FALL 2022

NAEMTNEWS

A quarterly publication of the National Association of Emergency Medical Technicians

In This Issue

INTERVIEW WITH
Capt. Margaret "Meg" Morgan, MD, FACS

Associate Medical Director, NAEMT Prehospital Trauma Committee

As a surgeon and captain in the U.S. Navy Reserve, Dr. Margaret "Meg" Morgan brings a wealth of experience in both military and civilian trauma care to her role as associate medical director for NAEMT's Prehospital Trauma Committee.

After earning her medical degree at Penn State University, Morgan spent five years on active duty. She participated in humanitarian missions in the Western Pacific and deployed to Iraq, Afghanistan and Africa several times during Operations Iraqi and Enduring Freedom.

After her general surgery residency, she met Dr. Norman McSwain, then a trauma surgeon in New Orleans and the founder of NAEMT's PHTLS program. The two hit it off, and McSwain became a mentor. She trained with him during her trauma and surgical critical care fellowship at Louisiana State University.

"I was just so impressed. He wanted to teach you everything that he knew so that you can do the best you can for your patients. He wasn't trying to intimidate you. He wanted you to know so you could use it," Morgan recalls of McSwain.

Before his death in 2015, McSwain also got Morgan involved with civilian prehospital trauma education. She became an NAEMT PHTLS instructor, then medical director for a PHTLS program for Navy Seals, and a Tactical Combat Casualty Care (TCCC) course coordinator.

In addition, she's a trauma and critical care surgeon at University of Colorado Health Memorial Central, a level one trauma center in Colorado Springs. She's also the senior medical executive for the 4th Medical Battalion of the Marine Corps Reserve.

Did you always plan on going into medicine?

I was a musician first. I played the trumpet and majored in music and chemistry at Indiana University.

Were you a professional musician?

I was part of the Star of Indiana Drum and Bugle Corps. We went on a summer tour and traveled around on buses to competitions.

The group was founded and funded by Bill Cook, who started the medical equipment company, the Cook Group. He also started a stage production called Blast! that featured the

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NAEMTNEWS

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Features

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Membership

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The Importance of **Engaging our EMS Workforce**

By Bruce Evans, MPA, NRP, CFO, SPO

There has been a lot of discussion recently about the EMS workforce and the challenges in recruiting and maintaining the next generation of EMS practitioners. I am blessed to have a great workforce with what I would call "A" gamers. But I have known for a long time there is a lot of work that goes into developing, supporting and engaging the workforce of the future. There's a real desire for people to know that they are engaged in meaningful work. The experience of meaningful work isn't just randomly encountered. It's created. While this is easily stated, it is not easily operationalized. EMS has grown into an incredibly complex system. Simply telling someone to make something happen doesn't get the job done.

As a first step, acknowledging that there is a set of skills and attributes required to operationalize programs that make work meaningful is needed. The largest and single most important factor is attitude. You hear people say, "Hire for attitude and train for competency." Yet the "can-do" attitude is a rarity. The thirst to solve a problem is an incredible find in a person.

Those that can solve problems often come with a set of skills. First, they need the ability to interact effectively with a network of people. Who can you call or engage on a heavy-lift project? There are those out there who have likely done it before. Second, they need the ability to navigate complex systems. One of the challenges of the ET3 (Emergency Triage, Treat and Transport) Program is that the requirements to operationalize the concept are very complex. Those who are succeeding with it have brought their commitment, ingenuity, networking and motivational skills to make it happen.

To learn more about what motivates the EMS workforce and how we can retain our best people, NAEMT recently conducted a national survey on engagement and satisfaction in EMS. We received nearly 1,300 responses from all 50 states.

> *NAEMT continues to advocate for more resources, higher reimbursements and expanded avenues of reimbursement, so that EMS agencies can afford to better provide for the EMS practitioners who give so much to their communities.*

We found that 73% felt their job provided them with a strong sense of purpose, and large majorities found satisfaction in providing patient care and serving their communities. This is a positive sign for our profession and a reflection of the heart of service that inspires many EMS practitioners to enter our profession.

But as an industry, the survey showed EMS is falling down in some key areas that would help sustain and nurture its workforce. Only 40% of respondents felt they had a good work-life balance, 40% felt their work schedule was flexible enough to allow time with family, and 47% felt their health and well-being were a priority for their agencies.

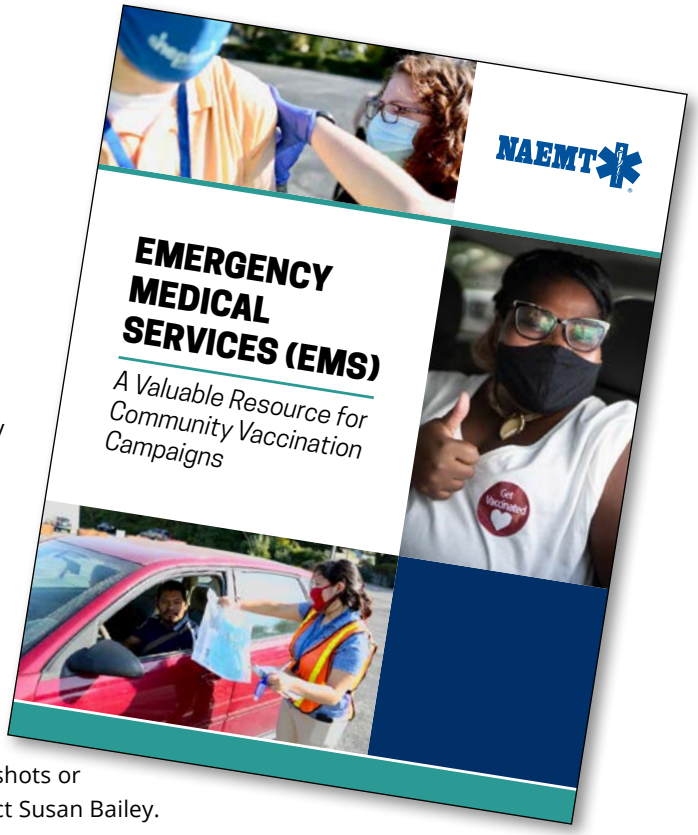
The area that respondents indicated the greatest dissatisfaction was, perhaps not surprisingly, pay and benefits. Only 22% felt their compensation was appropriate for the level of work performed. Our practitioners have bills to pay, families to support, and children to send to college. It is only fair that we do everything in our power to ensure that they are able to enjoy a decent economic quality of life.

In EMS, we need to do better for our workforce. NAEMT continues to advocate for more resources, higher reimbursements and expanded avenues of reimbursement, so that EMS agencies can afford to better provide for the EMS practitioners who give so much to their communities.

At the same time, there are things that can be implemented at the agency level, without delay. The survey revealed specific aspects of management that are in need of improvement in the eyes of EMS practitioners. This includes acting on employee feedback and demonstrating support for EMS practitioners. EMS practitioners also wanted more information on patient outcomes. Look for a full report on the results of the survey soon.

I'm approaching the end of my term as NAEMT president. At the start of 2023, I will be passing the baton to Susan Bailey, who will bring her own perspectives, experiences and leadership qualities to the role. Susan will undoubtedly serve our association and our members with the commitment, integrity and expertise that you expect. Please welcome her warmly. It has been a tremendous honor to serve you.

New Toolkit Offers Guidance for EMS in Supporting Community Vaccine Drives



NAEMT has published a new vaccine toolkit that EMS agencies can use to plan and organize community vaccine drives. The guide can also be shared with local public health officials or community organizations to help them understand how EMS can support vaccination efforts.

EMS: A Valuable Resource for Community Vaccination Campaigns details why EMS is an ideal resource for community vaccine initiatives, along with case studies on EMS agencies that have run successful immunization campaigns. The toolkit also includes a checklist for getting started, and training resources for vaccinators.

Because EMS is highly trusted and accustomed to working in a variety of community settings, EMS practitioners are especially well-suited for immunization campaigns that target medically underserved populations.

"EMS demonstrated our value as vaccinators during the COVID-19 pandemic. We need to continue to get the word out to local health officials that EMS can assist with vaccine initiatives, whether it is routine flu shots or immunizations for emerging infectious diseases," said NAEMT President-elect Susan Bailey.

Download the free Vaccine Toolkit at naemt.org > Resources > Infectious Disease.

Advocacy Update

House and Senate Bills Propose Boosting SIREN Funding

Congress is moving closer to approving increased SIREN grant funding for fiscal year 2023. The House version of the bill includes $10 million for the grants for rural EMS agencies, while the Senate bill includes $15 million. The bills must be reconciled before final passage.

On May 26, NAEMT President Bruce Evans submitted written testimony to a House appropriations subcommittee requesting increased funding for SIREN grants, and EMS access to federal grant programs to support apprenticeship programs and workforce development.

