



FALL 2024

NAEMT NEWS

A quarterly publication of the National Association of Emergency Medical Technicians

Saving More Lives with Prehospital Blood Products

Some EMS agencies are at the forefront of this trauma system initiative

You arrive on the scene of a motor vehicle collision to a bleeding and unresponsive patient. This is a leading cause of trauma-related death and a scene all too familiar to those working in EMS. Knowing the patient is likely hemorrhaging and time is of the essence, you do your best to control the bleeding and replace the lost blood with fluids, likely crystalloids, to correct the hypovolemia and achieve hemodynamic stability. Upon arrival at the hospital, the patient receives continued resuscitation with blood transfusions, the gold standard treatment for hemorrhagic shock: replacing lost blood volume with whole blood, which contains red blood cells, platelets, clotting factors, and proteins. If your patient survives, they may be faced with a lengthy stay in the intensive care unit battling cardiac and pulmonary complications related to crystalloid use in hemorrhagic shock.

Research suggests that the overuse of crystalloids in hemorrhagic shock increases the risk of many complications, including death. What if you could increase survivability and decrease complications by starting a blood transfusion on-scene or during transport to the hospital? This option is the budding reality for some EMS agencies at the forefront of trauma care and hemorrhagic shock management.

LIFE-LIMITING HEMORRHAGIC SHOCK

Hemorrhage is the leading cause of preventable death in trauma patients, with nearly half of these patients dying in the prehospital setting. Hemorrhagic shock is caused by significant blood loss, which depletes intravascular volume, ultimately leading to multisystem organ failure and, if left untreated, death. Hemorrhage most often occurs after blunt or penetrating trauma, though it is also

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THERE'S NEVER BEEN A MORE IMPORTANT TIME TO SHARE YOUR STORY!

**EMS On The Hill Day
2025 April 2-3**

Register at naemt.org/events.

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common after gastrointestinal, obstetric, or surgical bleeding.

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PRESTIGE



INNOVATOR



ELITE



PREMIER



DIAMOND



PLATINUM



GOLD



SILVER



BRONZE



ANNUAL

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The Critical Care Pocket Guide
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AT THE HEART OF PATIENT-CENTERED CARE

Dr. Vincent Mosesso views NAEMT's Advanced Medical Life Support (AMLS) program to be premier education that builds upon and enhances foundational training.

Announcing: The 4th edition AMLS Hybrid course is available! The 8-hour online modules cover the didactic portion of the AMLS course, so classroom time can be focused on applying the AMLS Assessment Pathway through patient simulations. With a library of over 75 patient simulations, there are multiple options for each topic area. You can locate a course at naemt.org/education/CourseDirectory.

MEMBERSHIP

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Our EMS profession's **greatest asset is our people!**

By Susan Bailey, MSEM, NRP

As I wrap up my presidential duties in 2024 and get ready for the new leadership under President Chris Way, I'm feeling a mix of bittersweet emotions when reflecting on the past two years. Our association is undergoing operational and infrastructure changes to better facilitate our important work in advocacy, education, and membership. Our country and EMS profession have fearlessly met the evolving needs of our communities, natural disasters, and resource deficiencies, and we persist in doing so. Around the world, we are finding creative ways to deliver quality education and lend our support to colleagues abroad to help them rise to the challenges of their regions. In the end, all that has happened only energizes my faith in our fortitude, collaborative strength, and ability to persevere. I am grateful for your support and instilling in me such a great sense of optimism for our profession—not for what we hope to gain from legislative and policy changes but for what we are doing for ourselves to survive and thrive.

I am more convinced than ever that our EMS profession's greatest asset is our people! The many members I spoke with at our NAEMT Annual Meeting in Las Vegas inspired me. I know your schedules are difficult and travel distance can be

significant, so please know how much we appreciated having you with us. If you could not be with us, please view the highlights in this issue or on the NAEMT website (naemt.org/events/annual-meeting). As we celebrated together, our thoughts were also with those who could not attend because of their dedicated responsibility to their community and the tragic losses of so many who paid the ultimate sacrifice in the service of their communities.

NAEMT's relationship with state affiliates is vital to bringing sweeping legislative and policy change.

During my two-year term, I made it my priority to nurture NAEMT's relationship with our state affiliates to strengthen our coordinated efforts on legislative issues and membership growth. The importance of this relationship cannot be understated because it is vital to bringing sweeping legislative and policy changes that benefit at both the state and federal levels. Likewise, our expanded membership bases reinforce the commonalities of our EMS communities and while the service area may be diverse, the high-quality level of care provided is essential in the eyes of all EMS policy decision-makers.

I was fortunate to have attended the National Council of State Legislators (NCSL) Legislative Summit in Louisville, KY, which enabled representatives from NAEMT to network with state representatives and leaders, as well as other state EMS advocates. Our face-to-face discussions allowed us to further connections that are so important to our grassroots strategy and ultimately, to

introducing and passing legislation that is favorable to EMS and the patients we serve. During National EMS Week, May 19-25, I participated in events along with several EMS organizations in Washington, DC, at the Smithsonian, and on the Capitol Mall to help raise awareness of the important role of EMS within the broader healthcare arena. Along with the celebrations being held around the country, the service and sacrifice of our EMS professions echoed from the smallest village to the highest public office.



I also had the privilege to meet with our esteemed NAEMT faculty, across the country and points around the world, to learn more about their leadership to further EMS education offerings and the advances they are making to overcome some of the historic challenges that impede their progress. There is great work being done on the ultimate mission of making high-quality and evidence-based education available to every EMS practitioner for the best care of their patients.

A Time for EMS to be United in Advocacy

Ensuring a financially stable and safe work environment, along with a technically skilled workforce and adequate resources, is crucial for delivering high-quality patient care in the U.S.



That's where EMS advocacy comes in. You are the knowledge expert on the needs of your community, agency and patients. You are also a constituent and the only EMS voice your federal and state representatives want to have discussions with. In short, you and other EMS professionals in your state have the strongest chance to get your message heard by members of Congress and bring the legislative and policy changes we want, especially at the national level. NAEMT will help you every step of the way. That's why we host EMS On The Hill Day, which is open to all in EMS and not limited to NAEMT members. During Hill Day, we will pair you with colleagues from your state and schedule face-to-face meetings with your federal representatives and their legislative aides. The discussions are in small group settings and focus on key legislative issues such as Treatment In Place (TIP), reimbursement, and MIH-CP. Thanks to the advocacy efforts and emails sent by EMS Professionals *like you*, the *SIREN*

Reauthorization Act (P.L.118-8), became law and will extend rural EMS grant funding for another five years. Victories like this can happen through advocacy and focused messaging. Help drive more victories and your state and to advance our EMS profession nationwide. Join us for EMS On The Hill Day on April 3, 2025 (*Briefing April 2*) in Arlington, VA. NAEMT coordinates all visits and schedules and provides helpful information in advance to help you prepare. Register at naemt.org/events.

