad, Dr. David Stilley, taking an active role in Iowa EMS. Josh was a field provider and fire fighter prior to obtaining his Medical Degree. Josh has always had an open door and a willingness to assist

anyone in the EMS community. He has served on numerous local and state committees to include IEMSA, EMSAC, QASP, DMAT, CoAEMSP to name a few. Additionally, he is active in EMS and emergency medicine on a National Level with NAEMSP and ACEP.

Dr. Stilley has truly interacted with many in the EMS Community and has always been willing to assist. He has been involved in all aspects of EMS in the state of Iowa. His leadership direction, dedication, and support will have an everlasting impact on the EMS care provided in Iowa for decades to come.

Dr. Josh Stilley was inducted into the Iowa EMS Hall of Fame at the Annual Conference Ceremony in November. A much deserving honor--his influence will never be forgotten and deeply appreciated always.

ONE OF JOSH'S QUOTES:

"My favorite thing about my job is the number of people I get to interact with, from patients, family, and co-workers." — Joshua D. Stilley

Dr. Stilley, truly has interacted and impacted many on all sides of emergency care in the state of Iowa! We will be forever grateful for your service to Iowa EMS. We are excited for you this new opportunity for you.

> 2017

SCHOLARSHIP AWARD WINNERS



William J. Boucher, Jr.



Michael Ryden



Veronica K. Knudsen



Katy Keeney



University of Iowa EMSLRC

> IEMSA 2018

SCHOLARSHIP

The Iowa Emergency Medical Services Association is proud to offer numerous annual scholarship opportunities for 2018. There are six \$1000.00 scholarships, one for each region, two \$500.00 general scholarships, and one Training Center Scholarship, awarded to the training center that has the most students that sign up to be an IEMSA Student Member. That scholarship is then given to a deserving student of that training center's choice. In 2017 we were able to award 8 individuals and 1 Training Center a scholarship to help pay for their current EMS Education. Funds are intended to assist those hoping to enter the emergency medical services job force or for established members of the EMS community looking to advance their education and certification level. Emergency Medical Services personnel are essential features of any disaster management effort. Whether paid or volunteer, EMS is often the first to arrive at accident sites, making split-second life-saving decisions during every shift. Quality Education and comprehensive training is essential for EMS providers and paramedics, because no two disasters, emergencies or accidents are alike. The goal of the IEMSA annual scholarship fund is to encourage continued improvement and advancement for our state's providers.

Initial certification requires schooling, and continuing education, it also plays an important role in keeping EMS personnel on the cutting edge of life-saving first responder protocols. College level programs exist at two and four-year colleges. Whether basic or advanced – EMT, school can be costly. IEMSA would like to assist individuals with scholarship funding to help achieve or further career goals.

IEMSA SCHOLARSHIP SELECTION PROCESS:

1. Only those applications which are complete, accurate and received by the deadline will be considered.
(Current Scholarship Application Deadline : June 1, 2018)
2. IEMSA will notify all applicants by email of the status of their application.
3. EMS scholarships are not awarded for course work already taken.
4. Scholarship payments are made directly to the recipient of the scholarship.
5. The following criteria will be used in the scholarship selection process:
 - Dedication to the profession
 - Financial need
 - Dedication to the community
 - Service as a positive ambassador for IEMSA

Please consider applying for one of these scholarships or forward information on to other potential recipients.

Click Here to print the scholarship application:

http://iemsanet.org/pdfs/Scholarship_Application.pdf



> uh-oh! Peds! CONFERENCE

EMS TRAINING TO CARE FOR **LITTLE BODIES**

FEBRUARY 24, 2018

AT THE RADISSON • CORALVILLE

(Previously the Holiday Inn) **located at** 1220 1st Ave., Coralville
Formal EMS CEHs and Nursing CEUs applied for.

Special Guest Presenter: the University of Iowa Emergency Medical Services Learning Resources Center educators are joined



this year by **nationally renowned Stephanie Haley-Andrews, BA, BSN-RN**. Her unique expertise as a Registered Nurse and program manager/director in American College of Surgeons verified, adult and pediatric trauma centers, combined with marketing and communication skills delivers an excellent pediatric education experience.

FULL Agenda to be determined

In addition to several classes featuring a full range of pediatric education, you can count on the very popular "The Hands-On Skills Training." This session will include both BLS and ALS skills.



