FALL 2019

NAEMTNEWS

A quarterly publication of the National Association of Emergency Medical Technicians

In This Issue

NAEMT SURVEY: How Safe are EMS Practitioners – and what are EMS Agencies Doing to Protect Them?

Violence against EMS practitioners is a common occurrence, with the majority of EMS practitioners reporting having been physically assaulted on the job, and nearly all having experienced a verbal assault, according to the findings of a new national survey by NAEMT.

But only about one in three EMS agencies (34%) has written violence prevention policies and procedures designed to prevent violence and respond to violence against EMS personnel after incidents occur.

Violence is a significant occupational hazard for EMS practitioners. Hardly a day goes by without a headline about an EMS practitioner attacked on the job. Even more common are the incidents that don't make the news – the push, punch, or kick from an angry or disoriented patient. On top of that is verbal abuse – threats of violence, intimidation, and harassment – that many in EMS would never consider reporting.

To better understand how violence impacts EMS practitioners and what EMS agencies are doing to protect their crews, NAEMT conducted a national survey of our members in February and March 2019. The survey asked about:

- ✓ The types of violence experienced.
- ✓ The impact of violence on perceptions of safety on the job.
- ✓ Practitioner knowledge and use of violence reporting systems.
- ✓ Agency policies to prevent violence.
- ✓ Practitioner wishes for violence prevention and protection training and education.

NAEMT received nearly 2,200 responses from all 50 states and the District of Columbia, from all types of delivery models, in all types of geographic areas, with call volumes ranging from under 1,000 to over 100,000 a year.

The survey found that two in three survey respondents (67%) reported having been physically assaulted while practicing EMS, while 91% of respondents had been verbally assaulted.

The high incidence of violence in EMS mirrors other research that has found that healthcare workers are more likely to be victims of violence on the job than other professions. According to the Occupational Health and Safety Administration (OSHA), about 75% of nearly 25,000 workplace assaults reported annually occurred in healthcare and social service settings.[1] While violence against healthcare workers occurs in all settings, hospital emergency departments and inpatient psychiatric facilities are the most common sites.[2] EMS has significant contact with both groups of patients.

SEE PAGE 10

ELITE

EMSWORLD PRINT ONLINE EXPO

COLUMBIA SOUTHERN UNIVERSITY

PREMIER

PUBLIC SAFETY GROUP
A DIVISION OF JONES & BARTLETT LEARNING

JEMS

National Registry of Emergency Medical Technicians
THE NATION'S EMS CERTIFICATION

iSimulate

DIAMOND

ZOLL

PLATINUM

FIRSTNET Built with AT&T

Journal of Special Operations Medicine

Medtronic Further, Together

OnStar

stryker

GOLD

BRAUN CUSTOM AMBULANCES Built for Life

HH

SILVER

American College of Emergency Physicians
ADVANCING EMERGENCY CARE

Anthem

EMS1.com

eso

FIRST WATCH
Every Record. In Real Time. Automatically.

EXCELLENCE IN EMS SINCE 1979 40 MEDIC AMBULANCE ANNIVERSARY

MEDLINE EMS EMERGENCY MEDICAL SERVICES

The Morgan Lens MorTan Inc.

BRONZE

ACADEMI A CONSTELLIS COMPANY

Genentech
A Member of the Roche Group

McKESSON

NONIN

ProMedNetwork medical media for you

SHELL FLEET SOLUTIONS
TOGETHER ANYTHING IS POSSIBLE

SKEDCO INC. RESCUE EQUIPMENT

Special Operations Medical Association

ANNUAL

5.11 Tactical
Bound Tree
Coalition Against Bigger Trucks
Digitech
Gaumard Scientific Co.
Gold Cross
International Board of Specialty Certification
International Police Mountain Bike Association
Julota
Logis Solutions
Luna Innovations
MedEx Billing
Nasco
National EMS Museum
North American Rescue
Page, Wolfberg & Wirth
Panakeia
Pulsara
SAM Medical
Simulaids NASCO Healthcare
Solutions Group
SouthStar EMS
Trauma Center Association of American (TCAA)
UnitedHealthcare
Z-Medica

NAEMTNEWS

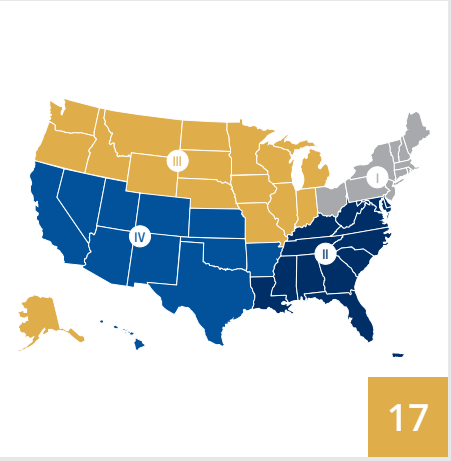
NAEMT News is the official quarterly publication of the NAEMT Foundation, a not-for-profit corporation of the National Association of Emergency Medical Technicians (NAEMT). NAEMT is the only national membership association for EMS practitioners, including Paramedics, EMTs, first responders and other professionals working in prehospital emergency medicine. Education, Membership and Advocacy are the three tenets of the NAEMT strategic plan.

NAEMT
P.O. Box 1400
Clinton, MS 39060-1400
MEDIA media@naemt.org
MEMBERSHIP membership@naemt.org
1-800-346-2368

FALL 2019
VOLUME 32, NUMBER 4

6

Advocacy



17

Membership

naemt.org
facebook.com/NAEMTfriends
instagram.com/NAEMTfriends
twitter.com/NAEMT_
youtube.com/TheNAEMT

Features

14

Education

Helping EMS Respond to Behavioral Health Emergencies Safely and Effectively

By Matt Zavadsky, MS-HSA, NREMT

It's 3 a.m. (of course) and you are dispatched to a patient exhibiting bizarre behavior at the corner of 1st and Main. You arrive on scene to find an adult female standing on the street corner because "there are people watching her in her apartment." She is unable to tell you the year, where she is, who the president is, or anything about her medical history. Despite her apprehension, she allows you to complete a physical assessment, with no remarkable findings. She does not want to go to the hospital because she knows there are people watching her there too!

You request local law enforcement to assist and upon their arrival, the patient agrees to be transported to the hospital. Since the patient does not appear to be a danger to herself or others, police do not accompany her to the hospital. A few blocks from the ED, the patient decides she no longer wants to go to the ED, and with Houdini-like skill, she unbuckles the stretcher straps and bolts to the back of the ambulance. Pulling the door release, she leaps to the street and is gone in a flash.

You request PD to your location to assist, but the patient is gone. After completing a mountain of paperwork, you are dispatched to an auto-pedestrian crash a few blocks away. The woman who escaped your ambulance is in critical condition with multi-system trauma. Despite your best efforts, she later dies from her injuries.

Patients with behavioral health conditions, including mental illness and substance abuse, are some of the most challenging encounters for any EMS professional. Whether it's the patient's chief complaint or a co-morbidity, the presence of a behavioral health condition often complicates patient assessment and treatment plans. While the scenario presented above is a little dramatic, it is only *a little* dramatic. Recent headlines have described very similar situations, in which EMS professionals had a real conundrum, a true 'no win' situation.

Laws regarding managing behavioral health patients can vary dramatically from state to state. In Texas, the patient has the complete right to refuse care and transport if they are in any way capable of communicating their desire to accept or reject medical care. Even the non-verbal act of pushing your hand away when you attempt to do a patient assessment could be interpreted as a rejection of medical care. Further, only police – not EMS or physicians – are permitted to physically detain someone exhibiting behaviors that are a threat to themselves or others. Conversely, in Colorado, an EMT operating under the orders of a physician is allowed to physically or chemically restrain psych patients if the doctor determines it's in the best interests of the patient.

Behavioral health emergencies have always been with us, of course. But figuring out how to best deal with psych patients – and ensuring EMS personnel are safe when responding to these calls – is becoming more urgent. Behavioral health diagnoses have surged over the past decade, as have EMS responses to behavioral health emergencies. A recent analysis of national EMS data by the National Registry of EMTs (NREMT) found that from 10 to 12% of EMS responses involve behavioral or psychiatric emergencies, higher than ever.