Pandemic-related costs, workforce shortages, skyrocketing opioid overdoses and shrinking revenue streams have placed strains on rural EMS organizations, Evans wrote. The crisis is urgent, as "rural EMS organizations across the country are more likely to shut their doors, leaving their residents without reliable access to local ambulance service."

The SIREN Rural EMS Training and Equipment Assistance (REMSTEA) program is within the Department of Health and Human Services' (HHS). In fiscal year 2022, Congress authorized $7.5 million for SIREN grants.

Postpone Cuts to Medicare Providers: Joint Letter

NAEMT joined with the American Ambulance Association (AAA), the International Association of Fire Chiefs (IAFC) and the International Association of Fire Fighters (IAFF) to ask Congressional leaders to postpone a 1% cut to Medicare providers and suppliers set to go into effect July 1. The cuts were triggered by sequestration, which are automatic federal spending cuts required by statute. Previously, a 1% Medicare sequestration cut had taken effect on April 1, bringing the total cut to 2%.

"Ground ambulance service organizations and fire departments are struggling financially due to the high costs of fuel, equipment and supplies, and staffing combined with chronic below-cost reimbursement under the Medicare program. Our members are in desperate need of increased Medicare reimbursement, and not less," the letter states.

Help Carry EMS Legislation Over the Finish Line!

Congress has returned from its summer recess to address many pending bills. Contribute your voice to getting key EMS legislation passed by using NAEMT's Online Legislative Service. It's a free service for sending emails on the critical federal legislation that will strengthen EMS. It takes only 30 seconds to send an email to your senator and representatives to:

- Reauthorize and fund the SIREN Act in FY2023
- Address crisis-level shortages of EMS personnel
- Extend Medicare add-ons
- Pass the EMS Counts Act of 2021
- Join the House Congressional EMS Caucus

These bills are critical for sustaining the life-saving services EMS provides to communities across the nation.

Visit naemt.org/advocacy and take action today!

Comment on New NREMT Paramedic Program Accreditation Policy

NAEMT recently submitted a comment to the National Registry of Emergency Medical Technicians (NREMT) opposing a proposed policy that permits states to approve paramedic programs, absent accreditation.

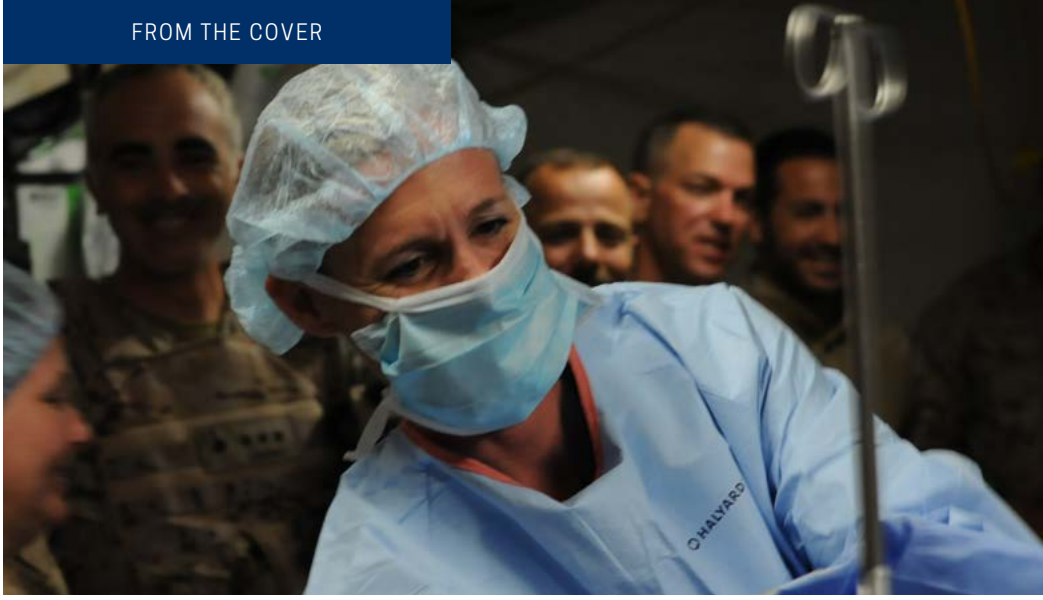
Since 2013, NREMT required candidates for paramedic certification to complete a CAAHEP-accredited program, or a program issued a "letter of review" indicating it was in the process of becoming accredited. The proposed NREMT policy, 22-Resolution-13, permits state EMS offices to approve programs as well, in the absence of accreditation.

"We do not support the option for states to approve these programs absent accreditation from a recognized accrediting agency. This solution seems extreme and contradicts the support for accreditation held by the majority of EMS stakeholders," the NAEMT letter stated. NAEMT recommended the expansion of accreditation options other than CAAHEP, such as allowing candidates from other nationally or regionally accredited paramedic programs to sit for the exam.

Ambulance Chassis Shortage Strains EMS Agencies

Ambulance chassis are in short supply, straining EMS agencies' ability to put new vehicles on the road when older ones need to be retired. In a letter to Transportation Secretary Pete Buttigieg, NAEMT, AAA, IAFC and IAFF asked for the Department of Transportation to work with chassis manufacturers to ensure a steady and predictable supply of chassis. The lead time for delivery of new ambulances is two years or longer, up from three to six months pre-pandemic.

To read the full letters and comments, visit naemt.org > Advocacy > Letters and Comments.



drum and bugle corps and dancers. Blast! debuted at the London Apollo Theatre in the West End of London in 1999. I played with them for a year. The show went to Broadway in 2001 but I went to medical school instead. Probably the only thing I regret in life is I should have waited another year and gone to Broadway!

What drew you to military service?

I followed my sister's lead. She's still on active duty as an Armed Forces Medical Examiner. Her focus is on identifying the remains of soldiers from World War II and Korean War. She goes out and does digs with forensic archeologists and forensic pathologists to find and identify the remains, so the families can get some closure. She says it's one of the most rewarding things she's ever done in life.

What were your first experiences with prehospital care?

When I was a flight surgeon assigned to the Marine Corps 46th squadron, our mission in Iraq was to fly casualty evacuations. We flew CH-46 tandem rotor transport helicopters. They could carry 16 patients, or 8 litters, in the back of that bird.

Each helicopter had one or two corpsmen onboard in support of that mission, which was doing point of injury pickup in live fire zones, with fire cover if needed. My job was to help with their training.

I was impressed by their eagerness to get out there and do it, day after day, for a seven-month tour. They wanted to learn as much as they could to make a difference in saving that soldier's life or that patient's life.

This was pre-Tactical Combat Casualty Care (TCCC), in an era where tourniquets weren't even standard in our packs. A lot of what they knew came from on-the-job training.

What lessons can civilian EMS learn from the military?

The way the military has been able to study and learn from the wars of the last 20 years.

If you look at all the care that was provided, it was a medic or corpsman who touched the patient first. During the Iraq War, the Joint Trauma System held weekly teleconferences. These provided an ability to really study and analyze every aspect of care, from the battlefield to where they were received, to Germany and back to the states. Prehospital personnel were included in that process.

That concept is starting to become more typical in the U.S. In Colorado Springs, we have a monthly, multispecialty trauma conference that includes our prehospital folks. A surgeon who was not involved in the case reviews it and looks for opportunities for improvement. We have all of the specialists involved in the case – pathology, radiology, the emergency department, surgery, the OR, the EMS medical director, the medics, and rehab. It's the whole spectrum of care.

Why is it important for EMS to be involved in those case reviews?

The people providing prehospital care are an extremely important part of the process. I want them to know when they're learning these skills that they have the ability to impact whether or not that patient lives or dies, and what kind of outcome they can have. They can also limit secondary brain injury, limb loss, keep a spine injury from progressing. I want them to truly believe that what they do really makes a difference, because it does.

We had one situation where the prehospital guys put a tourniquet on the wrong leg. It was dark, and civilian EMS crews don't often wear night vision goggles. They couldn't see where the blood was coming from.

It was not a punitive review. In the military, we teach medics to do a sweep of the blood with their hands to get a rough idea of where the injuries are. So that's taught now here in Colorado Springs.

Are there other ways that you take a team approach to trauma care?

It's really important for emergency department teams to listen to the report from EMS. I get super critical of anybody who tries to cut the medics off before they've had a chance to finish their report.

They can give you information from the scene, like how many shots were fired, that is super valuable in assessing your patient or triaging what else is coming in. Last week, we had a patient who fell 40 feet rock climbing. The paramedic was able to tell us that she was still on the belay, which helped to break her fall. That changes how severely injured you think your patient is.