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 which is case sensitive and contains no spaces. 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! You can **PAY BY CREDIT CARD OR** register online and check the "MAIL MY CHECK" option and send the check to: IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266 - No refunds after January 29th. All refunds prior to January 29th will be subject to a \$50 cancellation fee.

OR print and complete the REGISTRATION FORM (PDF Flyer/Registration Form available online at www.iemsa.net/conference.htm, click on "Uh-Oh Peds! Conference", to find the PDF link), **fax it to 877-478-0926 or email/scan it to administration@iemsa.net.**

NEED HOTEL RESERVATIONS? **Coralville--we have a room block You can reserve by calling 319-351-5049** Check in is at 3pm, check out is at 11am and cancellations need to be made prior to 6pm the day of the reservation.



Advance Cardiac Care

In the Field

BY Casey Hutchison, BSEMS, CCP, NREMT, EMS-I Southeastern Community College



Advanced Cardiac Care in the Field

Casey Hutchison

BSEMS, CCP, NREMT, EMS-I

> As emergency medicine has progressed and grown over the years, cardiac care has quickly emerged as the corner stone. As paramedic's, we pride ourselves on being among the best when it comes to quickly recognizing and adequately treating cardiovascular emergencies. We've all heard the saying "every second counts". When it comes to cardiac issues, this saying holds true. Time really is muscle, and what we do (or don't do) in those crucial moments may have a big impact on the outcome of the patient.

> A cardiac emergency can present in many different ways depending on what the underlying issue is. One of the most common and well known is a myocardial infarction or "heart attack". A myocardial infarction is caused by a blood clot in one or more of the coronary arteries which supply blood to the myocardium itself. Patients experiencing an MI typically present with substernal chest pain. This pain is often described as a "weight" or "pressure" on the chest. This pain is typically not reproducible and may be accompanied by shortness of breath, nausea or diaphoresis. Chest pain of cardiac origin may also radiate into the patients arm, neck, jaw, or back. Difficulty breathing with clear lung sounds could also be considered an indication of cardiac involvement. Any patient that you suspect is having cardiac symptoms should receive a 12 lead ECG. If available, the 12 lead should be transmitted to the receiving hospital to allow for preparation and diagnosis. Signs of infarction include ST elevation in 2 or more contiguous leads. A new onset left bundle branch block should also be treated as an MI. Signs of myocardial ischemia include ST depression and T wave inversion. Treatment for any patient with suspected or confirmed ischemia/infarction is standard in many protocols. Advanced providers should establish IV access, continuous cardiac monitor, vital signs every 5 minutes, apply oxygen as needed to maintain oxygen saturations above 94%, administer 81-324 mg aspirin PO, consider 0.4 mg Nitroglycerin sublingual, and consider morphine (2-4 mg) if no relief from Nitroglycerin. Transport should be rapid to

a facility with a catheterization laboratory. AHA guidelines list a goal of 90 minutes from door to balloon. Our job in the field is to recognize the signs and symptoms, prevent further damage, and begin reperfusion of the occluded area of the myocardium to the best of our abilities. Definitive care is a cardiac cath lab, so we shouldn't delay scene time any longer than necessary.

> A patient may also present with any number of life threatening cardiac arrhythmias. The American Heart Association breaks these arrhythmias into algorithms: Bradycardia with a pulse, Tachycardia with a pulse and Cardiac arrest (shockable and non-shockable rhythms). Patients presenting with profound bradycardia (typically less than 50 beats per minute) would fall into the bradycardia with a pulse algorithm. Initial assessment and treatment includes addressing any issues with airway and breathing. Apply oxygen and assist with ventilations as necessary. Establish an IV and apply the cardiac monitor. Any patient's who present as symptomatic will require treatment; non symptomatic patients should be monitored closely and transported. Serious signs and symptoms may include hypotension, altered mental status, signs of shock, ischemic chest discomfort, or acute heart failure. The front line medication for symptomatic bradycardia is Atropine given at a dose of 0.5 mg. This may be repeated every 3-5 minutes as needed to a max dose of 3 mg. If Atropine is ineffective, you may consider a Dopamine infusion at 2-20 mcg/kg/minute or Epinephrine infusion at 2-10 mcg/min. You may also consider transcutaneous pacing. If time allows, consider sedation for any patient who is alert.