NAEMT is working on ways to better prepare EMS practitioners to assist these patients. The 3rd edition of Advanced Medical Life Support (AMLS), to be released in February, will include a new chapter on behavioral health emergencies. NAEMT is working with NREMT and other organizations to incorporate behavioral health education into national education standards. This issue of *NAEMT News* features our national report on violence against EMS practitioners, an issue that can go hand-in-hand with behavioral health emergencies.

I recently participated in a behavioral health seminar at the Pinnacle EMS Leadership conference with NAEMT Director-at-Large Jonathan Washko of Northwell Health Center for EMS, Jessica Banks and Lauren Young from Palm Beach County Fire-Rescue, and James Crutchfield from Manatee County (FL) EMS. Several themes emerged.

Every community has unique challenges with behavioral health.

Some have adequate resources to effectively navigate patients to behavioral health or sobering centers, while other *(let's face it – most)* communities are under-resourced for patients with behavioral health conditions. While some communities have developed innovative programs in which EMS works closely with social workers, law enforcement and

mental health providers to navigate patients to behavioral health or sobering centers, EMS typically has few options other than delivering the patient to the ED.

EMS agencies must work to develop partnerships to manage opioid abuse patients.

Palm Beach County Fire-Rescue worked with local hospitals to administer buprenorphine (Suboxone) in the field, enabling opioid overdose patients to be discharged sooner and relieving ED overcrowding. MedStar in Fort Worth partners with the local behavioral health agency to identify EMS responses related to opioid overdose and provides a list of overdose patients to the agency every morning. This allows the behavioral health agency to contact the patient and potentially enroll them in a substance abuse program.

Transporting psych patients from one facility to another can be as risky as pre-hospital encounters.

New ambulance and stretcher security designs can help prevent a patient's untimely departure from the ambulance. Barriers between the crew up front and the patient in the back, and latch covers that prevent patients from easily detaching straps, are examples of safety measures implemented by Northwell Health EMS.

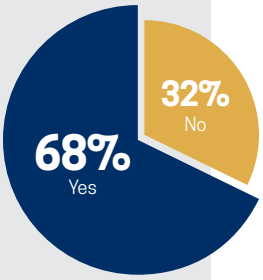
While we're concentrating on our patients, let's not lose focus on our caregivers.

Behavioral health patients pose a burden for EMS practitioners. As a profession, we need to continue to look for ways to better serve these patients, including enhanced education and training in behavioral healthcare, while ensuring EMS crews are safe. As communities grapple with how best to handle these patients, EMS needs to be at the table, working together with others in healthcare, social services and law enforcement to develop innovative solutions. This will benefit EMS, and our patients.

NAEMT POLL

Do All Calls Receive a Rapid Lights and Sirens Response at Your EMS Agency?

Evidence has shown that rapid EMS transport with lights and sirens may not actually save much time or impact patient outcomes. NAEMT asked members in an online poll: Does your agency use a call prioritization system to determine which types of calls get a lights and sirens response and which ones don't? A large majority of responses reported that their agencies do use a prioritization system.



Based on 338 responses received from July 16 to August 9.

Update on **Legislative Priorities**

Workplace Violence Prevention for Health Care and Social Service Workers Act

Thank you to the 1,175 NAEMT members who emailed their members of Congress to request their support for legislation to address the epidemic of violence against healthcare and social service workers, including EMS practitioners.

The Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309 and S. 851) directs the U.S. Occupational Safety and Health Administration (OSHA) to issue a national standard mandating that employers develop and implement a comprehensive workplace violence prevention plan. The bill was introduced in February 2019 in the House by Rep. Joe Courtney (D-CT) and in the Senate in March 2019 by Sen. Tammy Baldwin (D-WI).

OSHA standards are rules that describe employer responsibilities in safeguarding the safety of employees. The violence prevention standard sets minimum requirements for employers' workplace violence prevention plans, including:

- Robust record-keeping, including a violent-incident log.
- Assessments of violence prevention measures.
- Employee involvement in all steps of the plan.
- A quick timeline for implementation.
- Hands-on training.
- Protections for employees who report incidents to their employer and law enforcement.

The bill has the support of a broad range of organizations including NAEMT, International Association of Fire Chiefs (IAFC), International Association of Firefighters (IAFF), American Nurses Association, the National Association of Social Workers, the American Association of Fire Fighters, and the American Psychiatric Nurses Association. As of August 2019, the bill had 21 co-sponsors in the Senate and 213 co-sponsors in the House.

"By requiring OSHA to issue a Workplace Violence Prevention Standard, this legislation offers EMS practitioners the security of knowing that their employers are implementing proven practices to reduce the risk of violence on the job," said NAEMT President Matt Zavadsky.

H.R. 1309 was voted out of the House Education and Labor Committee on June 11, and could now advance to the full House for a vote. NAEMT will continue to work to garner more co-sponsors to get a floor vote. This legislation is also working its way through the Senate.

Funding for Supporting and Improving Rural EMS Needs (SIREN) Law

Late last year, the SIREN Act passed both houses of Congress as part of the Agriculture Improvement Act of 2018. This law creates a grant program for public and nonprofit EMS agencies to support recruitment, retention, education, and equipment for EMS personnel in rural areas. NAEMT is now working with House and Senate sponsors to secure funding in the fiscal 2020 appropriations process.

Volunteer Responder Incentive Protection Act (VRIPA)

VRIPA (H.R. 1241) was introduced by Reps. John Larsen (D-CT) and Mike Kelly (R-PA) to allow volunteer EMS and fire personnel to receive nominal incentives, free of federal income tax. Incentives are used to boost recruitment and retention at volunteer agencies. Incentives may include property tax deductions and up to $600 per year of other types of benefits, such as clothing, stipends or retirement contributions.

In May, the House voted to authorize VRIPA for one year as part of the Setting Every Community Up for Retirement Enhancement (SECURE) Act. NAEMT joined with the National Volunteer Fire Council, Congressional Fire Services Institute, IAFC, National Association of Counties, and National Association of Towns and Townships to thank House Ways and Means Committee leadership for the one-year authorization, and to urge the committee to consider a more permanent solution. The SECURE Act is awaiting Senate approval.

Helping Emergency Responders Overcome (HERO) Act of 2019

Rep. Ami Bera (D-CA) introduced the HERO Act (H.R. 1646) to provide resources to increase recognition and treatment of post-traumatic stress in EMS practitioners and firefighters. Bera, a physician, is the former chief medical officer for the county of Sacramento and clinical professor at University of California Davis School of Medicine.

The bill provides grants to establish and assist peer-to-peer support programs, and to collect data on EMS practitioner and firefighter suicides. The current bill addresses the needs of EMS practitioners and firefighters working for public or nonprofit agencies. NAEMT requested that the bill be expanded to ensure that all 911 medical responders are protected. A Senate companion bill is expected to be introduced soon.

How Many EMTs and Paramedics Work in the Profession in the U.S.? (Hint: No one knows.)

The federal government needs to more accurately count the nation's EMS workforce, according to a new NAEMT position statement.

An accurate tally of EMTs and paramedics is necessary to help the country meet the public health and emergency healthcare needs of communities, including daily needs and planning for responses to major disasters.

The U.S. Department of Labor's Bureau of Labor Statistics (BLS) tracks employment in the United States, including the number of people employed in various job classifications. The BLS then issues a monthly Jobs Report, which includes information on which sectors are hiring, how many jobs have been created and average wages.

Currently, the BLS lumps EMTs and paramedics into the same occupational classification. This means no one knows exactly how many EMTs and paramedics are working in the U.S. Combining EMTs and paramedics into one category also fails to distinguish between the "drastically different scope of clinical practice, and compensation levels," noted Sean Britton, NAEMT Board member and chair of the EMS Workforce Committee, which prepared the statement. And there are other groups of EMS practitioners also left out of the BLS statistics. Volunteer EMTs and paramedics, and firefighter-EMTs and firefighter-paramedics, are also not counted.