We have some areas of Colorado where there are four- to five-hour transport times. So I want to know, "What did you give them? How many units of blood? How much fluid? Why did you medicate them? What did it look like out there?" Sometimes they have pictures they can share. Sometimes when that patient rolls in you don't have time, such as if there is a CPR in progress. But how long they've been doing CPR is critically important to what I'm going to do next.

Did you face any mass casualty incidents when you were a trauma surgeon in New Orleans?

We had 16 people shot at the same time. A family member had brought a gun to a family barbecue and opened fire. There were no deaths. When you get a situation like that, we practice for it, so it's calming. Everybody knows if they get chaotic, it will get out of control. You each have your role. One of the most important jobs is the triage officer. They make sure every patient is accounted for and that you have accounted for all their injuries. Staying organized is key. It's very easy to get people mixed up when you have a large volume of patients. You also have to keep clear, concise and organized notes about what you did too. Then you need to convey all of that information to the families when you are able to.

You're the co-moderator for this year's World Trauma Symposium. What do you like best about the event?

It's a day where we can get people together so we can all share knowledge with each other. It's intended to improve the delivery of care in the prehospital environment. And it's just fun. A lot of what I like best about it are the conversations that happen between the talks. You're chatting over some idea or another, and writing ideas down on napkins, and sometimes these things get formulated into actual policy.

What do you enjoy doing when you're not working?

I'm an avid snowboarder, and all through residency to keep my sanity I raced bikes in the velodrome. I'm also training now for my second half Ironman.

What advances do you see in the future for EMS trauma care, and what does EMS need to prepare for?

One of the biggest is truncal hemorrhage control, which is what people are dying of. We've figured out extremity bleeding with the use of tourniquets, but we really haven't figured out the best thing for prehospital providers to do for somebody who has been shot in the belly. People are working on that and I'm looking forward to those future innovations. There is nothing out of the lab yet. But there is research and development happening on injectable foams that would expand inside the abdominal cavity and provide compression to stop bleeding.

On the military side, we are talking about that next great conflict, which could be on our own soil and could involve what we call a peer or a near-peer competitor. In past conflicts, we have fought people in combat who haven't had the people, equipment or technology that the U.S. has. The fear now is, "What if we go to war with somebody who does, or who has more than us? How do you prepare for something like that? What does that battlefield look like?"

The civilian side needs to be prepared for that as well. A conflict on our soil will be heavily reliant on prehospital providers being able to stabilize casualties. If it's a war on our own soil, our civilian providers will be involved as well. It's something we need to be talking about.

2022 National EMS Awards of Excellence

NAEMT and EMS World are pleased to announce the recipients of the 2022 National EMS Awards of Excellence. The awards will be presented during NAEMT's General Membership Meeting on Oct. 11 and on Oct. 12 during the Opening Ceremony of EMS World Expo in Orlando, Florida.

NAEMT congratulates the recipients and recognizes their outstanding contributions to the EMS profession and their patients.

NAEMT/PRODIGY

Paramedic of the Year

JOHN EHRHART

EMT-P, Paramedic/Flight Medic, Air Methods (Mercy Air) San Diego, California

John Ehrhart, EMT-P, "stands head and shoulders above all others in depth and breadth of passion, initiative, thought leadership, and influence in EMS," says colleague Aaron Byzak, MBA, FACHE. A paramedic for nine of his 14 years in EMS, Ehrhart's clinical accomplishments, clinical excellence, and multidisciplinary teamwork enhance the numerous initiatives he leads. Ehrhart is co-founder and director of the California Paramedic Foundation and a flight medic for Air Methods (Mercy Air). He was instrumental in the recent expansion of an EMS-to-hospital information exchange (SAFR model) in parts of California. He also helps lead the Nicholas Rosecrans Award, which promotes EMS injury and illness prevention programs. Ehrhart also leads California Opioid Prevention by EMS (COPE), a project dedicated to bringing together EMS and public health professionals to combat the opioid epidemic. Volunteering while working as a full-time flight medic, Ehrhart "has made sacrifices to the EMS profession for which he should be recognized," notes Byzak.

NAEMT/DEMERS-BRAUN-CRESTLINE-MEDIX

EMT of the Year

ELDON HEADRICK

Norwich EMS, Norwich, Kansas

Eldon Headrick's spirit of volunteerism shines through his dedication and willingness to serve. He reliably meets the challenging needs of Norwich EMS and actively seeks out training opportunities to learn new skills and concepts. His willingness to serve extends beyond call time and he takes it upon himself to ensure EMS vehicles are always ready. He doesn't take shortcuts and ensures each patient receives the appropriate care. Beyond providing quality prehospital care, Headrick is an advocate for community education, including Stop the Bleed and CPR training. To further support EMS, he became a local government councilman. He is a great example of what it means to be a member of the community at large, and the community of EMS practitioners. "This nomination is made for a Kansas EMT who has significantly contributed to EMS at the community, state and/or national level," says Kari Presley, chief operations officer of the Kansas EMS Association.

NAEMT/JONES & BARTLETT LEARNING PUBLIC SAFETY GROUP

EMS Educator of the Year

DAN TALBERT

MHS, EMT-P, FPC, Educator, St. Augustine, Florida

Dan Talbert, MHS, EMT-P, FPC, director of EMS & Fire Programs at the First Coast Technical College (FCTC) Public Safety Campus, demonstrates a true passion for educating the next generation of EMTs and paramedics. He has implemented many new programs at FCTC with an emphasis on the use of simulations, which have been successful and noted by his students. Sharing years of professional experience in the prehospital setting, he's able to help students perform at a higher level and adapts his training approach for each class. He engages students by immersing them in realistic scenarios and challenging situations to prepare them for their future careers. He places an emphasis on professionalism and respect during interactions with patients, fellow classmates, and instructors. Talbert fosters a culture where students feel like they are part of the future in EMS. He is a mentor to students and conducts mock interviews and practices with students to develop their "people" skills.

NAEMT/ NORTH AMERICAN RESCUE

Military Medic of the Year

TSGT JACK WILLIAMS

Joint Base Elmendorf-Richardson (JBER), Alaska

TSGT Jack Williams is an independent duty medical technician serving as an education and training specialist with the 673rd Medical Group at Joint Base Elmendorf-Richardson. With a personal commitment to excellence, he is responsible for training 1,700 military medics, nurses, and other prehospital providers on advanced medical skills. Drawing from his tactical experience and expertise, he inspires the same passion for education in next generation and career airmen alike. Serving in the Air Force for 17 years, Williams has deployed six times, including two combat tours to Afghanistan. He directly cared for more than 150 patients in care-under-fire and mass casualty situations. His critical thinking, rapid field assessments, and combat training enabled him to perform several surgical airways and needle decompressions, and numerous tourniquet applications to patients with multisystem traumas. He also taught a Combat Lifesaver Class to students in the Afghan National Police, Afghan National Army, and National Directorate of Security. For his distinguished service as both a combat medic and medical project manager, he was awarded the Bronze Star Medal, Air Force Combat Action Medal, and the Army Combat Medical Badge. Williams has helped to expand and promote Tactical Combat Casualty Care (TCCC) in Alaska and Germany. He was also a key member in the development of the Below Zero Medicine concept in support of the National Defense Strategy.

NAEMT/BOUND TREE

EMS Medical Director of the Year

DAN GODBEE

MD, FACEP, NREMT-P, TP-C, FP-C, CCP-C, Medical Director, Zachary, Louisiana; COL, Alabama Army National Guard

COL Dan Godbee, MD, medical director for East Baton Rouge Parish EMS, has tirelessly served his country and community for 44 years. MAJ Nicholas Studer, MD, MPH, NRP, MC, FS, DMO, US Army, Medical Director, Army EMS Program Office, notes Dr. Godbee is viewed as an affable "everyman," while simultaneously a consummate scholar and the medical editor of a major medical journal for prehospital medicine. Godbee began as an Eagle Scout, enlisted as a private and rose to the rank of sergeant major. He then accepted a commission as a physician and worked his way up to the rank of colonel. He is a Green Beret with numerous deployments as both a physician and a warfighter. Godbee is never far from the frontline, yet comfortable briefing general officers in the Army or elected officials and journalists in his hometown. He dives, parachute jumps, and performs every other adventurous task with his soldiers in the Army and law enforcement, fire, and EMS crews in civilian life. "It has been my honor to know Dr. Godbee since I was a medical student. I could count on his sage advice during both personal setbacks and successes, and I credit his mentorship with where I am today," states Studer.