A patient noted to be in one of the following rhythms may fall under the tachycardia with a pulse algorithm: Supraventricular Tachycardia (SVT), Ventricular



Patients who are found (or become) unresponsive, pulseless, and apneic require immediate treatment and life saving interventions if they have any chance for survival.



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Tachycardia (V Tach), Junctional Tachycardia or Atrial fibrillation/flutter with rapid ventricular response (RVR). Initial treatment for any of these rhythms is the same, address any issues with airway and breathing, apply oxygen and assist ventilations as needed. An IV should be established and the cardiac monitor applied. AHA defines a tachyarrhythmia as a heart rate over 150 beats per minute. If the patient is showing serious signs and symptoms such as altered mental status, hypotension, signs of shock, or chest pain, the EMS provider should go directly to electrical intervention. Synchronized cardioversion is the electrical intervention of choice for tachycardia with a pulse. The dose is based on the rhythm your patient has presented with. If the QRS is narrow and regular (such as with SVT), the initial dose is 50-100 joules. A QRS that is narrow but irregular (such as RVR) should be cardioverted at 120-200 joules. A wide QRS (such as V-tach) should have an initial dose of 100 joules when cardioverting. If the patient isn't exhibiting serious signs and symptoms, the EMS provider should try Vagal maneuvers first. If ineffective, medication is the next step. Adenosine may be given for all rhythms that are regular. The initial dose is 6 mg given rapidly followed by a rapid flush. If ineffective, consider a second dose of 12 mg. If the underlying rhythm has a wide QRS, you may also consider one of the following antiarrhythmic infusions: Procainamide given at 20-50 mg/min until the arrhythmia is suppressed or hypotension ensues or Amiodarone given at 150 mg over 10 minutes. Irregular rhythms, such as atrial fibrillation with RVR, should be treated with a calcium channel blocker or beta blocker (such as Cardizem 0.25 mg/kg, or Metoprolol 5 mg). Patients should be monitored closely and transported rapidly to the nearest appropriate facility.

> Patients who are found (or become) unresponsive, pulseless, and apneic require immediate treatment and life saving interventions if they have any chance for survival. Treatment for patients in cardiac arrest begins with high quality CPR. AHA guidelines define high quality CPR as maintaining a compression depth of at least 2 inches while allowing for complete recoil, interruptions in compressions should be minimized to no more than 10 seconds whenever possible, the compression to ventilation ratio should be 30:2 if there is no advanced airway in place and the rate of compressions should be 100-120 per minute. Compressors should be rotated every 2 minutes, if possible, to avoid fatigue. Analysis of the underlying rhythm should be performed either

by cardiac monitor or AED. If the rhythm is shockable (Ventricular fibrillation or ventricular tachycardia), the patient should be cleared and shocked as soon as feasible. Immediately following the initial shock, compressions should be resumed regardless of any change in rhythm. Initially, the patients' airway should be controlled via basic maneuvers including head tilt chin lift or jaw thrust, oral or nasal airway, and a bag valve mask connected to oxygen. You should have suction at the ready in case the patient vomits during compressions. Advanced providers should establish IV or IO access and hang fluids (normal saline or lactated ringers). The initial medication for a shockable rhythm is 1 mg Epinephrine 1:10,000. Epinephrine should be given every 3-5 minutes as long as the patient remains pulseless. At 2 minute intervals compressions should be stopped for a pulse rhythm check. If there is no pulse and the rhythm remains shockable, a shock should be delivered at this time. After the shock has been delivered, compressions should resume. If the rhythm remains shockable after 2 defibrillation attempts, advanced providers should consider Amiodarone at 300 mg IV push. If the rhythm persists, this may be repeated with a second dose of Amiodarone at 150 mg. Advanced providers should

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The ultimate goal of any cardiac arrest is to get return of spontaneous circulation (ROSC).