In 2016, the BLS determined that the U.S. had 248,000 full-time EMTs and paramedics. This estimate is an "extreme undercounting" because firefighter-EMTs and firefighter-paramedics are not counted as part of the EMS workforce. Instead, "firefighter" – without any mention of their dual role as EMTs or paramedics – is a separate job classification. About 49% of EMS agencies are fire-based.

In 2017, in response to requests from NAEMT and a coalition of EMS organizations, the BLS announced it would take a significant step toward more accurately counting the EMS workforce by separating EMTs and paramedics into distinct classifications. But to date the BLS has not implemented the change.

Read the full statement in the Advocacy Section of NAEMT's website under "NAEMT Positions."

Update on Bills That Matter to EMS

Numerous bills have been introduced in Congress that, if enacted, will affect the EMS workforce and our patients. NAEMT's Advocacy Committee reviews these bills and makes recommendations to the NAEMT Board on whether to support or oppose the measure. Here are two that you should know about.

Comprehensive Addiction Resources Emergency (CARE) Act of 2019

The Comprehensive Addiction Resources Emergency Act of 2019 (S. 1365 and H.R. 2569) takes aim at the opioid addiction epidemic through financial assistance to state, local and tribal governments and nonprofit organizations. The CARE Act was introduced in the Senate by Sen. Elizabeth Warren (D-MA) and in the House by Rep. Elijah Cummings (D-MD). As of August, both bills combined have 124 co-sponsors and are endorsed by over 200 organizations, including NAEMT.

What does it do?

The bill provides $100 billion in federal funding over 10 years to combat opioid addiction through prevention, research and better access to evidence-based treatment and recovery services. The bill includes provisions to strengthen standards for services and recovery residences and establish a grant program to help addicted workers maintain or find employment while in treatment and recovery. The bill also incentivizes states to cover the full range of addiction services in state Medicaid programs, and expands access to overdose reversal drugs (Naloxone) through distribution to first responders, public health departments and the public.

Why does NAEMT support it?

EMS encounters patients struggling with opioid addiction on a regular basis. EMS practitioners are well aware of the terrible toll of addiction and the burdens placed on EMS and other healthcare providers to save lives and care for these patients. Life expectancy in the United States has dropped three years in a row–and drug overdoses are the single biggest contributor. In 2017, more than 70,000 Americans died from drug overdoses–the highest rate of drug overdose deaths in United States history. Opioid-related overdoses accounted for 47,600–or 68%–of these deaths. Yet, only about 10% of those in need of specialty treatment for substance use disorders are able to access it.

Protecting America's First Responders Act

Protecting America's First Responders Act reduces barriers to first responders and their families receiving death and disability benefits from the Public Safety Officers' Benefits (PSOB) program. The bill (S. 1208) was introduced in the Senate by Sen. Chuck Grassley (R-IA) and Sen. Kirsten Gillibrand (D-NY), and in the House as H.R. 2812 by Bill Pascrell Jr. (D-NJ).

In May, S. 1208 passed the Senate by a voice vote. Action is pending in the House.

What does it do?

The bill amends the Omnibus Crime Control and Safe Streets Act of 1968 to allow the U.S. Department of Justice to grant benefits to first responders who have become permanently and totally disabled as a result of catastrophic on-the-job injuries. The bill updates vague definitions that have resulted in lengthy delays or inconsistent decisions on disability claims.

The senators introduced the legislation after hearing about families who waited years for a decision on claims, "only to face inconsistent and absurd results," Grassley noted in a press release. "This bill ensures that disability claims are adjudicated consistent with Congress' original intent so that officers and their families can receive the support they've been promised."

Congress established the PSOB program in 1976 to provide death benefits to survivors of officers who die in the line of duty. Over the years, the law has been amended to provide disability and education benefits, and to expand the pool of responders who are eligible for these benefits.

Why does NAEMT support it?

The bill will help ensure that police officers, firefighters and EMS personnel who sustain serious line-of-duty injuries or who die in the line of duty can receive the benefits intended for them and their families.

NAEMT has taken a position on 24 bills so far in 2019. Learn more at naemt.org. Under the "Advocacy" tab, choose "Online Legislative Service" then click "Bills."

Bipartisan Resolution to Honor the Nation's First Responder Day

A resolution designating October 28, 2019 as "Honoring the Nation's First Responders Day" was unanimously passed in the Senate in June. The bipartisan effort was led by Sen. Elizabeth Warren (D-MA) and Tom Cotton (R-AK). The resolution encourages Americans to honor first responders with ceremonies and activities.

NAEMT Expresses Concern About EMS Omission from National Disaster and Emergency Planning Strategy

In a recent letter to the Office of the Assistant Secretary of Preparedness and Response (ASPR), NAEMT called attention to the omission of EMS from the 2019-2022 National Health Security Strategy.

The National Health Security Strategy provides a vision for strengthening the nation's ability to prevent, prepare for, respond to, and recover from disasters and emergencies. Despite EMS's crucial role in emergency and disaster response, EMS was not included as a stakeholder or asked to provide expertise in developing the National Health Security Strategy.

EMS was referenced only a few times in the strategy, and even those references don't reflect how EMS agencies operate or medical response protocols of paramedics and EMTs.

- Many of the national disaster response plans and exercises focus on large-scale incidents relying on medical professionals deployed from out-of-state. But the lack of a consistent and nationwide credentialing process for EMS personnel makes it difficult for EMTs and paramedics to respond across state lines. There is also no rapid credentialing process in place in many states for EMS, like there is for physicians.
- The lack of a national EMS medical protocol for disaster response hampers EMS response to a large-scale incident. Different state and agency-specific protocols lead to a different standard of care among similarly licensed providers and creates legal disputes about what medical skills providers are able to perform.

Read the full comment at naemt.org. Under the "Advocacy" tab, choose "Letters and Comments." Read the National Health Security Strategy at: phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx

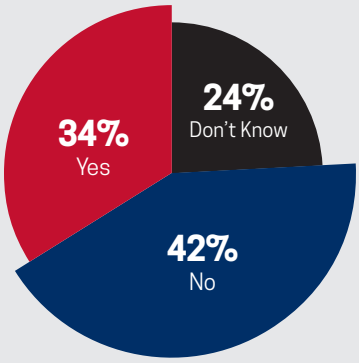
> *He spit Hep C at me, knew he was infected. I am fine.*
> *Survey respondent*

Policies & procedures to protect EMS workers

Policies and procedures are important elements of violence prevention and response to violent incidents when they occur. Policies should set expectations for how an EMS agency should respond to violence against employees, establish steps for investigating and reporting incidents, and assure employees that violence against them is not condoned.

Only 34% of respondents said their EMS agency has written policies and procedures on violence against EMS practitioners; 42% said their agency didn't, and one in four (24%) didn't know.

Does your EMS agency have written policies and procedures on violence against EMS practitioners?



Reporting and investigating violence

Of respondents who said their agency has policies and procedures on violence, 81% of these agencies require all acts of violence to be reported, compared to 9% that don't. (The remaining 10% didn't know).

Fewer agencies take an across-the-board team approach to reviewing acts of violence. About 37% said that all acts of violence must be referred to a review committee, while 35% do not require all violent acts to be referred to a review committee; 28% didn't know.

> *Verbal abuse and threatening words and body language are common occurrences in EMS.*
> *Survey respondent*

What do the policies and procedures cover?

Policies on handling verbal confrontations

Verbal assaults are the most common form of workplace violence faced by EMS practitioners. Because no physical injuries occur, verbal abuse or threats are often brushed off and accepted as part of the job.

But verbal abuse from volatile patients can cause EMS practitioners to fear for their safety. The practitioner cannot know whether the verbal confrontation will escalate to a physical assault – will the patient's outburst stop at yelling, threatening, intimidation or insulting, or will the patient become angrier and lash out physically?

Of respondents who said their EMS agency has written policies and procedures, 68% of respondents reported their EMS agency has a policy on how to handle a verbal confrontation, 21% have no policy, and 11% didn't know.

Policies on body armor

Recently, there have been numerous news reports of fire and EMS agencies issuing or requiring body armor for responders.[3] Among respondents who said their agency has written policies on violence against EMS practitioners, about one in three (32%) said their EMS agency has a policy on wearing body armor on duty; 61% don't have a policy, and 7% didn't know.