NAEMT-AAP/HANDTEVY

Pediatric EMS Award

MARK X. CICERO

MD, FAAP, Cromwell, Connecticut

Mark Cicero, MD, is an associate professor in the section of pediatric emergency medicine at the Yale School of Medicine and an attending physician at the Yale-New Haven Children's Hospital Emergency Department. He is passionate and dedicated to improving prehospital pediatric care in Connecticut and is "a model for colleagues nationwide," states Megan Petrucelli, MSN, RN, EMS-I, CEN, and Michael Goldman, MD. Dr. Cicero continues to ensure that EMS agencies in Connecticut are best prepared to manage the next pediatric emergency, in addition to working for the same at the national level. He is a leader in pediatric emergency medicine and has dedicated his career to improving the prehospital care of children with a focus on disaster preparedness. He has been involved with CT EMS for Children since 2008 and has served as the co-medical director since 2015. He is a member of the EMS for Children Innovation and Improvement Center's Disaster Preparedness Working Group and was honored as the 2022 inaugural member of the National Advisory Committee on Children and Disasters. He was also instrumental in the development of Pediatric Emergency Care Coordinators within EMS agencies. Cicero uses his educational talents to train EMS teams and his expertise to advocate at the state level.

DICK FERNEAU

Career EMS Service of the Year

NAEMT-ACEP/TECHNIMOUNT

EMS Safety in EMS Award

DELAWARE COUNTY EMS

Delaware, Ohio

CAREER EMS SERVICE AWARD / Delaware County EMS (DCEMS) is a third-service EMS agency that services Delaware County, north of Columbus, Ohio, one of the 10 fastest-growing counties in the country. The service's 140 employees cover 6,500 calls for service per year with a $14 million operating budget. "We are proud that our providers are focused on delivering quality medical care and a high-quality experience to their patients in their time of need," says Jeff Fishel, director of EMS for DCEMS. DCEMS is led by Medical Director Ashish Panchal, MD, PhD, who recently increased his time dedicated to the agency by 300%. DCEMS utilizes a call service that on-duty field providers can use while attending to patients in unique circumstances. Recognizing the value of evidence-based practice, DCEMS hired full-time quality improvement and education coordinators in 2019. A training captain oversees an in-house simulation lab that has garnered national attention. All employees are put through the simulation lab quarterly and CE is offered. A Shift Clinical Educator program led by clinical captains provides hands-on and in-station training with clear objectives. DCEMS secured funding and purchased Stop the Bleed wall kits for every public school building in Delaware County and offers training to teachers and staff. DCEMS offers a Citizens' Academy once per year to residents of the county that teaches components of prehospital medical care. DCEMS partnered with the Delaware County Sheriff's Office to help patients who suffer from substance use and mental health disorders. Delaware County EMS helped found a grassroots initiative to locally source and supply more than $30,000 in donated PPE to EMS and healthcare entities across Ohio. In 2020, DCEMS was named Ohio EMS Provider of the Year. "With more than 1,200 EMS agencies in Ohio, this award was humbling, yet served as recognition of the hard work and dedication put forth by members of DCEMS," says Fishel.

SAFETY IN EMS AWARD / Delaware County EMS (DCEMS) is focused on the safety of its providers and patients. Empowering their providers to ensure safety through change includes participation in safety and truck committees and ambulance redesign with a safety focus. With provider well-being emphasized, new programs implemented include ballistic vests, rechargeable fire extinguishers and mounts, guidelines for PPE use, safe patient moving devices, and oxygen lifting systems. Among the new programs for ambulances is a redesign for secured objects inside the patient compartment and positioning patient care items so that providers can access them while remaining secured in their safety harnesses. These critical changes were driven by the employees who are on the front lines of patient care. Delaware County EMS is also invested in providing for the physical and mental well-being of its providers through an exercise program, access to healthy and fit cookbooks, peer support, a therapy dog program, and a fit responder program.

EMS WORLD/DYNAREX

EMS Caring Award

LAINEY VOLK

San Juan Island EMS, Friday Harbor, Washington

Lainey Volk is director of outreach and education, AHA Training Center coordinator, and an EMT with San Juan Island EMS, a county 911 service serving towns and outer islands in Washington's northwest corner. Volk has served with San Juan Island EMS for 32 years and maintains Washington State credentials as an EMT, EMS evaluator, community healthcare worker, AHA BLS Training Center Faculty, Car Seat Technician, WFA/WFR/WEMT Instructor, and Safe Sitter Instructor. She has trained thousands of healthcare professionals and community members," says her nominator T.J. Bishop, assistant chief. "She indirectly has contributed to saving countless lives in the San Juan Islands due to her love of community service and servant leadership," Bishop says. "Working with our vulnerable population through care coordination and injury prevention [minimizes] use of our 911 system for preventable problems," Volk says, adding that the agency has provided grab bars, safety poles, medication dispensers, walkers, and "Files of Life." In 2021, Volk and her colleagues installed 25 car seats, provided nine helmets to children, and assisted over 100 patients. Volk directs the Community Outreach program at San Juan Island EMS, which helps her community achieve one of the highest cardiac arrest save rates in the country, says Bishop. Last year, Volk awarded over 461 CPR, Basic Life Support, and First Aid certifications to members of the public, as well as taught instructor level courses, wilderness courses and infectious disease prevention courses.

EMS WORLD

Volunteer EMS Service of the Year

UTAH NAVAJO HEALTH SYSTEM EMS

Montezuma Creek, Utah

Utah Navajo Health System (UNHS) EMS started in 2013 and today operates with a volunteer staff of 32. Seven of the original crew are still running today, 17 have been with the agency for at least five years, and the longest-tenured member is an EMT who has been active for 29 years. Defining a true "frontier" service, UNHS EMS services the Utah portion of the Navajo Nation, covering 5,000 residents spread out over approximately 1,400 square miles that can increase to 1,800 square miles when assisting as mutual aid. The average scene-to-hospital is a 43-mile transport including runs that go from Utah to New Mexico or Arizona. The crew is 99% Navajo. Only state roads are paved in this area, explains Susan Hendy, AEMT, so the service's six ambulances, five rapid response vehicles, and two UTVs have to traverse rough and rocky terrain to reach patients in need. Police support is typically an hour away, and air support is an average 45-minute wait time. Locating a call scene can be a challenge. Many homes don't have addresses. Some don't have electricity. Dispatchers often confront language barriers with Navajo-speaking callers, and the Navajo Nation's road markings conflict with the county's road system. Yet despite the remote backcountry, cultural concerns and limited staff and resources, UNHS EMS is at the forefront of clinical care, education and community outreach. "Our team includes certified instructors for EMT and AEMT courses," says Hendy. "We also have certified instructors for BLS, ACLS, PALS, PEPP, Stop the Bleed, Car Seat Technicians and Incident Command Courses." EMS instructors conduct courses for local clinic nurses and providers as well as several community courses a year. Community service is another top priority. UNHS EMS presents at summer youth programs and participates in annual community health, women's wellness, and children's teddy bear clinics. The agency collaborates with a local victims' advocate team on domestic violence calls and has team members who volunteer with Utah's Critical Incident Stress Management team to help with debriefings throughout Utah. EMTs assist with COVID-19 testing and vaccination clinics. One of the crew was recently named AEMT of the year for the state of Utah. "We continue to educate and lead the community in emergency management," Hendy says. "We are dedicated to serving others, improving and saving lives, and offering opportunities for growth within the community and our agency."

EMS WORLD/FIRSTNET, BUILT WITH AT&T

Wellness and Resilience Award

PALM BEACH GARDENS FIRE RESCUE

Palm Beach Gardens, Florida

Palm Beach Gardens Fire Rescue is a full-service fire and EMS transport agency with 120 sworn personnel responding to 13,000 emergency calls for service annually. The department employs five frontline ALS ambulances and five frontline ALS suppression units covering nearly 60 square miles with a population of 59,000 residents, and an annual operating budget of $29 million. Palm Beach Gardens Fire Rescue embodies the spirit of the Wellness and Resilience Award, says Deputy Fire Chief James Ippolito. "We take pride in the various proactive programs we have implemented to ensure wellness and resiliency is embedded within the culture of our department," says Ippolito. Subject matter experts in medicine, sleep, sports performance and first responder fitness were consulted to oversee the department's many wellness initiatives. The division chief of training and professional development, who serves as the department's health and safety officer, also oversees the Health and Wellness Committee. From day one of the academy, recruits participate in physical conditioning under the guidance of a physical therapist who instructs on body mechanics and injury prevention. All shift personnel complete job-specific workouts each shift; a registered dietitian provides shift-friendly recipes and nutritional advice; sleep experts provide training and policy direction on sleep hygiene; and a behavioral health expert trains on suicide awareness, substance abuse and mental health. Roughly 20% of the department is trained in the Peer Support program. "Our number one priority is to ensure each member of the department enjoys a long and healthy career and departs our organization with a sound body and mind to enjoy a well-deserved retirement," Ippolito says.