NAEMT Celebrates 50 years

As we look toward 2025, I couldn't be more excited to share with you that NAEMT will soon turn 50! We are already planning our yearlong celebration of people and programs that have contributed so greatly along the way. We'll share the memories, photos, and other reminiscences that add glimmer to our golden anniversary and step through our milestones and progress. As a preview of things to come, I am pleased

to reveal our 50th anniversary logo which will adorn our communications as a reminder of our achievements and the gratitude of NAEMT leadership and staff for your valued part along the way.



To those who have been affected by the imposing disasters caused by Hurricanes Helene and Milton, and those who are assisting with recovery efforts, thank you and know that you have been in my thoughts and prayers.

It has been my true honor and privilege to serve you as NAEMT President for the last two years. I look forward to continuing my service to this great association. Until then, be safe and be well.

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LeRon Lewis
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Blood is the answer

Common blood products used in resuscitation include crystalloid fluids, blood components, and whole blood. Crystalloid fluids, such as normal saline and Lactated Ringers, are water-based solutions containing salt and other minerals. By contrast, blood components are isolated parts of human blood, including red blood cells, white blood cells, platelets, and plasma. Whole blood contains a balanced ratio of each blood component, making it ideal for hemorrhagic shock resuscitation.

THE MILITARY LEADS THE WAY

The military has long understood the importance of replacing lost blood volume with blood products. As early as the Civil War, the military administered blood to injured service members on the battlefield. Technology and logistics made this a difficult reality, but in 1865, two whole blood transfusions were attempted on soldiers wounded under fire. The concept of blood typing emerged, and by World War I, both cold-stored and warm whole-blood transfusions were administered to wounded soldiers.

Throughout the early 1900s, the use of blood products for combat casualty care continued to increase. In the 1940s, the U.S. Surgeon General advised the Armed Forces to use blood products to treat shock whenever possible. Blood products saved many lives and decreased the rates of combat casualties from 8.1% to 3.3% between World War I and World War II.

Advancements in technology

Advancements in medical research and technology throughout the 1950s, including the ability to separate blood into its components, improved the efficacy and safety of blood transfusions. Through the end of the Vietnam War in the 1970s, low-titer group “O” whole blood was used for mass transfusions in the setting of hemorrhagic shock. This type of whole blood can be safely transfused into people of any blood type, reducing the risk of a transfusion reaction. Following the Vietnam War, however, the guidelines for hemorrhagic shock management shifted

to crystalloid fluids, ultimately leading to the divergence from whole blood.

The turn of the century

Mounting evidence in the late 1990s and early 2000s suggested worsening patient outcomes with the current fluid resuscitation strategy. The importance of replacing lost blood with blood products in cases of hemorrhagic shock re-emerged. Whole blood returned to the conversation as new research suggested improved outcomes with whole blood as opposed to blood components during the Iraq and Afghanistan wars.

Today, whole blood is a staple resuscitation fluid in military trauma response. During a recent American College of Surgeons news conference, Dr. Jennifer Gurney, MD, FACS, COL U.S. Army and Department of Defense Joint Trauma System Chief, noted that helicopters do not travel downrange on missions without whole blood. Blood products are recognized as essential, life-saving prehospital trauma treatments.

refers to threat suppression, hemorrhage control, rapid extraction to safety, assessment by medical providers, and transport to definitive care.

The Hartford Consensus is part of a larger plan to integrate military and civilian trauma responses and build a national trauma care system. The overarching goal is to achieve *zero preventable deaths*. The Hartford Consensus guidelines emphasize prompt EMS intervention and bleeding control, but a crucial next step in reducing preventable deaths is providing prehospital blood products to patients experiencing hemorrhage.

Since its inception in 2021, New Orleans EMS' prehospital blood program has administered 290 units of packed red blood cells, or about one transfusion every three to four days.



HISTORY IN THE MAKING

Bridging military prehospital trauma response to the civilian sector is not new. In 2013, public safety organizations responded to the increase in mass casualty shootings by developing a set of guidelines known as the Hartford Consensus, with the goal of increasing survivability. The Hartford Consensus borrowed concepts from the military in their framework, “THREAT.” The acronym

Saving more lives with prehospital blood

After Neil Niemczyk’s six-year-old daughter suffered a post-tonsillectomy hemorrhage in Palm Beach County, Florida, a prehospital blood transfusion saved her life. In an interview with NBC News, he notes, “30 seconds after that first pump, Izzy went from being unconscious to being alert and looking around.” Palm Beach County is one of

over 180 EMS agencies changing the landscape of trauma system care by administering prehospital blood products.

There are numerous stories with similar accounts. Since its inception in 2021, New Orleans EMS' prehospital blood program has administered 290 units of packed red blood cells, or about one transfusion every three to four days. Major Thomas Dransfield credits the program with the ability to "deliver a more hemodynamically stable patient to the trauma team." Imagine being able to improve the level of consciousness and stabilize the vital signs of your trauma patient shortly after you arrive on scene.

Colorado Springs EMS recently established its prehospital blood program, saving 32 lives in the first 100 days of the program, including one woman who hemorrhaged during labor. Practitioners initiated blood within just eighteen minutes of her husband's 911 call, saving the lives of both mother and baby.

Hemorrhaging patients who receive blood before arriving at the hospital have a fourfold increase in 24-hour survival.

Fourteen minutes

The data is clear: hemorrhaging patients who receive blood before arriving at the hospital have a fourfold increase in 24-hour survival. For every one-minute delay in blood product resuscitation in hemorrhagic shock, the odds of 30-day mortality increase by 2%. Receiving blood within fourteen minutes of injury is associated with improved outcomes.

Fourteen minutes can mean the difference between life and death. Notably, the national average EMS response time is seven minutes, with varying on-scene and transport times. Therefore, to achieve optimal outcomes, patients should receive blood shortly after EMS arrives on scene and certainly before they arrive at the hospital. Today, under 2% of EMS agencies carry blood, and just 1% of patients who could receive prehospital blood actually get it. Why?



OVERCOMING HURDLES

EMS agencies with active blood programs have overcome many barriers to starting their programs. Major Thomas Dransfield of New Orleans EMS remarks that despite initial pushback from naysayers of the prehospital blood program, "the results were undeniable proof that it is beneficial without extending scene/transport times." Saving the lives of hemorrhaging patients makes the prehospital blood program a worthwhile investment.

The Prehospital Blood Transfusion Initiative Coalition is an industry-wide, multidisciplinary initiative to help overcome barriers to prehospital blood administration. According to Dr. Jon Krohmer, MD, FACEP, FAEMS, the steering committee chair for the coalition, three significant barriers prevent civilians nationwide from receiving prehospital blood: reimbursement, scope of practice, and blood supply.

Reimbursement

For years, EMS has been chronically underfunded, and prehospital blood is not yet a reimbursable expense. The overhead cost for supplies to support blood administration averages \$15,000-\$20,000, with each transfusion costing an average of \$1,000-\$1,500. Yet, most

agencies are reimbursed less than \$1000 per transport. So, where does the funding come from?