Policies on firearms

In the last few years, several states, including Ohio, Kansas and Florida, have passed legislation allowing first responders, including firefighters and EMS personnel, to carry concealed weapons on duty in certain situations. Similar legislation has been proposed in multiple other states. Yet even in those states that allow EMTs and paramedics to carry guns, many EMS agencies continue to have policies prohibiting it.

According to the survey, among respondents who said their agency has written policies regarding violence against practitioners, most (61%) do not have policies on firearms; 32% do have a policy (the survey did not ask whether the policy prohibits it or allows firearms, only if the agency had a policy); 7% don't know.

> *Most situations can be avoided with proper dialogue with the would-be aggressor. Simply walking away helps also. Often times, I see members of our profession escalate the situation.*
>
> *Survey respondent*

Respondents want training in verbal de-escalation, self-defense

Assaults against EMS practitioners can be premeditated and intended to do harm, potentially even targeting EMS. Practitioners may encounter people who become aggressive when they are angry and stressed, or they perceive EMS should be doing something more to help their critically ill loved one. In other cases, EMS may respond to a scene that is already violent – such as a domestic violence or other crime scene.

Mental illness and substance use may be factors in aggression toward EMS. Certain medical conditions, such as dementia, can cause people to lash out who never would otherwise.

Asked whether they received adequate training to respond to EMS calls where violence may occur, about half (53%) agreed that there training was sufficient.

About 25% disagreed, while 22% were neutral.

What safety topics would best address the violence issues encountered in the field?

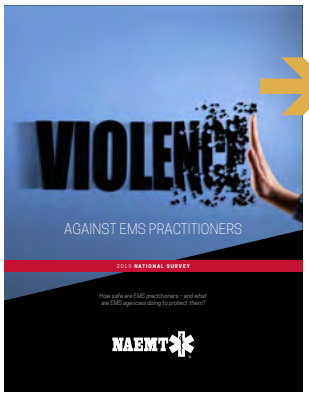
Violent and unruly patients	**78%**
Verbal de-escalation	**74%**
Violence and the altered mental state	**72%**
Self-defense	**71%**
EMS safety	**64%**
Domestic violence	**64%**
Agitated delirium	**55%**
Abnormal psychology	**53%**
Gang awareness	**38%**

What is verbal de-escalation?

Verbal de-escalation is the use of communication, listening and other non-physical skills to calm and reassure agitated or angry patients. The goal of verbal de-escalation is to prevent a physical confrontation by recognizing danger signs that conflict is brewing and defusing the situation. There are four objectives:

- ✓ Ensure the safety of the patient, responders and bystanders.
- ✓ Help the patient manage his or her emotions and regain control of his or her behavior.
- ✓ Avoid the use of restraints when possible.
- ✓ Avoid actions that escalate agitation.[4]

There is widespread support for greater use of verbal de-escalation throughout healthcare, however there are no agreed upon guidelines or training for EMS practitioners. "A review of the literature indicates that scientific studies and medical writings on verbal de-escalation are few and lack descriptions of specific techniques and efficacy," according to the American Association for Emergency Psychiatry Project Beta De-escalation Workgroup. In 2012, the group developed the 10 domains of de-escalation for use in emergency situations that could be used as a basis for education and training in this area.[5]



Read the full report, "2019 National Survey on Violence Against EMS Practitioners," at naemt.org. Additional excerpts will be published in upcoming issues of *NAEMT News.*

1. Occupational Safety and Health Administration. Guidelines for preventing workplace violence for healthcare and social service workers (OSHA, 3148-04R). Washington, DC: OSHA, 2015.

2. Sentinel Event Alert. The Joint Commission. Issue 59, April 17, 2018. https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf

3. Friese, G. Jan. 15, 2016. "Body armor for EMS: Is it time for every medic to wear a ballistic vest?" https://www.ems1.com/body-armor/articles/50209048-Body-armor-for-EMS-Is-it-time-for-every-medic-to-wear-a-ballistic-vest/

4. Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai MA, Ng A. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine,* 13(1), 17-25. doi:10.5811/westjem.2011.9.6864

5. Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai MA, Ng A. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine,* 13(1), 17-25. doi:10.5811/westjem.2011.9.6864

How Can We **Stop Violence Against EMS Practitioners?**

Asked to share their thoughts on how to protect EMS practitioners from violence in the field, over 1,200 respondents to NAEMT's *National Survey on Violence Against EMS Practitioners* shared ideas.

"Providing equipment and training is a necessity. It may be expensive but so is a lawsuit. We are not expendable!" – Survey respondent

Training and education in verbal de-escalation and self-defense.

Far and away the most common response was a request for additional training and education in verbal de-escalation. Many respondents also mentioned wanting more training in situational awareness, such as recognizing when a patient may become violent.

The second most common response was a recommendation for self-defense training. Several expressed frustration that training EMS to use physical self-defense techniques seems to be taboo among EMS management, or that management is more concerned that self-defense training could increase liability.

Several also said that the quality and length of the training matters. They said training should be in-person, hands-on, mandatory, held at regular intervals, and involve scenarios – a brief, online course wasn't enough.

Specific courses respondents recommended included: DT4EMS, Critical Intervention Team (CIT) training and NAEMT's EMS Safety course.

"We need training beyond a one-hour online tutorial...Take pride in us and we can take pride in our companies!"

"We must require hand-to-hand training while also requiring personnel to be physically fit as to avoid undue injury while training. In so many areas we're playing catch-up to other disciplines. Current events show the climate on the street no longer differentiates between EMS and law enforcement – medical providers should be given training and actual defensive tactics training to make safe decisions on the street."

"We need more active training for providers on how to de-escalate, restrain and manage all patients before they get violent."

"Verbal de-escalation and scene awareness I feel are the best strategies. I fear that teaching medics self-defense classes might make them feel more confident than they should be and they might put themselves in bad situations. As an agency you have to make sure your employees know it is OK to not go into a scene they fear is unsafe or to leave a scene they feel is unsafe."

"First, I believe very strongly in the need for de-escalation training in the EMS field. Second, only after de-escalation training has been completed should we work on self-defense and physical restraint training. Unfortunately there have been several occasions during my career when a situation was intentionally or unintentionally escalated by an EMS colleague."

Greater availability of protective equipment and self-defense tools, including weapons.

Numerous respondents mentioned the need for greater availability of protective equipment, or protective equipment more in line with what law enforcement uses. Specific requests included: soft restraints, body armor/ballistics vests and chemical restraints.

Over 60 respondents (about 5%) called for arming medics or allowing them to carry a concealed weapon.

"At night we do not have law enforcement backup. I believe we should be allowed to carry with proper training."

"I think that EMS professionals should be able to defend themselves in violent situations. I think training should be

required at all agencies (initial & on-going). Firearms, tasers and batons should be an option (personal choice) for the EMS provider to carry if they so wish, so they may protect themselves and others if needed."

"EMS should work closer with law enforcement in learning techniques to deal with violence such as verbal de-escalation, self-defense training, and situational awareness. There should also be more available funding for ballistic protection for EMS providers. Lastly, there should be more openness and support for concealed carry."

However, several noted their opposition to weapons on the ambulance and exasperation with EMS colleagues who do not realize that their gun may be turned against them or injure an innocent bystander.

"Carrying a firearm is ridiculous! Firearms only make a situation more dangerous, not less."

Stiffer punishments.

Another theme was a call for stricter laws and stiffer punishments for those who attack EMS practitioners. Several expressed frustration that assaulters are not always held accountable. One respondent suggested that laws regarding violence against EMS should be posted on the ambulance as a deterrent.

"EMS agencies and professionals should be regarded in the same protective classes as fire and police. Most incidents of violence towards EMS is viewed as a misdemeanor and not pursued at the same level [as an assault on police]."

More help from law enforcement.

Another common suggestion was the importance of working closely with police, and greater law enforcement presence on scene to prevent assaults. Several respondents said that police are present on every call in their jurisdiction. One specifically mentioned that the first unit dispatched for domestic violence should be police, not an ambulance. Another said psych patients should be transported in a police car. Others mentioned training with law enforcement or more information from law enforcement about people or homes that may pose a safety risk.