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consider an advanced airway and monitor capnography once tube placement is confirmed. Once an advanced airway is in place, compressions should be continuous with a breath given once every 6 seconds. If the underlying rhythm is found to be non-shockable (Asystole or pulseless electrical activity PEA), compressions should continue in the same manner as before. IV or IO access should be initiated and a fluid bolus given. Epinephrine at 1 mg of 1:10,000 is indicated every 3-5 minutes as before. Amiodarone is not indicated for either of these rhythms. Providers need to consider any reversible causes that may have led to the arrest. Reversible causes may include hypovolemia, hypoxia, acidosis, hypo/Hyperkalemia, hypothermia, tension pneumothorax, cardiac tamponade,

>>> CONTINUED FROM **PAGE 20**

toxins, and thrombus. It's important for providers to recognize which reversible causes we can address in the field and which require immediate transport. The scene, family members, bystanders, and assessment findings can all give you clues as to which cause or causes led to the arrest. Providers should quickly treat any suspected causes that can be addressed in the field and initiate transport if the suspected cause is not treatable in the field or if treatment is unsuccessful.

> The ultimate goal of any cardiac arrest is to get return of spontaneous circulation (ROSC). Once ROSC is achieved, the post cardiac arrest algorithm comes into play to help prevent the patient from going into cardiac arrest again and to improve the patient's prognosis. Post cardiac arrest care is aimed at maintaining oxygenation and perfusion, along with identifying and addressing any issues that may have led to the arrest in the first place. If the airway is not secured with an advanced airway prior to this point, an endotracheal tube should be considered with waveform capnography monitoring en route to the hospital. Providers should avoid excessive ventilation. Start with 10 breaths per minute and titrate to maintain target values for both PETCO₂ and SpO₂. CO₂ should be between 35 and 40 mm Hg while SpO₂ should be at 94% or above. If the patient is hypotensive (systolic below 90 mm Hg), advanced providers should administer a fluid bolus of 1-2 liters normal saline or lactated ringers. If systolic blood pressure is unresponsive to a fluid bolus, advanced providers should consider a vasopressor. Vasopressors may include Dopamine at 5-10 mcg/kg/min, Epinephrine at 0.1-0.5 mcg/kg/min or Norepinephrine at 0.1-0.5 mcg/kg/min. All Vasopressors should be titrated to effect. If the underlying cause of the arrest is suspected to be cardiac in nature, a 12 lead ECG should be acquired and transmitted to the receiving hospital. Any other treatable causes should be addressed while en route. If the patient is neurologically intact consider sedation and paralytics to prevent the patient from fighting the tube. If the patient is not neurologically intact, consider targeted temperature management if your protocols allow.

Regardless of the type of cardiovascular emergency that the patient presents with, early recognition and treatment will greatly improve the outcome for the patient. Improving patient outcome starts with

educating the public on the signs and symptoms of cardiac emergencies and stressing that they should not delay calling 911 if they suspect they are having cardiac issues or if they suspect that a loved one is having a cardiac issue. The patient's chance for survival hinges on early activation of the emergency response system and early treatment by EMS personnel. Cardiac treatment is always evolving as new medications and procedures are implemented through scientific research and case studies. As EMS professionals, it's our job to ensure we stay up to date on the latest practices through continuing education and to relay our experiences with current practices to local and state organizations. By working together as one team with a common goal, we can improve patient outcomes in the future.

>>> QUIZ ON NEXT **PAGE 22**

EMS Supplies	Recent Deliveries
 <p>Contact Danko For All Your Emergency Vehicle And Equipment Needs!</p>	 <p>Greene, Iowa (P-3419)</p>
<p>The Most Affordable Gas Monitors In The Fire & EMS Service!</p> <p>1100 CO Monitor • CO Monitor Only • Part: AMSAI-1100-V2</p> <p>1200 CO Monitor w/LCD • CO Monitor with Snif™ Technology • Part: AMSAI-1200-V2</p> <p>1201 CO & Methane Monitor w/LCD • CO & Methane Monitor with Snif™ Technology • Part: AMSAI-1201-V2</p> 	<p>Pleasant Hill, Iowa (P-3523)</p>  <p>Better From Any Angle!</p> <p>Danko Is Also Your Dealer For RESCUE 1 & Thcab Maintainer Custom Bodies!</p>
<p>Demo For Sale</p>	<p>Demers Ambulances Exclusive Iowa Distributor</p> <p>DEMERS</p>  <p>P-0611</p>
<p>Danko Emergency Equipment • Snyder, Nebraska • 866-568-2200 • www.danko.net • trucksales@danko.net</p>	