EMS agencies continue to face crisis-level workforce shortages. To attract job candidates, EMS agencies are having to step up their recruitment and retention efforts. Looking to launch a recruitment campaign at your EMS agency? Here are tips, excerpted from NAEMT's *Innovative Recruitment Strategies Guide*, published earlier this year. Download the guide at naemt.org.

GETTING STARTED

To build a successful recruiting program, first you need a strategy. A recruiting strategy is a plan of action to help you identify, attract and hire the best candidates for open positions. Here are some starting points that can help you recruit the job seekers you are looking for.

01. Assess what your agency is currently doing.

Are you working with any local entities, like unemployment offices, job training programs, high schools, community or technical colleges, EMS training programs or four-year colleges? Where do you post job openings? Does it include posting jobs internally, on job sites and on social media? What's working and what isn't?

02. Define your agency's needs.

How many positions need to be filled, and in what time frame? How many potential new hires do you expect to have in the pipeline from your current sources of recruits? Do you want to consider temporary staffing changes to get through the worst of the shortages? From there, set objectives and determine your recruiting budget.

Employee referrals can be a great source of attracting candidates.

You can save time and increase the number of applicants with an employee referral program. Check out these tips from Indeed: indeed.com/hire/c/info/5-ways-to-create-an-effective-employee-referral-program.

03. Determine who internally can help.

Look at your internal resources: Determine which personnel have the time, capacity and skills to participate in recruitment. Who is enthusiastic about their job and has the passion for their work to be a good spokesperson for your agency? Is your recruiting team reflective of the diverse communities in your service area, so that potential recruits can see themselves following in their footsteps? Decide how you will compensate them and how much. Will the compensation be paid time off, or other incentives or bonuses?

04. Determine what external resources can help.

Many individuals and groups work to expand employment opportunities for local residents. Identify who in the community does this work or would be interested in promoting your agency. In addition to your local unemployment office and workforce development providers, there may be nonprofits in your community that help underserved, low-income or veterans get connected with jobs. Also consider local government leaders (such as the mayor's office or city council), state legislators or state agencies that oversee workforce development. See: blog.greatnonprofits.org/employment-assistance-6-organizations-helping-americans-work.

05. Define why someone should work for your agency.

What is your agency culture? What do you have to offer as far as pay, benefits, bonuses or incentives, advancement opportunities, and team-building events? Talk to people in your agency: Why did they choose to work there? Ask your personnel what drew them to the organization, and what could be done to make the job more attractive.

06. Create an enticing job description.

Be sure to use keywords that people searching for jobs will use when searching. Describe the specific job requirements, and also tout your company culture and benefits, such as paid time off, continuing education assistance and any scholarships.

Make the careers page on your website gorgeous. Not only should you post jobs on job sites, you need a careers page on your agency's website. Here, job seekers should be able to see open roles, get a sense for who they will work with and read about your agency's mission and values. See Royal Ambulance Careers page (royalambulance.com/career) for an example to aspire to.

07. Determine your recruitment activities.

This should include a variety of digital strategies and in-person activities, such as: posting on job boards, promoting job openings and your agency culture on social media, partnering with local groups to identify candidates, going to job fairs and campus recruiting events, and creating an employee referral program.

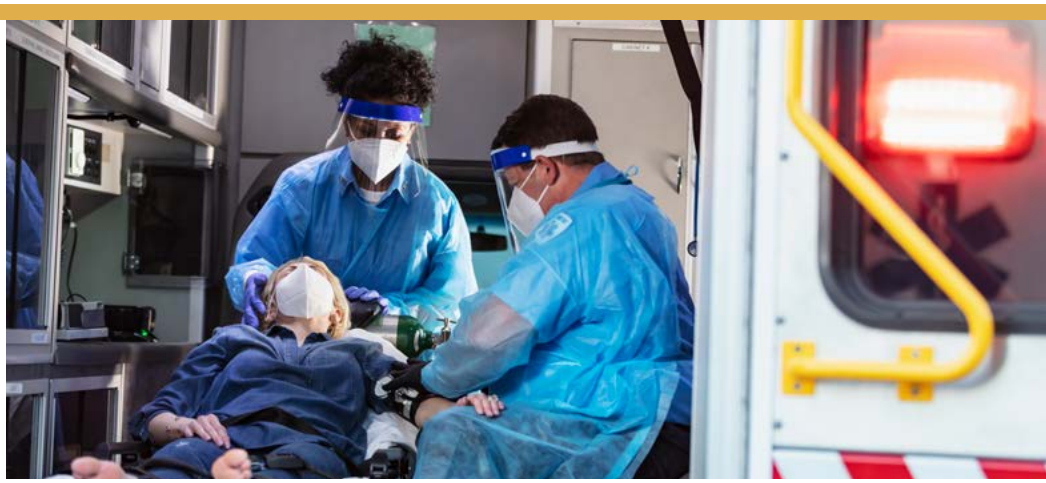
08. Evaluate your results.

Did you meet your objectives? Did you attract more applicants? Were you able to hire more qualified candidates? Have you increased diversity? Look back at your recruiting activities, determine which tactics are working for you and adjust as needed.

EDITOR'S NOTE: The issue of EMS staffing configurations has been long discussed and debated within our profession. With limited research on this subject, EMS agencies have established staffing configurations based on local experiences and anecdotal evidence. Two NAEMT instructors from Kingsborough Community College reviewed this issue, including the available research, and wrote the following commentary. NAEMT News welcomes the thoughts and opinions of our members. Please write to us at media@naemt.org.

What is the Optimal Staffing Configuration for Ambulances to Address the Needs of Our Communities?

By Steven O'Brady, MPA, and Osama Mansour, MHA, NRP, CIC



In EMS, there is wide agreement that communities benefit from having both Basic Life Support (BLS) and Advanced Life Support (ALS) services available.

The majority of 911 calls involve medical emergencies that can readily be handled by crews trained to the EMT level. Yet when it comes to the subset of calls that require ALS level care, there's been a long-standing debate about whether communities are best served by ALS ambulances staffed by two paramedics, or if one paramedic and one EMT is better.

While traditionally, 911 responding ALS units were staffed by two paramedics, today, most EMS agencies use a one paramedic-one EMT configuration. And paramedic shortages are prompting some of those that still have two paramedic crews to consider going to the one-medic model.

In our paramedic program at Kingsborough Community College in Brooklyn, optimal staff configurations were vigorously debated, and opinions were divided. Those who favor the two-paramedic configuration point to the benefits of having a crew with more combined experience, and the ability to work as a team in critical decision-making for a wider range of patient presentations and circumstances.

Those in favor of a one medic-one EMT configuration also make convincing arguments. They cite several studies that suggest fewer paramedics in a system means more opportunities for medics to put their higher-level training to use. This helps keep skills fresh.

Both sides make good points. But as educators, we wanted to be able to provide a more definitive answer for our students. We knew many of our paramedics would go to work for EMS agencies where they'd be the only paramedic responding to an incident. We felt a responsibility to make sure they were ready to practice independently.

We decided to review all of the research and data we could find on ambulance crew configurations, including the effect on patient outcomes, the workforce, and costs.

The argument for a two-paramedic ALS configuration

More training and education support better patient care. As long-time paramedics, it was our feeling that we'd want two paramedics to respond if we or a family member was having a serious medical emergency. The medical profession emphasizes the importance of knowledge, education, and training for providers. No one would argue that less education or training for medical teams would result in better patient care! The same should hold true for prehospital care.

It takes from 120 to 170 hours of training to become an EMT, compared to 1,200 to 1,800 hours for a paramedic. With EMTs, the focus is on developing faster pace, basic skill sets that can be easily applied when emergencies strike. Contrast that to the rigorous education, training, knowledge of disease pathology and intervention that's implemented in paramedic programs.

Two paramedics can work as a team in critical decision-making. From a personal perspective, two paramedics make better partners. The support resource is as important as the available resource. We personally feel much more prepared facing the unpredictable call, knowing that our partner has the same level of training that we do. Having a paramedic as a partner means we are equally prepared to facilitate and coordinate patient care, and to handle the emotional and psychological aspects of the job. When team members are on equal footing, we have a greater awareness of each other's knowledge and skills.

Two paramedics are better equipped to implement a culture of safety. Two experienced providers are more likely to have the experience and skills to implement a culture of safety inside the ambulance. Take medication administration, for example. Most EMS systems do not implement pumps or pre-calculated medication amounts regarding medication administration, doses, ways, and rights (right patient, right drug, right time, right dose, and right route). This means the additional training of paramedics helps ensure patients receive the correct medications.

As another example, handoffs from one provider to another are a risky time for medical errors. One study at an urban academic hospital compared paramedic to EMT handoff practices and found that 63% of paramedics provided physical exam findings to emergency department staff, compared to 23% of EMTs[1]. Paramedics were also more likely to give an overall assessment of clinical status and share vital signs.