"EMS is often asked to deal with patients that the police say need to go to the ER not jail. These patients are in handcuffs but are released from the handcuffs to ride with EMS."

"Have cops actually do their job on an assault rather than blowing it off. It would not be taken as lightly if it was another police officer who was treated the same way by a patient."

"We have good LEOs who will stop by calls to check safety even if it is a BLS call. Good working relationships with LEOs make a big difference."

Uniforms that clearly differentiate EMS from law enforcement.

EMS uniforms easily mistaken for law enforcement is another area of concern. Patches and other emblems don't seem to be enough for some members of the public to understand that they are being approached by a medical professional, not a police officer.

"Get away from uniforms that look like police. Wear a golf shirt with no patches or a T-shirt all the time. The services care more about appearance than safety."

"While our uniforms identify us as EMS personnel, the public does not pay attention to the patches, medical equipment, and other identifiers. Other methods need to be designed that provide a professional looking uniform but clearly identify the wearer as an EMS professional."

New Webinar Series to Teach EMS Practitioners About EMS Financial Vitals

If you ask an EMT or paramedic about vital signs, things like pulse rate and blood pressure probably come to mind. But have you ever thought of the *financial* vitals of your EMS agency?

Documentation, billing systems and insurance reimbursements may not get the heart racing like a life or death trauma call, but EMS financial vitals can impact every aspect of EMS. EMS finances determine whether your agency can buy the right equipment, afford to provide training and pay the wages of employees.

EMS Finance: Follow the Money is a new webinar series that teaches EMS practitioners and managers about the fundamentals of EMS financial health. The series is offered by NAEMT in partnership with the Academy of International Mobile Healthcare Integration (AIMHI).

"EMS finances are complex and becoming more challenging," said Matt Zavadsky, NAEMT president and chief strategic integration officer at MedStar Mobile Healthcare in Fort Worth. "The more EMS practitioners and managers know about how EMS gets paid, what impacts reimbursements and how to maximize their agency's financial performance, the healthier EMS finances will be. When EMS agencies are financially healthy, they have the money for the things that really matter to EMS practitioners, like higher wages, equipment purchases, and enhanced training."

Zavadsky and Chip Decker, CEO of Richmond Ambulance Authority in Virginia, spoke with *NAEMT News* about the webinar series and why every EMS practitioner should attend.

Why did you decide to devote a webinar series to the business side of EMS?

CHIP: EMS finances are a bit difficult to understand. Some providers are interested in it, but some don't want to even think about it. At the end of the day, EMS is a business. We have to treat it as a business – people want to get paid. EMS is currently paid for providing transportation, yet we are also paid like a healthcare provider in that we have to document the care provided and show that it was justified. Paraphrasing Ralph Waldo Emerson: "Someone who knows how to do something will always have a job. The person who knows why will always be their boss."

EMS Finance Webinar Series

Sponsored by Zoll

Part 1: How EMS is Financed
Part 2: What Does EMS Really Cost?
Recordings available at naemt.org. Under the "Events" tab, select "EMS Webinars."

Register for Part 3: The Financial Anatomy of an Ambulance Call
This webinar will dissect a typical ambulance call from 911 dispatch through receipt of reimbursement, explaining how each step of the response impacts how much an agency is paid. Wednesday, October 30. 1 pm CT. Attendees receive 1 hour of CAPCE credit.

MATT: For too long we have, as system administrators, told EMTs and paramedics not to worry about the revenue cycle – and certainly to never discuss billing with the patient. But with the changes in healthcare finance, we're seeing more payers wanting patients to remain in network. So there is going to come a time when our field providers need to understand how healthcare is financed in order to help the patient make decisions about where to go or what's next.

Here's an example: The Centers for Medicare and Medicaid (CMS) recently announced the ET3 Model, which will pay ambulance services for taking patients to alternative destinations. In our discussions in Fort Worth with potential partners for the ET3 model, if you're going to take people to an alternate destination, you have to have an alternate destination to take people to. But when you talk to urgent care providers, they say, 'We can take Medicare patients because we're a Medicare enrolled provider and we're in network for Blue Cross Blue Shield, but we're not in network for United and Humana.' This is going to impact a patient's decision, if they might have to pay a $25 copay at one place vs. $150 at another.

If EMTs and paramedics want to be paid for the value that they provide to the healthcare system, that value is more and more being viewed as patient navigation through our very complex healthcare system. We have to equip EMTs and paramedics with the tools to help patients make those decisions.

What are some ways that EMS practitioners can impact revenue cycle?

MATT: Proper documentation is a big one because it impacts the amount of money you get – whether you get none, or whether you get BLS, ALS or an even higher rate. Today, it's common for insurers to deny payment for services due to documentation issues.

With documentation, it's the little things that matter. The ability to collect money absolutely starts with the EMT or paramedic who is collecting the information. At MedStar, some of our folks weren't getting phone numbers and so my billing and reimbursement folks would quickly run into a dead end and not be able to collect any money.

We just started a program to incentivize our field staff to get phone numbers. We audited patient care reports and saw that

some paramedics got the phone numbers 95% of the time, but some were only getting the number 40% of the time. We're beginning to reward those who get phone numbers the most often because it impacts whether we get paid and how quickly we get paid.

CHIP: The more complete you can make the patient care report, the less time the billing department has to spend on collecting payment. So good documentation impacts the efficiency of your agency. The very first component of the billing cycle is the EMT or paramedic getting proper documentation.

How does payer mix impact an EMS agency's finances?

CHIP: Payer mix impacts EMS revenue, and payer mix differs from one locality to another. In Richmond, about 8 or 9% of my patients have private insurance, whereas in the counties outside of the city, private insurance is from 20 to 30% of the payer mix. That makes a big difference for the financing of your system, because private insurance pays a higher rate than Medicare or Medicaid. They also don't need as large a tax subsidy to remain viable, and they don't have to charge as much as we do.

Because of the higher percentage of private insurers, the EMS agencies in the counties outside the city don't have to go after balance billing as we have to.

In what ways is the EMS financial landscape becoming more challenging?

MATT: One thing we're seeing is more insurance companies sending reimbursements directly to patients. You then have to try to collect from the patient, only sometimes the money gets used to pay their rent instead of paying the ambulance company. We're also seeing payers trying to get EMS to become an in-network provider.

Why is the pressure from insurers to go in network a challenge for EMS agencies?

MATT: When doctors and other healthcare providers go in network, they are generally trading lower payments for a higher volume of patients. So the insurer will pay the provider less, but more patients will come there because you're an in-network provider.

That doesn't work with EMS. We are a safety net provider. We're not going to get more 911 calls because we're in network with Blue Cross Blue Shield. Our volume isn't driven that way. So going in network doesn't benefit EMS.

Recently we were approached by a large Medicaid and Medicare Advantage payer. They were interested in paying us for taking patients to alternative destinations and providing some additional services, but only if we were in network and paid a reduced rate. We had to explain to them that we couldn't do that, but by having us provide an alternative destination service, the payer would end up with downstream savings. We ended up working out an agreement that did not require us to go in network and lower our rates. So it was a win-win for everyone – patients, the payer and MedStar.

COMING SOON: Updated EPC and AMLS Courses – Plus a New PHTLS Refresher!

NAEMT's author teams are working to bring EMS practitioners the most up-to-date, relevant and engaging EMS education courses.

In March 2020, NAEMT will beta test the 4th edition of Emergency Pediatric Care (EPC). EPC focuses on critical pediatric physiology, illnesses, injuries and interventions to help EMS practitioners provide the best treatment for sick and injured children in the field. The revised course will feature an all-new course schedule with interactive teaching methodologies such as visual critical thinking stations, interactive skills stations, patient simulations, and facilitated lectures. 4th edition EPC courses will be available in the summer of 2020.

Also in the works is the 3rd edition of Advanced Medical Life Support (AMLS), the gold standard of education for emergency medical assessment and treatment. Endorsed by the National Association of EMS Physicians, AMLS emphasizes the use of the AMLS Assessment Pathway, a systematic tool for assessing and managing common medical conditions, including respiratory disorders, cardiovascular disorders, shock, infectious disease, and others.