Advance Cardiac Care Continuing Education Quiz

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

Deadline: March 31, 2018

Complete this Quiz and:

- mail to IEMSA (CE Test)
5550 WILD ROSE LANE, STE. 400
WEST DES MOINES, IA 50266
- fax to (877) 478-0926
- or email to administration@iemsanet.net

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1. Which of the following is NOT indicated for the treatment of chest pain?
 - a. Nitroglycerin
 - b. Aspirin
 - c. Epinephrine
 - d. Oxygen
2. Which of the following rhythms is a shockable rhythm in the cardiac arrest algorithm?
 - a. Ventricular Fibrillation
 - b. Asystole
 - c. Sinus Tachycardia
 - d. Sinus Bradycardia
3. Which of the following is NOT a reversible cause of cardiac arrest?
 - a. Hypovolemia
 - b. Hypoxia
 - c. Acidosis
 - d. Increased Intracranial Pressure
4. Which of the following medications is given for Supraventricular Tachycardia?
 - a. Adenosine
 - b. Amiodarone
 - c. Procainamide
 - d. Dopamine
5. Which of the following medications is NOT a consideration for bradycardia with a pulse?
 - a. Atropine
 - b. Adenosine
 - c. Dopamine
 - d. Epinephrine
6. Which of the following rhythms requires the highest joule setting for synchronized cardioversion?
 - a. SVT
 - b. V-tach
 - c. A fib with RVR
 - d. Junctional Tachycardia

7. Which medication is given for any cardiac arrest, regardless of the underlying rhythm?
 - a. Amiodarone
 - b. Epinephrine
 - c. Adenosine
 - d. Metoprolol
8. How many liters of fluid should be given to a patient with hypotension after ROSC?
 - a. 1-2
 - b. 2-3
 - c. 3-4
 - d. 4-5
9. What is the appropriate dose for a Dopamine infusion given for hypotension after ROSC?
 - a. 1-2 mcg/kg/min
 - b. 2-5 mcg/kg/min
 - c. 5-10 mcg/kg/min
 - d. 10-20 mcg/kg/min
10. Which of the following was NOT listed as a serious sign or symptom for bradycardia with a pulse?
 - a. Altered mental status
 - b. Hypotension
 - c. Signs of shock
 - d. Dyspnea

NOT A MEMBER--but would like to earn this CE? Join our voice for positive change in EMS by joining IEMSA today. Visit www.iemsanet.net, go to our membership page and apply online today at http://iemsanet.net/member_account.htm --just \$30/year.

Name

Address

City/State/Zip

E-Mail Address

Cert#

Birth Date



SPOTLIGHT ON TRAINING

> SOUTHEASTERN COMMUNITY COLLEGE

> **Southeastern Community College is located in West Burlington, Iowa with satellite campuses in Keokuk and Mount Pleasant Iowa.** It was organized in 1966 from the old Burlington Community College and has been serving the residents of Southeast Iowa since that time.

The SCC EMS program began in the fall of 1983. With the assistance of a number of local physicians, a need was recognized for the provision of EMS training to the residents of the served counties, Lee, Henry, Des Moines, and parts of Louisa. Since that time, SCC has continually provided initial and continuing education for EMS agencies.

> Currently, the EMS education program offers training in EMR, EMT, AEMT, and Paramedic. These classes are offered as college credit classes taking place on the SCC campus in West Burlington. Courses are also offered in a dual location format with the didactic portion of the courses taking place at individual stations through the service area. For these courses, labs are conducted at the West Burlington campus utilizing the simulation center. In addition, Critical Care Paramedic courses are offered in conjunction with Great River Medical Center.

> In 2005, the college began offering an Associates of Applied Science degree in Emergency Medical Services in conjunction with the Emergency Response program at the college. This change allowed students who wished to further their education beyond the typical certificate program to do so.

> The Paramedic Program has been fully accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation for the EMS Professions (CoAEMSP) since 2011.

> In August of 2016, Southeastern Community College finished a \$15 million health professions complex that serves all health education needs for southeast Iowa residents, including nursing, respiratory therapy, medical assistant, as well as EMS. Included in this complex is an EMS simulation lab that includes an ambulance simulator, as well as a comprehensive high fidelity simulation area that is shared with all health professions at the college. The EMS program uses this simulation center to its fullest, with paramedic students conducting nearly 200 hours of simulation in the center during their program.