The counter argument: one paramedic is all you need

Fewer paramedics may mean more opportunities to practice specialized skills. It's well established that only one paramedic is needed to perform nearly all ALS-specific prehospital interventions, and they can do so with the assistance of an EMT. There is also ample evidence that experience improves paramedics' performance. A retrospective study in North Carolina of adults who had suffered a witnessed, out-of-hospital cardiac arrest found that a return of spontaneous circulation (ROSC) was more likely among patients treated by paramedics who had performed 15 or more resuscitations in the preceding five years[2].

In 2005, USA Today surveyed EMS medical directors in 50 major cities and discovered that cities with the fewest paramedics per capita had the highest witnessed cardiac arrest survival rates (Seattle: 13.5 paramedics/100,000, survival 45%, Omaha: 44.6 paramedics/100,000, survival 3%.)[3]. However, it's essential to note that systems such as Seattle are optimized with high rates of bystander CPR and early defibrillation. Those factors may be better predictors of cardiac arrest survival than EMS staffing configurations.

With specialized skills such as endotracheal intubation, experience also makes a difference. A review and meta-analysis of studies on prehospital intubation found that paramedics who weren't as experienced with intubation performed worse than those with more experience.[4] There is research going back to the 1990s showing that the experience of individual paramedics correlates to improved intubation success rates, and that skills deteriorate without practice.[5]

More interventions may increase on-scene time. In 2011, researchers from AMR analyzed patient care reports from 24 states and found that a crew configuration of two paramedics was associated with an on-scene time about one minute longer than a one medic-one EMT configuration (14:51 minutes compared to 15:44 minutes). Whether that one-minute difference had any clinical significance is unknown, researchers concluded.[6]

Since paramedics are trained to undertake certain life-saving interventions, such as setting up intravenous lines, administering emergency drugs and performing intubation, it could suggest that having more paramedics on hand increases the likelihood of these procedures being performed.

National Organizations Work Together to Provide Guidance on Staffing EMS Calls

Earlier this year, NAEMT, AAA, IAFF, IAFC, NAEMSP, NREMT, NASEMSO and IAED began an initiative to develop a national guidance document on minimum staffing of EMS personnel for different types of 911 medical calls and scheduled interfacility transports. When completed, this guidance document can be used by state EMS offices when considering revisions in their state's regulation of EMS and by agencies to determine the optimal staffing configurations to support quality patient care, efficient operations, and practitioner safety.

The first step in this initiative has been to review any data available on dispatch, response and outcomes to determine safe and effective parameters. Matt Zavadsky, NAEMT immediate past-president and NAEMT's representative on this project, noted: "We recognize that this project will take some time to complete and will not serve as a quick fix for our workforce shortages. But EMS has needed this type of guidance document for quite a while, and we are inspired that all of the key national EMS organizations are participating in this initiative."

NAEMT will continue to report out on this project as it progresses.

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While it seems like this should improve patient outcomes, some evidence suggests the contrary.

A clinical trial conducted in 17 cities in Canada involving nearly 2,900 patients who experienced major trauma found there was no improvement in survival or morbidity among those treated by ALS crews instead of BLS crews. Called the OPALS Major Trauma Study, researchers concluded "that systemwide implementation of full advanced life-support programs did not decrease mortality or morbidity for major trauma patients."[7]

For prehospital intubation specifically, research has also called into question its safety and utility in some situations. One study found adult trauma patients intubated in the field versus upon hospital admission had higher morbidity, including longer time on ventilators, longer hospital stays, and twice the mortality rate (23% vs. 12.4%)[8]. However, there could be alternate explanations – those intubated in the field may have been further away from a trauma center, or there may have been differences in the types of injuries.

Why might ALS interventions such as IV fluids and endotracheal intubation be harmful in some cases? High rates of multiple insertion attempts, or unsuccessful airway insertion can delay the start of chest compressions. Prolonged scene times associated with these interventions may contribute to mortality. IV fluids may worsen blood loss by increasing blood pressure and hemorrhage rate, while diluting natural clotting factors and impairing hemostasis.

The jury is still out on this, however. Newer research suggests advanced airway management by paramedics improved sudden cardiac arrest survival. A study by Japanese researchers compared survival rates in 283 adult, out-of-hospital sudden cardiac arrests and found that advanced airway management by paramedics, including intubation or supraglottic airway devices (SGA), was associated with a better chest compression fraction, which indicates quality chest compressions. In addition, the return to spontaneous circulation was higher among those who received advanced airway management from a paramedic – 31% compared to 12% who received only bag-valve-mask from EMTs[9]. The authors concluded that advanced airway management allowed for ventilation with fewer interruptions of chest compressions. (EMTs are permitted to do supraglottic airway placement in some states and localities, but not all).

One-paramedic configurations may mean more ambulances on the road, decreasing time to treatment and arrival at definitive care. Because current resources are stretched thin, and paramedics cost more to employ than EMTs, a one-paramedic configuration lowers the ambulance's hourly cost. This could generate cash that might be used to fund additional ambulance hours. More ambulance availability could decrease the time to treatment, or time to definitive care, for time sensitive calls.

Conclusion

Studies conducted in the U.S and abroad have not provided definitive proof that one system is better. Instead, our research showed it is a tricky decision to choose a model that fits your system and reaches the most favorable patient outcome. There are compelling arguments for each configuration, with clinical, legal, and economic factors to consider. A prospective study, stratifying patients based on acuity, setting and other critical factors, and comparing patient outcomes with each configuration could help with providing a definitive answer. Otherwise, systems will continue to rely on prior experience and maintain the status quo rather than adopting data driven practices.

About the authors

Sam (Osama) Mansour, MHA, NRP, CIC, is an assistant professor and program director of the EMS program at Kingsborough Community College. He has been a paramedic since 1995 and has managed several EMS agencies in New York City.

Steven O' Brady, MPA, is an assistant professor at Kingsborough Community College. He started his career at Richmond County Ambulance, and has been a paramedic since 2000.

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DON'T MISS YOUR CHANCE!

Register for the 2022 World Trauma Symposium

October 11 In-Person and Live-Streamed

Lessons learned from the catastrophic Beirut port explosion that injured 6,500 and killed over 200 people. Prolonged field care in remote and austere civilian environments. The latest prehospital pain management strategies.

These are just a few of the presentations at the 2022 World Trauma Symposium. This year's event will be offered both in-person and live-streamed on Tuesday, Oct. 11, from EMS World Expo in Orlando, Florida.

Moderated by Col. (Ret.) Warren Dorlac, MD, FACS, USAF and Capt. Margaret Morgan, MD, FACS, USN, the event features an outstanding lineup of national and global leaders in prehospital trauma care. This year's theme is "New Frontiers in Prehospital Trauma Care."

Continuing NAEMT's 11-year tradition of hosting the world's leading prehospital trauma event, the World Trauma Symposium covers the latest trends, innovation, and research. There's also time for questions, networking and exhibits!

world trauma SYMPOSIUM

Register at naemt.org/events/world-trauma-symposium.

FEES

In-person event: $205 / $235 for physicians
Live-streamed: $130 / $160 for physicians

The in-person event includes a continental breakfast, lunch and exhibits. Attendees can receive 7.75 hours of CAPCE-approved or ACCME CE credits.

Small Patients, Big Challenges: Prehospital Pediatric Disaster Response
Mark Cicero, MD, FAAP

Prolonged Field Care in Remote and Austere Civilian Environments
Sean Keenan, MD

Resuscitation: What To Do When There is No Whole Blood–Hemorrhagic Shock
Anne Rizzo, MD

Prehospital Trauma Research Initiatives
Ginny Renkiewicz, PhD, MHS
Kevin Collopy, MHL, FP-C, NRP, CMTE

TCCC Update
Capt. Brendon Drew, MD, USN

Now What? The Backup Airway and Ventilation Plan
Scotty Bolleter, BS, EMT-P

Case Studies from Orlando Regional Medical Center
Tracy Bilski, MD, FACS, FRCS

Scott Frame Lecture: Response to the Beirut Port Explosion
Shawky Amine Eddine, MD

Penetrating Chest Trauma
Kenji Inaba, MD, FACS, FRCSC

Pain Management in Prehospital Trauma Care
Jeffrey Jarvis, MD, MS, EMT-P

EMS Implementation of New Field Triage Guidelines
Peter Fischer, MD, MS, NRP, FACS

Ocular Trauma: Prehospital Response
Robert Mazzoli, MD

Burn Trauma
Patrick Duffy, MD

Environmental Trauma: Hypo/Hyperthermia and Reverse Triage
Gregory Moore, MD, FACEP, FAWM

Ghana

Romania

NAEMT Education Around the World

NAEMT was thrilled to welcome training centers in six new countries to date this year: Romania, Mozambique, Morocco, Ghana, Senegal and Djibouti.