AMLS instructors and students responding to an NAEMT survey indicated they wanted to learn more about behavioral health/psych emergencies, sepsis and pharmacology to best meet the needs of their patients and communities.

The 3rd edition of AMLS will feature new chapters on each of those topics, written by national experts in the field. AMLS 3rd edition courses will be available in February 2020.

NAEMT's Prehospital Trauma Life Support (PHTLS) course is recognized worldwide as the leading continuing education program for prehospital emergency trauma care. PHTLS Refresher is a one-day, in-person course for those who have successfully completed the two-day PHTLS course within the past four years. The PHTLS Refresher helps EMS practitioners stay current with their knowledge and practice skills and techniques to maintain proficiency.

The PHTLS Refresher will be available in October 2019. It will include the new XABCDE assessment approach, review oxygenation and ventilation, explain the role of blood component replacement in the management of hemorrhagic shock, and teach proper medical management of traumatic brain injuries.

Tactical Emergency Casualty Care for Law Enforcement (TECC-LEO) Beta Tested With the Help of NYPD

EMS instructors from the New York Police Department (NYPD) Emergency Services Unit participated in a beta test for NAEMT's all-new Tactical Emergency Casualty Care for Law Enforcement Officers and First Responders (TECC-LEO). TECC-LEO is an 8-hour course that prepares law enforcement officers and other non-EMS first responders to save lives in tactical situations.

NYPD instructors were monitored by NAEMT Affiliate Faculty Bill Justice and Mark Litwinko in August. TECC-LEO will subsequently be offered to the 700 officers in the NYPD Strategic Response Group. "The NYPD Emergency Services Unit (ESU) is an elite team that responds to a wide variety of rescue calls including diving, auto extrication, high-angle rescue, confined space, active shooter, and subway jumpers," Justice said. "NAEMT was proud to offer this opportunity to NYPD ESU and appreciative that the materials were overwhelmingly well received."

TECC-LEO covers the three phases of care in a tactical incident: direct threat care, indirect threat care and evacuation care. "TECC-LEO provides the basic fundamentals of trauma care for law enforcement officers and other public safety providers who are routinely faced with high-risk operations. Understanding that responders operate in unstable and unpredictable environments, this new curriculum prepares them to quickly identify life-threatening injuries, while providing appropriate and effective field care to themselves and others," Litwinko said.

Specific topics include:

- Rapid, simple assessment to identify, triage, and treat critical traumatic injuries.
- Recognizing the potential for shock and death in critical traumatic injuries.
- Selection and practice of appropriate, rapid life-saving interventions for critical traumatic injuries, such as hemorrhage control through tourniquets and wound packing; and basic airway and circulation interventions including nasopharyngeal airways and chest seals.
- Casualty rescue tactics appropriate to the TECC phases of care, including lifts, drags and carries, and cover and concealment.

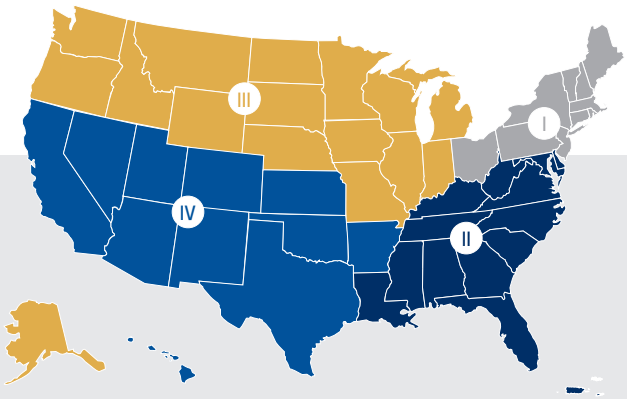
TECC-LEO will be available in December 2019.

We Need Your Vote! NAEMT Elections Decide Who Leads *Your* Association

The NAEMT Board of Directors sets our association's priorities, determines our stance on important issues facing EMS, advocates for EMS practitioners and patients at the national level, and oversees NAEMT finances.

Active NAEMT members are encouraged to choose which qualified candidate they want on the NAEMT board. From October 15 to 28, NAEMT members are asked to vote to determine who will fill the open positions on the 2020-2021 NAEMT Board of Directors.

Voting is done online and takes just a minute or two! Please participate in the election and choose who you want to lead your association!



Open Positions

Open Director positions for the 2020-2021 term include:

- One Director in each: Region I, II, III and IV
- One At-Large Director

Directors and officers serve two-year terms that begin Jan. 1, 2020. To qualify for a Region Director or At-Large position, a candidate must be an active NAEMT member and meet other eligibility criteria. Region Directors must also live in the region they represent.

To ensure that you receive information about online voting, please make sure we have your *current email address* by logging in on naemt.org and updating your profile.

Please Cast Your Vote!

PROPOSED BYLAWS CHANGE

In addition, the board has recommended changes to the NAEMT bylaws that active members will also be asked to approve. The proposed changes will be included on the electronic ballot.

To learn more about the proposed bylaw changes, visit naemt.org. Under the "About NAEMT tab," select "Board of Directors" and the "Elections" link.

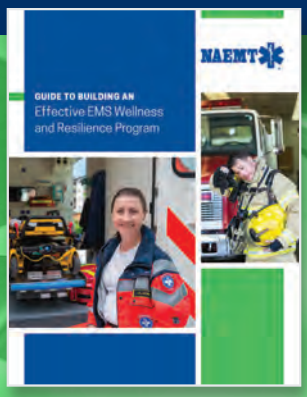
HOW TO VOTE

Oct. 1 – Candidate background information and answers to questions about key topics in EMS are posted online. To view, go to the "About NAEMT" section of the NAEMT website and choose "Board of Directors" and "Candidates."

Oct. 15 to 28 – Voting open. You should receive an email asking you to vote. A "Vote" link will also be posted on the NAEMT website.

The following is an excerpt from NAEMT's *Guide to Building an Effective EMS Wellness and Resilience Program*. NAEMT published the guide in January to assist EMS agencies in helping EMS personnel maintain their physical, mental and emotional health. The guide presents strategies for building resilience, suggestions for specific programs and initiatives, tips from EMS agencies on what works for them, and ideas for engaging community partners and stakeholders.

➔ **Download this free guide at: naemt.org. Go to the "Publications" section and choose the "Health and Safety" link.**



Building an Effective EMS Wellness and Resilience Program

Mental & Emotional Health

Good mental health is an essential aspect of wellness and resilience. Workplace stress or trauma can contribute to poor mental health, including depression and post-traumatic stress disorder (PTSD).

The causes of mental health problems are very complex. Social, economic, genetic and other factors all have the potential to influence an individual's mental health, positively or negatively. Family dynamics, level of social support and work conditions are other factors known to be associated with mental health status.

An EMS wellness and resilience program ideally includes a variety of mental health services focused on both prevention and assistance to help individuals when they are suffering from mental health or emotional problems, either due to experiences on the job or due to other aspects of their lives.

A variety of mental health resources, including research, articles and education programs, can be found in the NAEMT Mental Health Resource Library. Under the "Initiatives" tab on naemt.org, select EMS Mental Health.

Prevention-focused programs help EMS personnel build resilience so that they can better cope with stress and other challenges and avoid developing depression or anxiety disorders. A health and wellness program should include initiatives to increase social connections, which research has shown positively impacts mental health.

People who have positive relationships in the workplace are more likely to enjoy coming to work and being productive when they get there. Team days, work social events and employee recognition programs can all help.

A wellness and resilience program should also identify sources of support to help individuals cope with traumatic situations, and make sure that employees know where to get help if they are struggling with depression, anxiety or other issues.

WHAT WORKS: IDEAS FROM EMS AGENCIES

Counseling & Life Coaching

Life coaches – JanCare Ambulance Service in Beckley, West Virginia, offers three sessions of life coaching through Life Strategies, a local counseling and life coaching service. Agency leaders reasoned that some responders may be more open to seeing someone called a "coach" than a psychologist or counselor, noted Micheal Thomas, JanCare's director of Safety and Risk Management.