Many of the agencies with blood programs pull this funding from their operational budget or receive grant funding. Recently, the Centers for Medicare and Medicaid Services (CMS) proposed adding whole-blood transfusions to approved advanced life support (ALS) level-two procedures. Although CMS did not designate reimbursement for the procedure, the proposal itself is significant.

Scope of practice

Historically, blood transfusions were outside the scope of practice for EMS paramedics. Today, 40 states allow EMS practitioners to initiate blood transfusions in the field, and that number continues to rise as data signifies the importance of timely transfusions.

Dr. Krohmer notes, "It is a safe intervention for EMS practitioners to initiate and conduct. There are certainly possibilities of adverse reactions, but those are extremely rare, and EMS practitioners can identify and treat those reactions." The Prehospital Blood Transfusion Initiative Coalition is actively working with the remaining states to overcome individual barriers. ➔

Blood supply

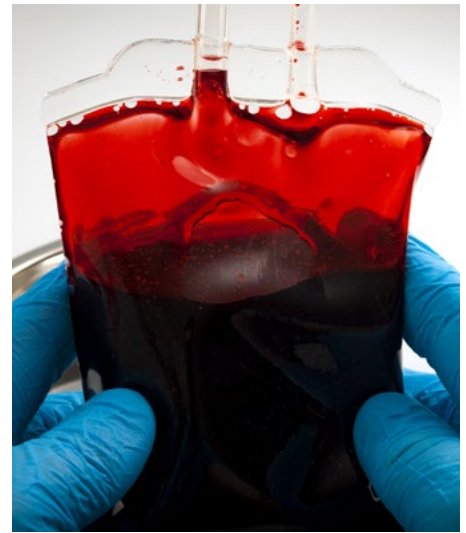
Most agencies with blood protocols work with hospital blood banks or community blood centers to obtain the needed blood, though blood availability is a challenge nationwide. While some skeptics suggest that prehospital blood programs may drain the national blood supply, the literature suggests that trauma patients who receive prehospital blood have a decreased need for subsequent blood transfusions. Some organizations, like New Orleans EMS, partner with local blood suppliers and work with the community to increase donor contributions. Consequently, prehospital blood programs may even boost blood supply.



LOOKING FORWARD

What does the future landscape of prehospital blood programs look like? While it may not be feasible for whole blood to be stored in every ambulance nationwide, freeze-dried plasma is a promising alternative: it is easy to carry, has no specific storage needs, and has a long shelf life. It is currently available in Europe, and the Food and Drug Administration (FDA) recently approved its emergency use in the military. Dr. Krohmer believes that freeze-dried plasma could be stored on most ambulances and provide bridge therapy until whole blood or red blood cells arrive.

Expanding prehospital blood product availability is pivotal as we move towards the goal of *zero preventable deaths* with a national trauma care system. Dr. Krohmer believes we will continue to see an increase in the number of EMS agencies with blood programs. He considers this “the most significant clinical intervention we’ve seen for EMS practitioners in decades.” Only time will tell what the future holds as the trauma system continues to evolve.



How Can You Help?

The simplest way to get involved is to donate blood and tell your friends, family, and community to do the same. If you are interested in advocating on behalf of this initiative, visit our website at www.naemt.org/advocacy.

To start a blood program at your agency, contact the Prehospital Blood Transfusion Initiative Coalition by visiting their website at prehospitaltransfusion.org/ or emailing info@prehospitaltransfusion.org.

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THERE'S NEVER BEEN A
MORE IMPORTANT TIME
TO SHARE YOUR STORY!

EMS On The Hill Day 2025

April 2-3

Now more than ever, it is crucial for the voice of EMS to reach members of Congress in order to promote vital legislation for EMS. In 2025, top priorities will include Treat-in-Place (TIP) focusing on payment for service payment rather than transport, reimbursement, drug shortages, workforce shortages, and rural EMS concerns. Please share the dates for Hill Day and emphasize the critical timing for our issues to be heard. All EMS professionals are invited to attend and support service EMS in their communities. **Our goal is to have representation from every state.**

Join us for EMS On The Hill Day 2025, the annual event brings together EMS professionals from around the country to Washington, D.C., to advocate on behalf of our profession, patients and the communities we serve.



Why should you participate in EMS On The Hill Day?

Sitting down with members of Congress is "empowering," said Jennifer O'Neal, EMS director for Washington-Tyrrell County EMS and Transport in Plymouth, NC. "The ability to network with other EMS professionals, to gain insight into their challenges and discuss ideas and solutions – this opportunity alone is priceless."

Who can participate?

All EMS professionals who are interested in advocating on behalf of the profession and your patients.

What's covered at the briefing?

You'll hear presentations about what to expect during your Capitol Hill visit, review the legislative priorities, and meet with others from your state who will be attending meetings with you.

Who will I meet with on Capitol Hill?

Members of Congress appreciate hearing from constituents from their district. NAEMT works to schedule meetings with the offices of your House Representative and Senators.

SCHEDULE HIGHLIGHTS

The event takes place at the Hilton Arlington National Landing in Arlington, VA and on Capitol Hill in Washington, D.C. Find registration and hotel information at naemt.org/events/register.

WEDNESDAY, APRIL 2

9:00 a.m. to 12:00 p.m.

Operational Workshop
Empowering EMS with Data: From Insights to Action
CAPCE-accredited CE credit available

2:00 p.m. to 3:00 p.m.

Hill Day Orientation & Refresher

3:15 p.m. to 7:00 p.m.

Hill Day Briefing, State Delegation Discussions, Awards Presentation & Networking Reception

THURSDAY, APRIL 3

8:30 a.m. to 4:00 p.m.

Capitol Hill Visits

5:00 p.m. to 7:00 p.m.

Post Hill Reception

How can you be an effective grassroots advocate to make the biggest impact on EMS legislation? **Here are 3 key tips.**

TIP 1: Share an experience.

Reach out to the NAEMT Advocacy Coordinator in your state. Join their grassroots advocacy network and ask to be added to their social media site. Find your state's Advocacy Coordinator at naemt.org > Advocacy > Advocacy Coordinators.



TIP 2: Send an email using NAEMT's Online Legislative Service.

Your U.S. senators and representative want and need to hear from you, their constituent on key issues that are vital to our EMS profession. Using NAEMT's Online Legislative Service, you can send a pre-written email in a few clicks. When deciding whether to cosponsor a bill, members of Congress want to know, "What are we hearing from the district? What are we hearing from our constituents?" Visit naemt.org > Advocacy > Online Legislative Service and send your email today.



TIP 3: Engage members of Congress in your community.

Invite them on a ride along, or to speak to employees, or to tour your operations center. They want to have that exposure and your efforts to build a relationship with the people who represent you are so important. Extend that invitation and help your representatives better understand EMS so they can help address our challenges.

Request Support from Your U.S. House Representative for the Treat-In-Place (TIP) Pilot Program

Treat in Place (TIP) will revolutionize EMS reimbursement and result in better resources for EMS nationwide.