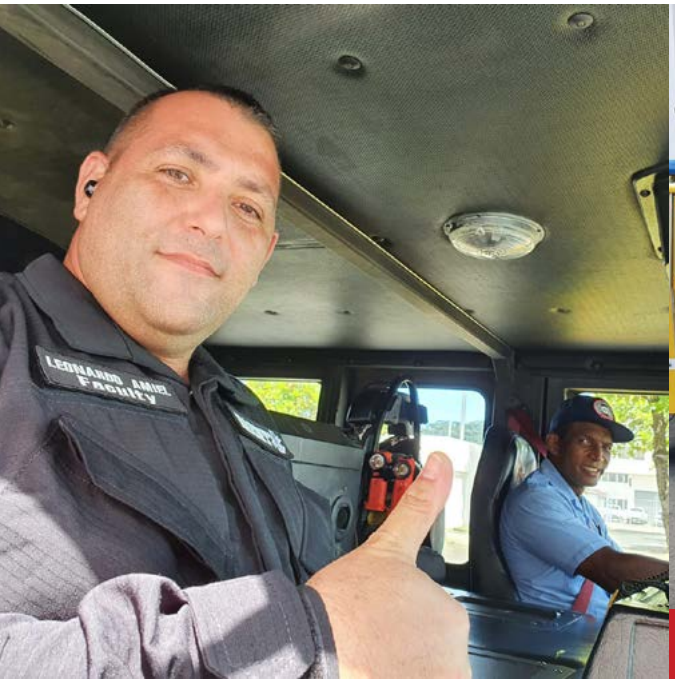
Mozambique

Morocco

Brownsville Fire Department and EMS, Pharr EMS and South Texas Emergency Care came together to offer EVOS in south Texas.

NAEMT's Emergency Vehicle Operator Training (EVOS) course helps agencies instill a culture of safe driving and prevent collisions that can lead to injuries in patients and practitioners. Collisions are also costly for agencies, putting ambulances out of service at a time when replacement parts can be tough to get.

Crews at Etna Ambulance in California practice hands-on driving instruction during Day 2 of the EVOS course.



Paramedics from the Panama Canal Authority make driving safety a priority with EVOS.

COMING IN MARCH 2023!

NAEMT To Launch New EMS Safety Officer (ESO) Course

NAEMT is committed to advocating for practices and regulations that protect and promote the safety of the EMS workforce. We encourage all EMS employers to institute and maintain an effective safety program and provide quality safety training for their personnel.

To support safety in EMS, NAEMT offers several courses:

- EMS Safety, which teaches personnel how to best protect themselves and their patients.
- Emergency Vehicle Operator Safety (EVOS), which fills in the knowledge gap that leads to injuries and deaths when operating an emergency vehicle, and focuses on specific behaviors needed to create a culture of safe driving.
- An all-new EMS Safety Officer Course, which prepares EMS personnel to serve as their agency's EMS Safety Officer (ESO). EMS Safety Officers develop and implement their agency's safety program. ESO completes NAEMT's suite of safety curriculum.

"By appointing an EMS Safety Officer who has received training and education in the role, EMS agencies demonstrate their commitment to reducing injuries of all kinds, and to making the job of an EMS clinician less risky," said Dr. Douglas Kupas, medical director for NAEMT as well as the EMS Safety and ESO courses. "In doing so, agencies can potentially lower the costs associated with collisions and workplace injuries, while showing their personnel that they care about their health and safety. That's a win-win for everyone."

Emergency Safety Officer (ESO) Course

ESO is a 6-hour course that will be offered in an online, interactive format. The course covers:

- The role and responsibilities of an EMS Safety Officer
- Facility safety and security
- Vehicle operator safety
- Scene safety and crew resource management
- Infection prevention and control
- Patient safety
- Personal safety
- Safety training

This course is designed for EMS practitioners who meet the following qualifications:

- At a minimum, current state certification or license as an EMT.
- At least 3 years of full-time practice (or equivalent) at the EMT level or above.
- Strong interpersonal communication skills with an interest in serving in this position.
- Familiarity with the agency's current safety policies and procedures.

What is an EMS Safety Officer?

ESO responsibilities are both operational and administrative, and may include:

- Overseeing safety and risk management initiatives.
- Identifying, investigating, analyzing, and evaluating potential operational and clinical risks.
- Developing policies and procedures to reduce risk.
- Conducting training and continuing education on procedures, protocols, and safety best practices.
- Working with the medical director and operational leadership to develop, implement, and measure safety-related quality improvement initiatives.
- Keeping up to date on the latest protocols/standards from voluntary and standards-setting organizations, accrediting organizations, and infection control and prevention organizations.
- Monitoring workplace injuries and worker's comp/liability claims and identifying ways to mitigate and prevent those situations in the future.
- Working with human resources to review driving records on an ongoing basis and conduct criminal history checks for new employees.
- Collaborating on new equipment purchases, vehicle operator system reports, and fleet maintenance to verify safe driving practices and mechanically sound vehicles.
- Implementing infection control policies and conducting education and training to prevent exposure, having an exposure response plan in place and ensuring each employee understands what to do in case of suspected exposure.
- Promoting personal wellness initiatives among employees.
- Providing feedback to employees based on analysis of safety data.

Jon Politis Appointed to NAEMT Board of Directors

NAEMT warmly welcomes Jon Politis, MPA, NRP, who was recently appointed to fill the vacancy on the NAEMT Board of the Region 1 Director position for the remainder of the term ending on December 31, 2022.

Politis fills the position left open by Rob Luckritz, who recently moved from Massachusetts to Texas to accept a job as chief of Austin-Travis County EMS. Luckritz's relocation made him ineligible to serve as Region 1 Director.

Politis has been an EMT, firefighter, ski patroller, paramedic, paramedic program director, state EMS official in Vermont and New York, EMS chief and fire chief. He served on the board of directors of the National Registry of EMTs (NREMT) and the Committee on Accreditation for the EMS Professions (CoAEMSP). He has been a co-investigator on EMS peer-reviewed research, and was a contributing author for textbooks and other EMS education curricula.

From 1989 to 2010, Politis served as EMS chief in Colonie, New York. During his tenure, he brought together six volunteer rescue squads to form a municipal third service EMS department to better serve the needs of the community.

He earned a B.A. degree from Castleton State College and a Master of Public Administration from Marist College in Poughkeepsie, New York. In 2010, he was the recipient of the NAEMT Rocco V. Morando Lifetime Achievement Award.

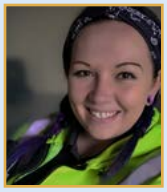
Welcome New Agency Members

NAEMT warmly welcomes our newest agency members:

- Albertson Fire Company, Albertson, NY
- Aguila Medical Services, Aurora, CO
- Aiken Technical College of Aiken, SC
- Crested Butte Fire Protection District, Crested Butte, CO
- First Priority Ambulance, Cayce, SC
- Gaston County EMS, Gastonia, NC
- Marrero Estelle Fire Department, Marrero, LA
- River Hills/Lake Wylie EMS, Lake Wylie, SC
- Trumbull EMS, Trumbull, CT

Congratulations to Our **Fall 2022** Scholarship Winners!

EMT to Paramedic *(up to $5,000)*



Nicole Erb, Alexandria, Indiana
An EMT with East Madison Fire Territory, Nicole Erb has earned several ROSC awards, a Stork Award for emergency infant delivery, and a Rookie of the Year Award.

Tara Lakely, Goodwell, Oklahoma
An EMT with Cimarron County EMS, Tara Lakely is looking forward to starting paramedic school this fall. "My love for the EMS profession has only gotten stronger because of the way it motivates me to be better in all aspects of my life," she said.

Advanced EMS Education for Paramedics *(up to $2,000)*

Justin Preddy, Oxford, North Carolina
A paramedic and field training officer with Franklin County EMS and Granville Health System, Justin Preddy serves the community he grew up in. "My community has given much to me, and I am thrilled to be able to give back to it," he said.

NAEMT education scholarship applications accepted until September 15. NAEMT- Columbia Southern University scholarship (up to 60 credit hours toward an online degree program) until Oct. 31.

NAEMT education scholarships enhance the ability of full members to advance their education and careers. To apply or learn more, log in to the Member Portal and select Scholarships from the left navigation menu.

MEMBER SPOTLIGHT

A Paramedic's New Mission: After a Stroke Left Him Speechless, Avi Golden Commits to Raising Aphasia Awareness

For over a decade, Avi Golden enjoyed a career as a paramedic, critical care paramedic and certified flight paramedic for North Shore-LIJ Health System and other EMS agencies in the New York City area. He also volunteered for Queens Hatzolah, an ambulance service for the Jewish community.