FACULTY: Jim Steffen, BS, Paramedic. The SCC EMS program is led by a full time Coordinator/Instructor, Jim Steffen. Jim began his career in EMS in 1988 as an EMT in Lee County. He has further served as a staff paramedic and director at Henry County Health Center EMS in Mount Pleasant. In 2013, he moved to SCC as the full-time paramedic faculty member and assumed the role of program coordinator in 2015. In 2006, Jim was awarded the IEMSA part-time instructor of the year while filling the role as an adjunct instructor for SCC.

> A number of adjunct faculty fulfill the role of initial EMS education for the program. These adjunct faculty members are part of the EMS programs in the area and have over 50 years of experience teaching and providing EMS in the area.

> In addition, the college has a number of support staff which works with the EMS program, including a continuing education coordinator, simulation coordinator and technicians, and administrative support staff. All of the staff work seamlessly to further the mission of EMS education for Southeast Iowa.





UPDATES

MISSION: LIFELINE

FREE IN-HOUSE STEMI EDUCATION IS STILL AVAILABLE

> MISSION: LIFELINE AND MERCY COLLEGE OF HEALTH SCIENCES HAVE PARTNERED TO PROVIDE IOWA EMS AGENCIES WITH AN EDUCATIONAL OPPORTUNITY FOCUSED ON THE MISSION: LIFELINE SYSTEM OF CARE AND CARDIAC CARE FOR THE POTENTIAL ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) PATIENT.

> **This education will be provided to you at no cost, is available to be conducted in your community, and is eligible for (2) hours of EMS continuing education.** The class will help you recognize, assess, and care for the acute coronary syndrome patient, and help to better define EMS and hospital provider roles and responsibilities in a cardiac system of care. The attendee will practice applying the 12-lead device, acquiring the ECG, and when possible, practice transmitting.

NEXT STEPS:

- > Call Mercy College of Health Sciences at (515) 643-7491 or go online at WWW.MCHS.EDU to schedule your class.
- > You will receive a link to share with the class participants prior to coming to class. This link is for an online introduction video to Mission: Lifeline. Please ensure that participants watch this at some point prior to class.
- > You will need to ensure that the class is attended by at least (8) people from your service in order to hold the class.
- > The instructor will bring the class roster, evaluations and materials to class.
- > Continuing education credit can be claimed during class.

MISSION: LIFELINE 911 PUBLIC AWARENESS MATERIALS STILL AVAILABLE:

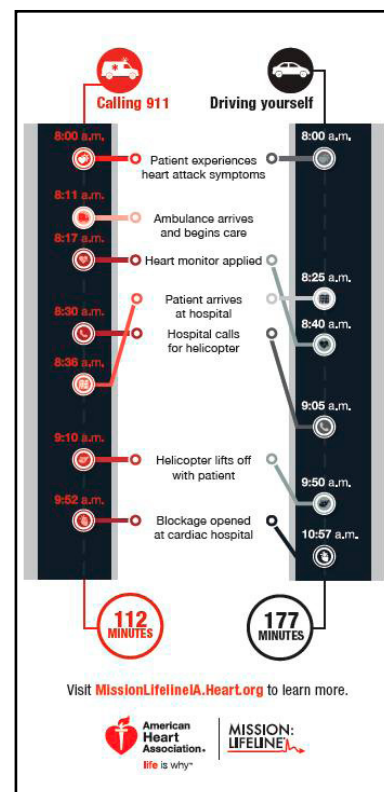
As part of the American Heart Association's Mission: Lifeline initiative, Iowa specific public education materials, focused on the need to call 911, were developed. These materials are available to EMS agencies free of charge to be utilized in your communities. In the coming months, some agencies will be selected to receive a "care package" of materials. If you do not receive a package, need materials right away, or need additional materials, please visit the Mission: Lifeline Iowa website (https://www.heart.org/HEARTORG/Affiliate/Iowa-Call-911_UCM_471107_SubHomePage.jsp) and complete an order form, or contact Gary Myers.

Chest Pain?
TIME IS CRITICAL.

MAKE THE RIGHT CALL. 911

"My advice, don't drive, call 911. They saved my life."
Heart Attack Survivor

Visit MissionLifelineIA.Heart.org to learn more.



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.