CHRIS WAY, PRESIDENT-ELECT, NAEMT

H.R. 8977, *Improving Access to Emergency Medical Services Act*, introduced by Representatives Carey (Ohio) and Doggett (Texas) would create a five-year payment model to test and evaluate the TIP program. The pilot program would allow for the advancement of EMS systems and financial models to demonstrate EMS quality and patient care satisfaction.

The TIP pilot program will improve access to EMS services after calling 911 for aging

Medicare beneficiaries, representing 40% of patients treated by EMTs and paramedics. On average, this represents 12.9%-16.2% of the Medicare-covered 911 required transports to an emergency department (ED) for a non-emergent medical condition. *Other federally funded programs have demonstrated a net savings of \$500 to Medicare per patient encounter for TIP.*

At a time when EMS is facing historic staffing and economic challenges, TIP has demonstrated improvement in availability of EMS resources, minimizing Ambulance Patient Offload Time, and maximizing appropriate patient care and navigation.

TIP allows EMS to use and be reimbursed for their clinical services, regardless of the setting or transportation disposition. NAEMT, the American Ambulance



Association (AAA), International Association of Fire Fighters (IAFF), International Association of Fire Chiefs (IAFC), National Association of EMS Physicians (NAEMSP), and others support H.R. 8977 and its pilot program.

To email your U.S. House Representatives and request their support, head to naemt.org/advocacy/online-legislative-service.



Letters and Comments

Recommendations to Ensure Accurate Counting of EMS Personnel

Two letters sent to the U.S. Bureau of Labor Statistics recommended revisions to the 2028 Standard Occupational Classification (SOC) process to address the undercounting of EMS personnel (at least 795,000) due to the exclusion of dual firefighter/EMS roles. The letter from lead sponsors of the EMS Counts Act (H.R. 2574/S. 1115)—Senators Robert Casey and Susan Collins, and Reps. Glenn Thompson and Susan Wild—states, “This oversight in recognizing cross-training means a significant, chronic undercount of EMS personal across the country, making it difficult to track gaps in emergency services and meet the needs of first responder.” NAEMT, along with 13 other leading EMS organizations, detailed the various types of service delivery models across the country and stressed that dual-role practitioners must be appropriately categorized in order to “meet the emergency healthcare needs of communities, including planning for daily needs, major disasters, and public health emergencies.”

NAEMT Submits a Comment and Testifies on Emergency Response Proposed Rule

Following notice of OSHA's Emergency Response Proposed Rule, NAEMT submitted a comment on the significant impact the requirements would have on an already under-resourced and stressed EMS infrastructure. Our comment commended OSHA for embarking on this rulemaking process to update the 1981 Fire Brigade standard to place a vital focus on protecting all emergency responders from a variety of occupational hazards. We recommend that OSHA work with national EMS stakeholders to first address the core reasons around EMS occupational injuries and hazards rather

than “enact a flawed proposed rule with potentially detrimental, crippling effects across EMS in the United States.” On November 12, NAEMT publicly testified before OSHA extending its ask and offering potential solutions on how to work together to address EMS workforce injuries and wellness.

Request for Support of H.R. 3350, the VA Emergency Transportation Access Act

NAEMT co-signed a letter with the American Ambulance Association, International Association of Fire Chiefs, and International Association of Fire Fighters requesting the Committee on Veterans Affairs to support the approach outlined in H.R. 5530 to protect ambulance access for Veterans. Also to establish a data-driven process that requires the VA to consult with Veteran Service Organizations, ambulance industry experts, and with the Centers for Medicare and Medicaid Services in order to ensure a more fair and equitable ambulance reimbursement rate.

Extension Request: Patient Engagement, Information Sharing, and Public Health Interoperability standards

While supportive of the comprehensive update to the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability standards by Health

and Human Services and the Office of the National Coordinator for Health Information Technology, NAEMT expressed concern in the ability of EMS agencies to meet compliance requirements. “EMS agencies may have limited human resource and technology capacity to meet some of the data security and interoperability requirements,” is among the reasons given for the request for EMS agencies to not be immediately required to comply with the provisions of the proposed rule modifying 45 CFR Parts 170, 171, and 172.

NAEMT Statement on Ground Ambulance Patient Balance Billing Advisory Committee Recommendations

NAEMT supports the 14 recommendations (in entirety) contained in the GAPBAC Report on Prevention of Out-Of-Network Ground Ambulance Emergency Service Balance Billing and believes they represent the best path forward for Congress to help the emergency ambulance service. GAPBAC's Report marks the culmination of a three-year process in which committee members, representing virtually all stakeholders involved in emergency ambulance service delivery, analyzed a myriad of options to help ensure that commercially insured patients are protected from high unexpected out-of-pocket expenses related to essential emergency ambulance services.





NAEMT 2024 Annual Meeting



NAEMT members from across the U.S. and the world, association leaders and national EMS Awards of Excellence recipients gathered in Las Vegas in September for the 2024 NAEMT Annual Meeting. Held in conjunction with EMS World Expo, the meeting is an opportunity for all of those who contribute to the success of NAEMT and to our EMS profession to come together to celebrate the year's accomplishments, recognize outstanding achievements in our profession and enjoy each other's company.

In addition to the General Membership Meeting and Awards Presentation, NAEMT also hosts numerous other education events, receptions and meetings. Among them is the National EMS Leaders Meeting, hosted by NAEMT's Affiliate Advisory Council and the NAEMT Faculty Town Hall. These events enable our members to meet association and industry leaders in person, learn about plans for the upcoming year, and discover ways to become more involved with your professional association.

JOIN US: 2025 ANNUAL MEETING

Make plans now to attend the 2025 Annual Meeting, October 20-24, 2025, in Indianapolis, Indiana. It will be here before you know it so mark your calendar! NAEMT members save \$125 on EMS World Expo registration.



MONDAY, SEPTEMBER 9

International Reception

Being a member of NAEMT means being part of a global EMS family. Each year, NAEMT looks forward to welcoming the international NAEMT members and faculty for the International Reception. EMS professionals from around the world came together to share ideas, make connections, and forge lasting friendships.

ALSO ON SEPT. 9: The NAEMT Board of Directors met and received updates from several national EMS organizations. NAEMT also held two outstanding preconference workshops: All Hazards Disaster Response (AHDR) 2nd Edition and Advanced Medical Life Support (AMLS) 4th Edition provider courses.



Nearly 170 attendees, representing 45 countries indicated on this map, attended the International Reception.



World Trauma Symposium

Trauma Innovations: Transforming Prehospital Care

Nearly 400 EMS professionals participated in the 2024 World Trauma Symposium, which was offered both live and live-streamed. The 12th annual event featured nationally and internationally recognized experts in civilian and military prehospital care and trauma response.

During an engaging day of presentations and panel discussions, attendees heard updates on the latest research, riveting case studies and best practices to bring back to their own communities.