Grief counselors –Sunstar Paramedics in Pinellas County, Florida, brings in grief counselors as a resource for crews as needed, after traumatic calls and in response to the death of fellow responders, either on-duty or due to an illness or accident. Sunstar also has a memorial tree and garden, where staff members can gather to share memories and honor the individual.

Peer-to-peer support – As part of the stress management program at Indian River County Fire Rescue in Vero Beach, Florida, trained peer supporters are available to confidentially discuss personal and/or professional problems and current challenges, and provide support and education about critical incident stress.

First responder PTSD support group – The Mental Health Association of Indian River County in Florida offers a free PTSD Support Group for First Responders that's open to police, fire, corrections, dispatch and EMS personnel, active and retired. Focused on providing support in understanding and reducing the negative

effects of routine exposure to traumatic events, the support group is a unique opportunity to process experiences and connect with peers in a comfortable, confidential setting. Led by a retired Boston firefighter and therapist at the Mental Health Association.

Therapy animals – After recent hurricanes hit their region, Sunstar Paramedics partnered with a local therapy animal group to bring in dogs trained as support animals. Interacting with animals has been shown to lower blood pressure and reduce stress.

Social Connections

Events and outings – There are so many ways to show employees they're appreciated and to provide opportunities for social engagement. JanCare hosts employee appreciation cookouts three times a year for each of their five divisions. Sunstar plans monthly outings for employees. Events have included discount tickets to sporting events, 'dinner around the world' at a restaurant featuring cuisine from different regions of the world, and family events such as breakfast with Santa and an Easter picnic. Every month their agency achieves compliance with the county contract, directors and managers put on their grill aprons and celebrate with a company barbecue. To build camaraderie, Sunstar employees also participate in walks for cancer charities and other causes, often in honor of a colleague.

Alumni mentoring – As a primarily BLS interfacility ambulance service in San Jose, California, Royal Ambulance has many EMTs who are just getting started in their careers and have aspirations to become firefighters, paramedics, nurses or physicians. Royal Ambulance hosts mixers and panel discussions with alumni who have gone on to become firefighters, physician assistants or enter other professions, providing opportunities for current EMTs to learn more about potential career paths and how to get there.

TIP: Using social media to boost employee engagement

Private agency Facebook pages can help get the word out about your wellness and resilience programs. JanCare uses Facebook to post information about topics in health, safety and fitness, sleep tips and to spread the word about employee appreciation and engagement events. Supervisors also post shout-outs to employees who are spotted going the extra mile in the station or out in the community, following safety best practices, or to recognize outstanding performance on challenging calls. EMS practitioners can also post peer-to-peer shout-outs.

Royal Ambulance uses Workplace, an app by Facebook designed to build "meaningful communities in the work environment." For $3 a month per employee, Workplace enables Royal Ambulance to collaborate as teams, discuss common interests, and get answers quickly. For example, Royal has created groups on the app where employees can swap shifts, share praise and recognition, and participate in contests to win gift cards. Royal also uses Workplace in lieu of email to share company news and other information.

Resilience Skills Training

First Responder Resiliency Program – Run by Centura Health and the Colorado Department of Health, the First Responder Resiliency Program is a one-day course that teaches responders the skills to bounce back from adversity. Topics include goal setting, nutrition, exercise, sleep hygiene, relaxation techniques, perspective, and overcoming self-defeating thoughts, among others.[1] Upper Pine River Fire Protection District is among the agencies that offer this program.

Man Therapy – Created by the Colorado Department of Public Health & Environment, mantherapy.org is designed to help men with depression, anxiety, anger and suicidal thoughts.

Some of their slogans: "You can't fix your mental health with duct tape," and "Man Therapy is for men who think sirens are driving music." On the website, find e-cards you can send to people to let them know about Man Therapy resources and a brief survey to assess your own mental health and health habits.

1. Gunderson, J., Grill, M., Callahan, P., Marks, M. March 3, 2014. An Evidence-based Program for Improving and Sustaining First Responder Behavioral Health. *JEMS*. Retrieved from https://www.jems.com/articles/print/volume-39/issue-3/features/an-evidence-based-program-for-improving-and-sustaining-first-responder-behavioral-health.html

2019 National EMS Awards of Excellence Recipients

NAEMT and EMS World are pleased to announce the recipients of the 2019 *National EMS Awards of Excellence*. The awards will be presented during NAEMT's General Membership Meeting on Tuesday, Oct. 15, in New Orleans, Louisiana, and on Wednesday, Oct. 16, during EMS World Expo's opening ceremony. We congratulate all recipients and recognize their outstanding contributions to the EMS profession and patients.

DEBBY CARSCALLEN

Paramedic, Moscow, Idaho
2019 NAEMT/Nasco Paramedic of the Year, *sponsored by Nasco*

Debby Carscallen is a paramedic and EMS division chief for the Moscow Volunteer Fire Department in Idaho. "She is an incredible and valuable member of our community and an outstanding paramedic," said Pam Rogers, a co-worker. Carscallen is recognized as a coach, teacher, leader, mentor, and champion for her crews. She recruited volunteers to help with fundraising to purchase AED's for all schools and police vehicles in the community. "Debby is a paramedic whose purpose and focus are to serve her community and patients," said Nicole Wheaton of Gritman Medical Center. Debby frequently spends evenings helping EMS agencies in small, rural communities conduct training.

FREYA WHALEN

Emergency Medical Technician (EMT), Clever, Missouri
2019 NAEMT/Braun Industries EMT of the Year, *sponsored by Braun Industries*

Freya Whalen, an EMT for CoxHealth in Springfield, Missouri, was nominated by her peer Aerla McCoy who said, "Freya is honest and genuinely compassionate to her patients, making them feel taken care of. She has a drive to make the patient experience the best healing experience possible." Freya is a volunteer fire lieutenant and EMT for a 911 and hospital-based service. As an EMT field training officer, Freya is passionate about passing knowledge to the next generation of EMTs. Freya has been an advocate for child safety, EMS practitioner safety and resilience, and patient care. Quoted in a local publication, Freya said, "In healthcare, we are given a rare opportunity to be there for someone in their darkest time and to help them."

MICHAEL DAILEY, MD

FACEP, FAEMS, Delmar, New York
2019 NAEMT/Bound Tree EMS Medical Director of the Year, *sponsored by Bound Tree Medical*

Dr. Michael Dailey is the regional EMS medical director for REMO, which serves a six county region in upstate New York. He is also a medical director for a dozen EMS agencies. Nominators Luke Duncan, MD, and Steven Kroll, MHA, EMT, said Dailey "has been one of the most significant and impactful EMS physicians and medical directors in New York State." As the chief of the Division of Prehospital and Operational Medicine and professor of emergency medicine at Albany Medical Center, Dailey educates young physicians who may one day become EMS leaders. Jason Cohen, chief medical officer of Boston MedFlight said, "Dr. Dailey is devoted, fair, competent, equitable, compassionate, and inspiring. He helps others and communities without pretense, working tirelessly to make things better for our patients and our profession."

MELISSA STUIVE

Portland, Texas

2019 NAEMT/Jones & Bartlett Learning EMS Educator of the Year, *sponsored by Jones & Bartlett Learning*

Melissa Stuive is EMS program director at Del Mar College in Corpus Christi, Texas. Former student Frank Funke noted, "Melissa sets her students up with the knowledge and skills they need to succeed." Added Roberto Ruiz, an EMS instructor: "Her influence in the lives of practicing EMT's and paramedics cannot be emphasized enough." Stuive sits on the Education Committee for the Texas Governor's Emergency Trauma Advisory Council, and also serves as the Education Committee chair for the Coastal Bend Regional Advisory Council. She has also served as a question writer for the National Registry (NREMT).