At 33, he went to the hospital for surgery to repair mitral valve prolapse, a relatively common heart problem. The surgery turned out to be anything but routine.

Golden suffered a stroke. When he woke up, his right side was paralyzed. Even worse for the active and outgoing young man, he was unable to speak.

The stroke had damaged the language centers of his brain, leaving him with a condition known as aphasia. There are several types of aphasia, but broadly speaking, the disorder impairs the ability to communicate. Most people with aphasia also experience difficulty reading and writing.

Aphasia, however, usually doesn't impair intelligence or memory. People with aphasia know exactly what they are trying to say – they just can't do it. For nearly a year after his brain injury, the only word Golden could say was "Michael."

"I had woken up after surgery and the doctors said, 'I am going to pull your IV and tube out.' In my head, I'm saying, 'Thank you doctor.' But all I could say was 'Michael'," Golden recalls. "I thought, 'That is weird.' I tried again. 'Michael. Michael. Michael.' I wanted to speak but the words are not coming out." (Michael had no particular meaning to him, and to this day he isn't sure why that became his singular sound.)

A long road to recovery

That strange and awful experience led Golden on a quest to recover. Two weeks after his stroke, he began working with a speech therapist. Three months after his surgery, he was up and walking with a cane. One year later he could move his right arm. Slowly, words started coming back, thanks to the brain's ability to change and adapt, known as neuroplasticity.

> *Too often, people with aphasia are mistaken for being intoxicated, uncooperative, or having dementia.*

Although Golden has recovered a substantial amount of his language abilities, his speech and writing are still not what they once were. Tenses remain difficult, and he often feels like the word he's searching for is "stuck" in his brain.

Raising awareness

Because of the aphasia and right-side weakness, Golden wasn't able to return to his job as a paramedic. Instead, he turned his attention to a new mission: raising awareness of aphasia among first responders.

Although aphasia affects up to 1 in 250 people, in Mosby's paramedic textbook, there is only one mention of it, Golden said. Too often, people with

aphasia are mistaken for being intoxicated, uncooperative, or having dementia.

Golden worked with the National Aphasia Association to develop aphasia awareness training for EMS and other first responders. He's offered the training to numerous fire, EMS and police departments throughout the northeast, and speaks about his journey at conferences. When he presents, he teams up with a speech therapist who can help answer questions when words fail.

Golden also continues to pursue his love of outdoor adventure, with groups like NYC Outdoors Disability and other groups dedicated to accessibility and inclusion. He's gone kayaking, hiking, horseback riding, snowmobiling, rock climbing, tried archery, and ridden a Segway in San Francisco.

He's also stayed active in EMS. Four years after his stroke, he became a certified EMT and still volunteers for Queens Hatzolah. He also participated in 2022's EMS On The Hill Day. His goal was to learn more about advocacy in the hopes of one day being able to speak on behalf of people with aphasia.

"He has a passion for changing things at the system level," said Denise McCall, a speech language pathologist and an affiliate liaison with the National Aphasia Association. "He's one of the leaders in the aphasia world. Only a handful of people are resilient enough to go through the frustration that he has, and has still marched forward."

Even 15 years after his brain injury, Golden continues to work with a speech therapist almost daily. He feels he's still making progress, and his determination hasn't wavered. "Every day it's very slowly getting better," he said.

If you have an EMS colleague who you think would be great to feature in our Member Spotlight, please let us know! Send suggestions to jenifer.goodwin@naemt.org.

What EMS Should Know About Aphasia

What causes aphasia? Stroke is the most common cause. About 38% of people who have a stroke have some level of aphasia. Other causes include head injuries, brain tumors, migraines or other neurological conditions. When it's caused by ischemic stroke, aphasia often resolves once the blood-clot dissolves. But for about one-third of people, aphasia becomes chronic.

There are several types. The symptoms vary depending on what part of the brain suffered the damage. Golden has Broca's aphasia, which means he understands everything that is said, but speech can be halting, and formulating complete sentences is difficult. Another type is Wernicke's, in which people can speak fluently, but it comes out as a word salad, sometimes interspersed with non-existent words. People with Wernicke's are at first unaware of their spoken mistakes, so they can become angry with listeners for not understanding them. McCall notes that aphasia symptoms can be a bit different from person to person. "They are like snowflakes. Everyone is different. It depends on where the blood flow was interrupted."

Aphasia is often mistaken for other conditions. Aphasia can be mistaken for mental illness, substance abuse, being hard of hearing/deaf, confused, or just not trying. This can make dealing with medical or other emergencies especially difficult for those with aphasia.

What are best practices for communicating with someone who has aphasia? McCall offers these tips:

- **Use simple sentence structures.** A person with aphasia will have an easier time answering "yes-no" questions or giving a thumbs-up or thumbs-down. Try to avoid open-ended questions that require them to have to come up with a string of words. For example:
  Instead of "How are you feeling?"
  Try: "Are you in pain?" "Does your head hurt?"
  Instead of "When did your symptoms start?"
  Try: "Are these symptoms new?"

- **Don't forget non-verbal communication.** Drawings, gestures, and facial expressions can go a long way. There are also cards (called communication boards) available that depict various symptoms (nauseous, itchy, cold, etc.) in pictures to help communicate with people with limited verbal abilities, including those with autism, TBI, intellectual disabilities, or Lou Gehrig's disease.

- **Have patience.** Stress and anxiety can make aphasia worse. To the extent possible, be patient and allow them time to speak. They want to participate in life and decision-making as much as anyone else. People with aphasia may be able to come up with the right words, it may just take them longer.

NAEMT Webinars: Free CE for NAEMT Members!

NAEMT webinars feature timely topics in EMS clinical care and operations, presented by leading experts in their fields.

NAEMT members can earn free CE credit for attending the *live* webinars. You can also watch the recorded webinars at any time in the NAEMT Member Portal at naemt.org. (CE credit is only for the live webinars).

Look for upcoming webinars in your email and NAEMT Pulse!

RECORDED Educator Sim Series: Effective Debriefing – Engaging Your Students

Debriefing is a critical aspect of effective learning in patient simulation. Skilled facilitation of simulation debriefing is employed across healthcare fields and can help students achieve deep learning and improve future performance. Join Dave Page, MS, NRP, for the third installment of the NAEMT Educator Sim Series to get pointed strategies for effective patient simulation debriefs. Webinar participants learn to:

- Facilitate focused discussion following patient simulation.
- Provide directive feedback to students.
- Recognize the role giving and receiving feedback plays in patient safety.

RECORDED What is Your Ambulance Service "Worth"?

"If it saves one life..." The days of relying on life-or-death mantras to obtain – or even sustain – funding within EMS is long gone. Now are the days of justification, accountability, and evidence-based decisions. During this webinar, learn how to calculate your worth by determining your EMS agency's cost to operate. Explore how to correlate and compare your worth to the industry and obtain communications strategies to utilize to inform stakeholders and the public. The Public Consulting Group will provide attendees with the knowledge, tools and strategies to confidently define an agency's "worth". Participants will learn to:

- Identify common expense allocations within the industry and how they correlate and compare to others within the industry.
- Outline basic cost allocation for defining how much it costs to operate your EMS agency.
- Identify different revenue and recovery options to help maintain service and system excellence.
- Develop communication strategies to better inform your stakeholders and the public of your agency's finances, challenges and plans.

FREE TO MEMBERS!

EMS Political Academy: How to Run for Public Office – and Win

EMS needs elected officials who understand the challenges faced by our profession – and who want to help. We can't think of anyone better to lead that effort than people from within EMS.

NAEMT is offering the EMS Political Academy to encourage and support more EMS professionals in throwing their hat into the political ring and running for office. The more paramedics and EMTs who serve in local, state and federal legislatures, the greater the chances of enacting legislation that benefits our workforce, our patients and our communities.

In this highly engaging webinar, NAEMT members have direct access to experienced political operatives and politicians who are also EMS professionals. These experts will detail their path to political success and how you can prepare for that journey, followed by a panel discussion and open forum for attendees to ask questions.

Prior to the live, one-hour event, attendees will receive links to pre-recorded presentations from our political experts on the essential strategies to successfully run for elected office.

EMS Political Academy

DECEMBER 6
1 to 2 p.m. CT
Cost: FREE for NAEMT Members

Look for an email invitation to register

Polling to Refine Your Message
Jim Hobart, Partner, Public Opinion Strategies

Show Me the Money: Fundraising
John Oceguera, Executive Vice President, Strategies 360

Being in the Arena
Rep. Dacia Grayber, Oregon State Legislature

The Ground Game
Adam Jones, Senior Political Strategist, Red Rock Strategies

Campaign & Internet Interface
Matt Davidson, Senior Vice President, Strategies 360

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