There were many amazing presentations on topics including traumatic resuscitation, MCI response, wound patterns and survivability, prehospital ultrasound, and issues related to pediatric and geriatric trauma. Dr. Warren Dorlac and Dr. Margaret Morgan, trauma surgeons with years of military and civilian experience, moderated. Dorlac is the medical director for the NAEMT Prehospital Trauma Committee; Morgan is associate medical director. Bruce Barnhart, MSN, RN, CEP delivered the Scott B. Frame memorial lecture on *Traumatic Brain Injuries and Lessons Learned from the EPIC Study*.



WORLD TRAUMA SYMPOSIUM AWARDS



Panagiotis Koukopoulos, a leader in prehospital care and education in Greece, received the 2024 Scott B. Frame Service Award for outstanding leadership in establishing new training centers, promulgating NAEMT courses in Greece, Cyprus, Georgia, Romania, and ensuring that students in Greece have access to gold-standard NAEMT education. The award is sponsored by Zoll.



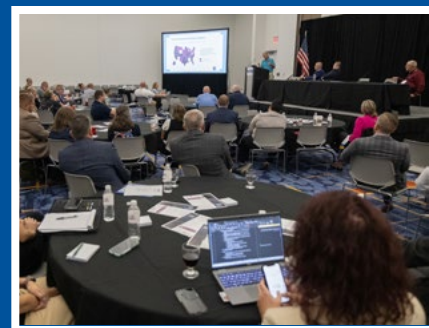
Sergeant Major Sandro “Rabbit” Heinrich and **Alan O’Brien**, our NATO liaisons, both received the 2024 Dr. Norman E. McSwain, Jr. Leadership Award for their contributions to the growth of TCCC in NATO countries, 20 of which now work directly with NAEMT to bring TCCC to their training centers thanks to their efforts. The award is sponsored by Zoll.

National EMS Leaders Meeting and Luncheon

Hosted by the NAEMT Affiliate Advisory Council

The NAEMT Affiliate Advisory Council Meeting brought together over 60 representatives from state EMS associations, along with federal partners, national EMS associations, the NAEMT Board and NAEMT advocacy coordinators, for panel discussions and briefings on pressing issues in our profession.

Sessions covered the ground ambulance and patient billing advisory committee (GAPBAC) report, how to find and secure EMS funding, and growing the EMS workforce. State legislative priorities and initiatives—Treatment In Place (TIP), transport to alternate destinations (TAD), balance billing and ground emergency medical transport reimbursement—were also discussed. Affiliates were also briefed by Winning Strategies Washington on the EMS political forecast and taking advantage of the political moment to advance state-level legislation. Tim Dienst, NAEMT Affiliate Advisory Council chair, and Karen Larsen, vice chair, moderated.



General Membership Meeting and Awards Presentation

The NAEMT General Membership Meeting and Awards Presentation highlights the association's accomplishments, recognizes the service of NAEMT's volunteer leaders, and celebrates outstanding achievement with the presentation of the National EMS Awards of Excellence and other national EMS awards.



ALSO ON SEPT. 10: NAEMT continued its stellar education with preconference workshops: Mental Health Resilience Officer Course (MHRO) and the continuation of the Advanced Medical Life Support (AMLS) 4th Edition provider courses.

PRESIDENTIAL LEADERSHIP AWARDS

The NAEMT Presidential Leadership Awards recognize outstanding contributions to EMS and our association. NAEMT congratulates these dedicated individuals for their outstanding contributions to our association and the EMS profession.

Michael J. Reihart, DO, FACEP, FAEMS for leading the effort to educate EMS and other medical professionals in the uniqueness of emergencies in Amish and farming communities. Dr. Reihart works with the Amish Elders to implement safety measures and to conduct research aimed at improving safety in their communities. He is Chair of the Pennsylvania Emergency Health Services Council Medical Advisory Committee including EMS.



Bryony Gilbey and Richard Diefenbach were the power-playing team, with others, who brought light to a very impactful documentary, "Honorable But Broken: EMS in Crisis". Bryony is a former producer for *ABC News* and *60 Minutes* and Richard, an award-winning producer.

The film highlights our critical EMS workforce shortage and focuses on the need to reform EMS funding and recognize EMS as an essential service, like fire and police.



Henry Lewis has dedicated himself in service to communities in South Carolina and in leadership roles, such as President of the South Carolina EMS Association, and former NAEMT Membership Committee chair. He is a tireless EMS advocate, both on Capitol Hill

and in the Palmetto State. He is a good leader, passionate, and lives a "can-do" attitude every day in EMS.



ROCCO V. MORANDO LIFETIME ACHIEVEMENT AWARD

Heather Davis received NAEMT's most prestigious award, the Rocco V. Morando Lifetime Achievement Award. The award recognizes a lifetime commitment to excellence, tremendous contributions, and outstanding leadership in EMS. The award is sponsored by NREMT.

Heather is the Director of Student Assessment at the David Geffen School of Medicine in California. She previously spent nearly 20 years at the UCLA Center for Prehospital Care, as the associate director and program director. As the education director for Los Angeles County Fire, she managed education programs for over 3,000 firefighter EMTs and Paramedics. She has earned credit for empowering others, providing mentorship, and being a true educational professional.

Davis, representing NAEMT, was elected to the NREMT Board of Directors in 2008. She served on multiple committees and was elected to the NREMT Executive Committee as its first member at large. She became Chair in 2020 and subsequently guided the association through the COVID-19 pandemic by leading the ALS examination redesign and implementing the provisional certification to ensure a continued pipeline of EMS practitioners.

NAEMT President Susan Bailey, MSEM, NRP, said, "Heather's lifelong contributions and dedicated efforts to improve the clinical training of our EMS practitioners are beyond reproach. Her mentorship and guidance have made a lasting impression on our EMS profession. NAEMT is grateful for Heather's contributions of knowledge and fortitude in our formative years, spearheading the launch of our education committee."

NREMT Board Chair Michael McEvoy, PhD, NRP, RN, CCRN, noted, "We are immensely proud that Heather Davis is honored with the Rocco V. Morando Lifetime Achievement Award, a recognition that truly encapsulates her remarkable career and unparalleled contributions."

NATIONAL EMS AWARDS OF EXCELLENCE

The National EMS Awards of Excellence recognize outstanding contributions to emergency medical care.