HM1 KENNETH RUSSELL

US Navy, Camp Lejeune, North Carolina

2019 NAEMT/North American Rescue Military Medic of the Year, *sponsored by North American Rescue*

HM1 Kenneth Russell is a special operations independent duty corpsman currently serving as the acting medical chief and lead petty officer for Company M, 3D Marine Raider Battalion. Serving the U.S. Navy for the past seven years, Petty Officer Russell has deployed with 3rd Reconnaissance Battalion in Okinawa, Japan as well as serving two overseas tours to Africa with Marine Special Operations Teams. He is a successful leader, trainer, mentor and subject matter expert. "HM1 Russell is a top performer within Marine Special Operations Command," said HMCS Michael J. Mason. He was awarded the prestigious MARSOC Luke Milam Excellence Award in 2019 for his tremendous abilities as a medical professional and a tactical leader. HM1 Russell led a responding joint Department of Defense team of over 30 personnel in the care of 21 multi-system trauma patients consisting of prolonged evacuation times of up to 6 hours.

PRINCESS ANNE COURTHOUSE VOLUNTEER RESCUE SQUAD

Virginia Beach, Virginia

2019 Volunteer EMS Service of the Year, *sponsored by ZOLL*

Princess Anne Courthouse Volunteer Rescue Squad (PACHVRS) is one of 10 all volunteer rescue squads serving Virginia Beach. In operation since 1947, PACHVRS's 110 members serve approximately 50,000 hours per year and answer 5,000 calls annually. PACHVRS lists a fleet of four ALS-equipped ambulances. On May 31, 2019, PACHVRS units were the first on the scene of the Virginia Beach active shooter incident. PACHVRS' signature blue ambulances soon became the leading image on local and national newscasts. PACHVRS provides coordination, scheduling and staffing for large-scale events each year. Community education includes safety and first aid training at schools and civic organizations, as well as members who lead Stop the Bleed and Hands Only CPR education. As an agency in a teaching system, PACHVRS' ambulances frequently operate with a three-person crew that includes a trainee. Regularly scheduled "squad days" promote comradery and retention.

SAN ANTONIO FIRE DEPARTMENT EMS

San Antonio, Texas

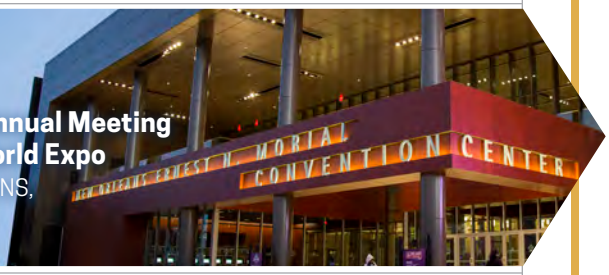
2019 Dick Ferneau Career EMS Service of the Year, *sponsored by Ferno*

With a staff of 400 and 43 ambulances, San Antonio Fire Department EMS (SAEMS) responds to 160,000 calls per year in the city of San Antonio and the surrounding region. The agency is "innovative, progressive and fearless when it comes to protecting the health and safety of citizens and prehospital responders," said C.J. Winckler, deputy medical director.

In October 2018, SAEMS began to offer patients whole blood as a treatment for hemorrhagic shock. SAEMS has been a leader in participating in EMS research with UT Health, and in implementing innovative behavioral health and MIH programs. In response to threats of MCIs, terror attacks and active shooter incidents, SAEMS collaborated with UT Health Department of Emergency Health Sciences, Office of the Medical Director, to form the Medical Special Operations Unit, a specialized team of paramedics. SAEMS helped create two programs to improve out-of-hospital cardiac arrest survival, including a prehospital extracorporeal membrane oxygenation cardiopulmonary resuscitation algorithm and a program that will require local hospitals to become accredited resuscitation centers.

COME SEE US

SEP OCT 30 - 2	Mississippians for EMS Expo BILOXI, MISSISSIPPI
OCT 14-18	**NAEMT Annual Meeting & EMS World Expo** NEW ORLEANS, LOUISIANA
NOV 1-3	South Dakota EMS Association Conference ABERDEEN, SOUTH DAKOTA
NOV 14-16	NJ State EMS Conference/ National Conference on EMS ATLANTIC CITY, NEW JERSEY
NOV 24-27	Texas EMS Conference FORT WORTH, TEXAS
DEC 5-6	Indiana EMS Association Conference WEST LAFAYETTE, INDIANA
MAR 4-6	EMS Today TAMPA, FLORIDA
MAR 24	EMS 3.0 Workshop ARLINGTON, VIRGINIA
MAR 25	EMS On The Hill Day 2020 *(Briefing March 24)* WASHINGTON, D.C.



We're looking forward to seeing many of you at the NAEMT Annual Meeting & Events, to be held in New Orleans from Mon., Oct. 14 to Wed., Oct. 16. The annual meeting is an opportunity for our members to meet EMS leaders and colleagues from around the world, get more involved with your professional association, and hear new ideas to bring back to your agency at home. NAEMT's annual meeting is co-located with EMS World Expo, the largest trade show and education event for EMS professionals in North America.

Welcome New NAEMT Agency Members!

- Charlton County EMS, Folkston, GA
- Grant County EMS, Van Buren, IN
- Gila River EMS, Pinal County, AZ
- Med-Trans, McComb, MS
- CareMed EMS, Oxford, MS
- Rutherford County EMS, Murfreesboro, TN

Congratulations to Our **Summer 2019** Scholarship Recipients

EMT TO PARAMEDIC *(up to $5,000)*

DREW-RASHAD JEFFRIES is a staff sergeant/firefighter crew chief in the U.S. Air Force Reserves at Travis Air Force Base in California. He worked as a civilian firefighter/EMT in Afghanistan during Operation Enduring Freedom. A volunteer EMT and founder of the Foothill College Student Veterans of America chapter, Jeffries plans to use the scholarship to continue his paramedic studies at the UCLA Center for Prehospital Care.

ERICA KEIM of Watsontown, Pennsylvania, is an EMT at Geisinger EMS in Danville, and a volunteer with Warrior Run Area Fire Department. She enjoys participating in community outreach events, and will soon start studying to become a paramedic at Reading Hospital School of Health Sciences.

ADVANCED EDUCATION FOR PARAMEDICS *(up to $2,000)*

JONATHAN COYLE of Tomball, Texas, is vice president of operations for Coastal EMS in Houston. He plans to use the scholarship toward a master's degree in emergency management.

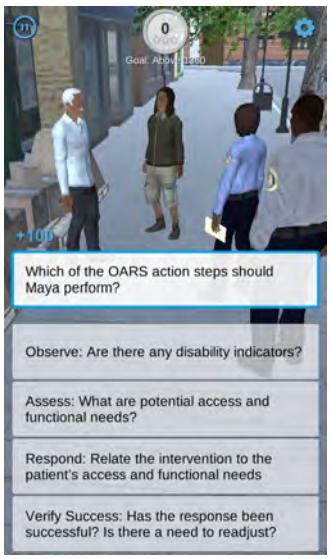
New Member Benefits Discounts on Timely Online Learning Experiences

NAEMT members can receive a 25% discount on two new online learning experiences.

First Responder Support & Resilience is a 1.5-hour course that teaches EMS practitioners how to help their colleagues who are struggling with PTSD, major depression and substance abuse. Simulations also cover ways to reduce mental health stigma and how to seek help.

To access the course, go to recert.com and enter First Responder Support & Resilience in the search bar. To receive your discount, enter promo code NAESUPP25 when you place your order.

Rescue-D: Meeting the Needs of Patients with Disabilities is a 4-hour, simulation-based course that lets students practice response skills for people with disabilities in a virtual, post-disaster world. Rescue-D includes 20 unique training and rescue mission modules that challenge first responders to observe, assess, respond and verify success based on the character's function and/or access needs. Participants receive 4 hours of CAPCE credit.



To access the course, go to recert.com and enter Rescue-D in the search bar. Enter promo code RESCNMT25 to receive your discount.

NAEMT is pleased to welcome our new membership coordinators.

- Cheryl Overton of Alabama
- Aaron Katz of Connecticut
- Pete Holley of Idaho
- John Levers of Maine
- Philip Sheridan of Massachusetts
- Olan Leonard of West Virginia

Oklahoma Membership Coordinator JenaLu Simpson recently represented NAEMT at the Oklahoma EMT Association conference, where she was joined by NAEMT President Matt Zavadsky.

National Association of
Emergency Medical Technicians Foundation
P.O. Box 1400
Clinton, MS 39060-1400