Zachary T. Alvey, NREMT
Woodland Park, Colorado
NAEMT EMT of the Year, sponsored by Demers-Braun-Crestline-Medix



Lt. Houston Holcombe, Paramedic
North Lauderdale, Florida
NAEMT Paramedic of the Year, sponsored by Velico



Jennifer N. Rhoads, PhD, CP-C
Mountain Home, Idaho
NAEMT-NAMIHP Community Paramedic of the Year, sponsored by the National Association of Mobile Integrated Healthcare Providers



Damien G. Coy, BA, NRP, NCEE
Williamsburg, Virginia
NAEMT EMS Educator of the Year, sponsored by Jones & Bartlett Learning Public Safety Group



Maia Dorsett, MD, PhD
Rochester, New York
NAEMT EMS Medical Director of the Year, sponsored by Bound Tree



Jonathan C.R. Lu, DBH, MPH, MCHES®, NRP
Dayton, Ohio
NAEMT Military Medic of the Year, sponsored by North American Rescue



Debbie Kuhn
Firth, Nebraska
NAEMT-American Academy of Pediatrics (AAP) Pediatric EMS, sponsored by Handtevy



Amy Strobach, EMR
Clear Lake, Wisconsin
EMS Caring, sponsored by Dynarex



Brett Zingarelli, NRP, CCISM
Wilmington, Delaware
Wellness and Resilience, sponsored by FirstNet®, Built with AT&T



WEDNESDAY, SEPTEMBER 11

An Evening With Colleagues at the NAEMT Member Reception

Immediately following the General Membership Meeting, NAEMT members and guests were invited to meet and mingle at the NAEMT Member Reception. We look forward to the annual event, which brings together our members from around the country and the world for a chance to get together in person and enjoy the company of friends and colleagues.

ALSO ON SEPT. 11: Lighthouse Leadership Class of 2024 Graduation, Regional European Education Committee Meeting, Latin America Education Committee Meeting, NAEMT Faculty Town Hall and Reception.



Baytown Fire Department EMS
Baytown, Texas
Dick Ferneau Career EMS Service of the Year, sponsored by Ferno



Ellington Volunteer Ambulance Service
Ellington, Connecticut
Volunteer EMS Service of the Year, sponsored by Digitech



Butler County EMS
El Dorado, Kansas
NAEMT-ACEP EMS Safety in EMS, sponsored by Technimount EMS

CIVILIAN EMS CAREER OPPORTUNITIES AFTER MILITARY SERVICE

How the **DoD's SkillBridge Program** supports transitioning Service Members

Amid an EMS provider shortage, finding motivated and qualified candidates can be difficult. The Department of Defense's (DoD) SkillBridge Program supports the career transition of honorably discharging military service members, offering them an 'apprenticeship or internship' in their last 180 of service to explore a civilian career option.

How it Works

The SkillBridge Program partners service members and their spouses with industry partners before military discharge. During the last 180 days of active duty, service members train full-time with their industry partner. Service members receive military compensation and benefits throughout the program at no cost to industry partners.

Upon discharge from the military, service members can be offered a position with their industry partner. Since its launch in 2011, the DoD's SkillBridge Program has helped over 50,000 service members transition into civilian careers.

EMS Agency Partners with DoD

EMS agencies can partner with the DoD's SkillBridge Program in providing comprehensive training for military medics transitioning into civilian EMS roles. Wake County EMS recently partnered with the SkillBridge Program. Their director, Dr. Jon Studnek, PhD, NRP, noted in a recent news article, "Veterans bring a wealth of transferable skills to the EMS field, including discipline, leadership, and the ability to perform under pressure," making them ideal candidates for civilian EMS.

Successful Transitions

Finding a civilian job after military discharge is daunting for many service members. Hunter Davis, a veteran



combat medical specialist for the U.S. Army, described feeling "worried about not having steady employment during [the] transition back into civilian life." After discovering the SkillBridge Program at Wake County EMS, Davis applied for a military equivalency credential to obtain his North Carolina AEMT.

Throughout the SkillBridge Program, Davis attended the academy at Wake County EMS. As discussed in a recent WUNC news article, Davis received additional training with unique populations, like pediatrics, and responded to increased call volume. Davis described feeling "set up for success" as he transitioned into civilian EMS. Upon military exit, he secured a job with Wake County EMS and is now pursuing a paramedic license with the agency. Davis credits the SkillBridge Program with hands-on experience that solidified his choice to pursue civilian EMS.

More broadly, the SkillBridge Program provides benefits beyond career success. For Davis, participating in the program "gave a civilian life experience, like finding a residence and paying bills that DOD previously handled. It provided clarity on life outside the military." By exposing service members to all facets of civilian life, the SkillBridge Program facilitates a successful transition out of the military.

Mutual Benefits

The SkillBridge Program also benefits participating industry partners. The DoD's website notes that the program offers industry partners the "opportunity to access and leverage the world's most highly trained and motivated workforce at no cost." In addition to giving back to military service members, participating EMS agencies can train skilled talent without added costs.



Eligibility

To be eligible, participants must have served for at least 180 days and have less than 180 days before discharge. They must also carry an EMT or military medic certification. After receiving written authorization from their chain of command, participants train full-time with the EMS agency, often attending the academy to obtain the necessary certification or licensing. After military discharge, the participant may easily transition into a full-time role with their industry partner. While participating EMS agencies are not required to hire candidates into a full-time role after completing the program, they must offer a high probability of full-time employment and appropriate compensation.

Available Opportunities

Opportunities are available for service members nearing their discharge date and EMS agencies looking to become industry partners.

Service members

Service members interested in joining the SkillBridge Program should contact their installation's SkillBridge point of contact. More information is available at <https://skillbridge.osd.mil/resources.htm#military-members>.

EMS agencies

EMS agencies interested in becoming an industry partner with the SkillBridge Program must apply. Application enrollment is open through December 1, 2024. For more information and to apply, visit the DoD's SkillBridge Program website at <https://skillbridge.osd.mil/>.

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JSOM logo and various issue covers are displayed in the foreground.

NAEMT Education Around the World

2024 has been a year of tremendous progress and growth for NAEMT education programs. From a curriculum standpoint, we published the 2nd edition **All Hazards Disaster Response** (AHDR) course with all-new content to prepare EMS practitioners to respond to and care for ill and injured patients during a mass-casualty incident or disaster. The 2nd edition **EMS Vehicle Operator Safety** (EVOS) course is available with content reflecting the latest evidence on ground ambulance crashes, vehicle operations, transport safety knowledge, distracted drivers, and use of lights and sirens. Also published is the 4th edition **Advanced Medical Life Support** (AMLS) refresher, hybrid, and online continuing education offering the gold standard in emergency medical assessment and treatment.

The number of training centers continues to expand globally, as do the number of students taking our courses. Here are some of our hardworking and dedicated faculty sharing NAEMT education best practices around the world!

EDUCATION



Prehospital Trauma Life Support for First Responders (PHTLS-FR) was conducted at the Asociación SR3 and IEDUCAE in Madrid, Spain.



Advanced Medical Life Support (AMLS) course in Monte Patria, Chile.



Tactical Emergency Casualty Care (TECC) and Prehospital Trauma Life Support (PHTLS) inaugural courses were held in Guam at the United States Navy Medicine Readiness and Training Command. Congratulations!



Prehospital Trauma Life Support (PHTLS) Refresher course demonstration of ultrasound techniques at the Manabi Emergency Training Center in Portoviejo, Ecuador.



Emergency Pediatric Care (EPC) course launches at 37 Military Hospital in Accra, Ghana! Our sincere appreciation to all faculty for seeing this 2-year project through.

Curious Minds Are **Advancing EMS through Science.** Join Us!

The Prehospital Care Research Forum at UCLA announces upcoming EMS Research Workshops for EMS providers who want to transform ideas that advance EMS into a completed research abstract. The workshops are appropriate for EMS providers at all levels, no research experience necessary. Both the application submission and participation are free. Participants are responsible for their travel and lodging costs (limited travel stipends are available). Take advantage of these upcoming opportunities and visit prehospitalcare.org for more information and to apply.

Each workshop will match participants with clinical mentors, methodologists, and statisticians to accelerate EMS research. Ideal for front-line clinicians and clinical leaders.

CARESTAR/PCRF EMS EQUITY RESEARCH SUMMIT

Feb. 6-8, 2025
San Diego, California
Applications due by Dec. 15, 2024
Preference given to applicants in California.

Focused on the important issue of diversity, equity and inclusivity in the EMS workforce and care delivery system. Ideal for EMS providers at all levels.

PCRF/WEINMANN-MCW EMERGENCY VENTILATION RESEARCH WORKSHOP

Feb. 21-23, 2025
Milwaukee, Wisconsin
Applications due by Dec. 15, 2024

Focused on the important issue of Ventilation and airway management in partnership with the Medical College of Wisconsin department of Emergency Medicine.

PCRF/ESO SOLUTIONS RESEARCH FORUM

May 7-9, 2025
Austin, Texas
Applications due by Dec. 31, 2024

Open to all prehospital care topics. In partnership with ESO researcher the Healthbridge allows for participants to know patient outcomes.

Authors:



Captain (Ret) Frank Butler



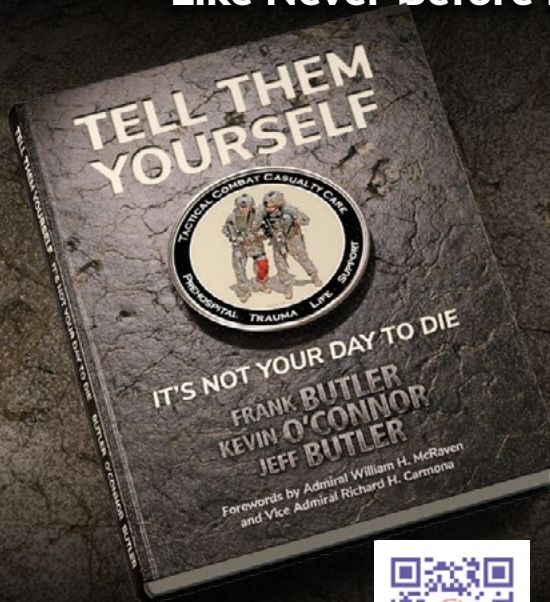
Colonel (Ret) Kevin O'Connor



Jeff Butler

The Story of TCCC

Like Never Before Experienced



This is a medical book like no other because it is a combat medical story like no other.

From Frank Butler, Kevin O'Connor, and Jeff Butler comes the never before captured story of the birth and journey of the Tactical Combat Casualty Care (TCCC) protocols. *Tell Them Yourself – It's Not Your Day to Die* is the gripping story of the intense battle to save lives. It captures the pain of loss, the courage to make tough decisions, and the victory of seeing lives saved.

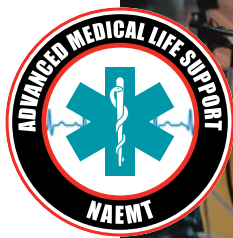


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Approach Every Emergency Medical Assessment and Treatment of Your Patients with Confidence

Effectively managing patients' medical crises requires careful consideration of differential diagnosis and treatment options in all health care settings. In the prehospital setting, this is particularly important because it ensures that patients receive the right care in the right setting. Beginning with a broad list of possible diagnoses based on signs and symptoms, medical history, family health history, and vital signs, EMS practitioners can then begin to systematically rule them out one at a time. In cases where more critical diagnoses present, such as stroke, EMTs and paramedics can escalate the patient for more urgent treatment.

Endorsed by the National Association of EMS Physicians, NAEMT's 4th Edition Advanced Medical Life Support (AMLS) emphasizes the use of the AMLS Assessment Pathway, a systematic tool for assessing and managing common medical conditions with urgent accuracy. Scene size-up, first impression, history, and detailed physical assessment all go into the interactive group discussion to consider possibilities and probabilities in treating patients' medical crises.



AMLS covers so many top EMS calls, including abdominal pain, stroke, cardiac emergencies, and is applicable to nurses, physician assistants, and other health care providers. Participants will learn to recognize and respond to critical situations quickly, initiate appropriate life-saving interventions, and collaborate effectively with other health care providers in emergency situations, all while providing high-quality care to critically ill patients.

The 4th Edition AMLS library of over 75 patient simulations offers students an opportunity to apply critical thinking skills to a variety of patient presentations. Additional features include patient simulation monitor images and ECGs, provided by iSimulate, to enhance students' experience. Topics include:

- Abdominal, cardiovascular, endocrine, neurologic, and respiratory disorders
- Mental health
- Pharmacology
- Toxicology
- Shock
- Multisystem
- Women's health

Encourage your teams to consider the gold standard for medical assessment education offered through AMLS courses. **Learn more at [NAEMT.org/Education/Medical Education](https://naemt.org/Education/Medical-Education).**

I consider AMLS to be a premier educational program that builds upon and enhances foundational training. Participants learn to perform patient and scene assessments in a structured yet flexible approach through the unique AMLS Assessment Pathway. The course promotes the development of critical thinking and advanced medical decision-making skills. Another reason I've been involved in this program for over 20 years is that AMLS approaches from symptom-based patient presentation, similar to how physicians approach patients.

VINCENT N. MOSESSO, JR., MD, FACEP
NAEMT AMLS MEDICAL DIRECTOR

AMLS is in all 50 states and 45 countries and has become the standard for the patient assessment process. Its worldwide success and popularity lie in the AMLS Assessment Pathway and the way it simplifies the complexity of taking a vague patient complaint and quickly developing a differential diagnosis to ensure our patients receive the correct care. AMLS is the first medical course of its kind. Each edition keeps getting better, with the 4th edition being the best yet thanks to the dedicated physicians, nurses, and EMS practitioners involved.

JEFF MESSEROLE, EMT-P
NAEMT AMLS COMMITTEE MEMBER

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 earn free CE credit for attending the live webinars. Look for announcements of upcoming webinars in your email and *NAEMT Pulse*!

Upcoming December webinar: EMS tactical response.

Published webinar recordings include DoD SkillBridge transition programs for military medics, leadership topics on influence and crucial conversations, substance use and treatment, and tourniquet assessment and conversion. Recorded webinars are available for viewing at any time in the NAEMT Member Portal at naemt.org. (CE credit is only offered for the live webinars.)

NAEMT Radio Podcasts

New Episodes Available

NAEMT's podcast series – NAEMT Radio – continues with new episodes available every other week. These episodes and more are now available on Apple, Spotify, iHeart, Podbean, and other platforms.

Please subscribe and share! Hosted by seasoned EMS communicator Rob Lawrence, the latest episodes include interviews with:

- ✓ NAEMT mentors and committee members Dave Edgar, Rom Duckworth, Tiara Green, and Tony Bixby on tailored mentorship to EMS professionals.
- ✓ Dr. Jon Krohmer on whole blood availability, clinical scope of practice and reimbursement, and suggested outcomes and solutions, as well as the work being done by the Prehospital Blood Transfusion Initiative Coalition.
- ✓ Dr. Gary Peterson, NAEMT Mid-Atlantic Region Director, and Shannon Watson,



Great Plains Region Director, on volunteer opportunities within NAEMT.

- ✓ Dr. Paula Ferrada, system and division chief for Trauma and Acute Care Surgery Services, Inova Healthcare system, and Juan Cardona, NAEMT's representative to the PTS, on the impactful work of the Pan American Trauma Society.

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Looking for Affordable, Convenient, Online CE Credit Courses?

Recert Offers New Online CE Modules at 15% off for NAEMT Members

The Recert.com course library offers hundreds of high-quality EMS trauma, medical, and operational online courses, including the best NAEMT education! Most courses take just one hour to complete and feature interactive, media-rich, scenario-based learning. The ultimate in stress-free learning includes new NAEMT content, such as Mental Health Resilience Officer (MHRO) modules, Prehospital Trauma Life Support, and more!

- Courses can be viewed on any device
- Includes free tool to track recertification and/or re-licensure progress and compliance
- All EMS courses are CAPCE accredited and recognized by NREMT for continuing education credit

Platform users comment that Recert is “well thought-out and easy to follow along” and “the best presented class I’ve taken.” Check out Recert at [recert.com](https://www.recert.com) and remember that NAEMT members save 15% on courses and subscriptions through [naemt.org/member portal](https://naemt.org/member-portal).

ON DEMAND &
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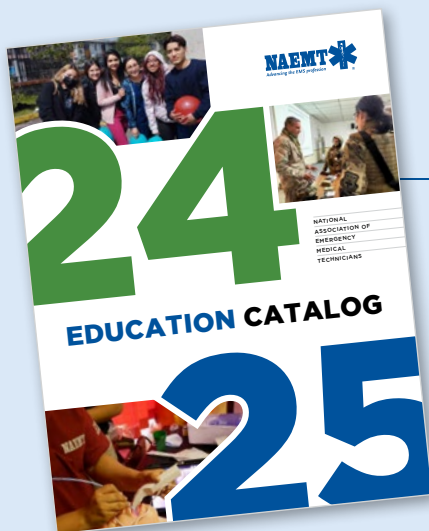
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Easily digestible 1/2, 1 or 2-hour modules
NAEMT members save 15%



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- Game-based learning content
- Integrated CE progress tracker

Recert.com

NAEMT members **Save 15%** on Recert through the Member Portal at www.naemt.org.



Check Out NAEMT Courses in Our New Education Catalog

NAEMT’s 2024-2025 Education Catalog features descriptions of all NAEMT courses, including new courses and updates to existing courses. NAEMT curriculum is evidence based, field tested, and quality assured. Many courses are offered in flexible formats – classroom, virtual, or combination classroom/virtual formats. The catalog also explains how to become an NAEMT instructor or approved training center. Share the catalog with your EMS colleagues, medical directors and training officers, and ask them to bring the best EMS education to your agency!

To view the catalog, visit naemt.org > Education.

COMING IN 2025: Updates and All-New Courses

NAEMT’s author teams regularly review and update courses. In 2025, look for new editions of several courses that will feature the latest evidence, new case studies and patient simulations, and other

improvements based on feedback from students and instructors. We will also introduce all-new courses!

- GEMS online course
- NEW! Field Training Officer course

Unlock Your Potential

Apply for an NAEMT Scholarship

NAEMT scholarships help support EMS professionals seeking to advance in their education and careers. We offer Active members a variety of scholarship opportunities. Scholarships are generously sponsored by NPPGov and Page, Wolfberg & Wirth.

- EMTs (to become an EMT-Basic): Up to \$500 each.
- EMT-Basics (to become a paramedic): Up to \$5,000 each.
- Paramedics (to advance their education in the realm of EMS): Up to \$2,000 each.

Applications accepted: January 15 – March 15 for programs beginning in August through January

NAEMT-CSU Scholarships

We also partner with Columbia Southern University to offer NAEMT members two annual scholarships. The NAEMT-CSU scholarships cover up to 60 credit hours toward an online degree program.

Applications accepted: March 1 – May 31

To learn more or apply, log in to the Member Portal at naemt.org and select “Scholarships.”



We Are Thankful for You.

We are honored to serve Paramedics and EMTs every day. Your unwavering care for your patients and community, along with your continuous training, is truly commendable. We are grateful for those who support you and for the personal sacrifice you make to do your very important community service.

You are a valued member and your membership enhances our mission to unite EMS practitioners in clinical excellence.

We extend our warmest wishes for a happy holiday season to you, your family, friends, and colleagues. Be safe and be a support for each other.



Congratulations to the July 15 – September 15 NAEMT scholarship recipients!

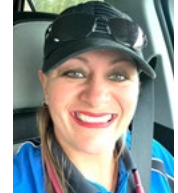
EMT to Paramedic



Blake Burkett
Punxsutawney, PA



Joshua Jackson
Charleston, SC



Annika Thornburg
Seattle, WA

Paramedic EMS education advancement

Welcome New Agency Members

NAEMT warmly welcomes our newest agency members:

- Acute Rescue & Transport, Inc., Boise, ID
- Bolton Emergency Services, Inc., Bolton Landing, NY
- Bullitt County EMS, Shepherdsville, KY
- Cherokee Fire and Emergency Services, Canton, GA
- Eastern Florida State College, Cocoa, FL
- Emergency Medical Services Authority, Tulsa, OK
- Gilpin Ambulance Authority, Black Hawk, CO
- Greenport Rescue Squad, Inc., Hudson, NY
- Lowcountry Regional EMS, Walterboro, SC
- Manorville Community Ambulance Company, Manorville, NY
- Mont Belvieu Fire Department of Mont Belvieu, Texas
- Polson Ambulance, Inc., Polson, MT
- Reid Health EMS, Richmond, IN
- South Callaway Fire Protection District, Mokane, MO
- Superior Mobile Health, San Antonio, TX
- United States Marshals Service, Springfield, VA
- Williamsburg County EMS, Kingstree, SC
- Winchester Fire-EMS Dept., Winchester, KY

Special offer! Sign up to become an NAEMT agency member to receive complimentary access to either NAEMT's Mental Health Resilience Officer (MHRO) online course or NAEMT EMS Safety Officer (ESO) online course. MHRO is an 8-hour course that prepares EMS personnel to identify peers experiencing mental health stress, navigate them to the right services for help, and support a culture of mental health resilience and emotional wellness in their agency. ESO is a 5-hour course that prepares EMS personnel to serve as their agency's EMS Safety Officer and to not only assess safety in facilities, vehicles, and emergency scenes, but to also use best practices for preventing infections and maximizing patient and personal safety.



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