

## NAEMT National Survey Finds EMS Mental Health Services Lacking

**THE MAJORITY OF EMS PRACTITIONERS** are dissatisfied with the mental health services provided by their employers, while nearly half believe that their EMS agency does not consider the mental health and well-being of practitioners a priority, according to the results of a new national survey by NAEMT released in September.

Asked if they are satisfied with the EMS mental health services provided by their agency, **58% of respondents disagreed or strongly disagreed.**

And while **55% of respondents agreed or strongly agreed that their agency considers mental health important, 45% disagreed or strongly disagreed.**

"The survey shows that the EMS profession has significant work to do in demonstrating to the EMS workforce that their struggles and concerns matter, and in ensuring that EMS professionals know where to turn when they are struggling," said Sean Britton, director of public health in Broome County, N.Y., and a member of the NAEMT EMS Workforce Committee, which developed the survey.

### AN INHERENTLY STRESSFUL JOB

EMS is an inherently stressful profession. On any given shift, EMTs and paramedics may be called on to render care to people in horrific circumstances. Many EMS practitioners can tell stories of answering calls involving violence, death, or abuse that continue to haunt them.

Even on more routine calls, EMS practitioners face the risk of being exposed to infectious diseases, blood-

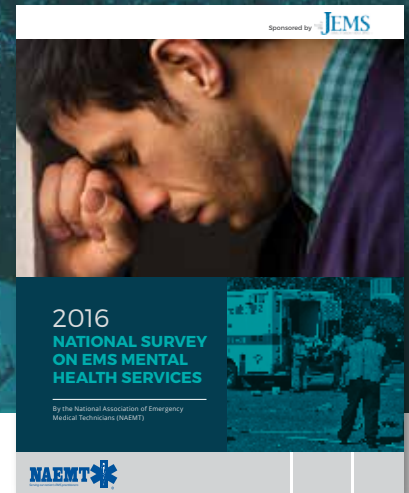
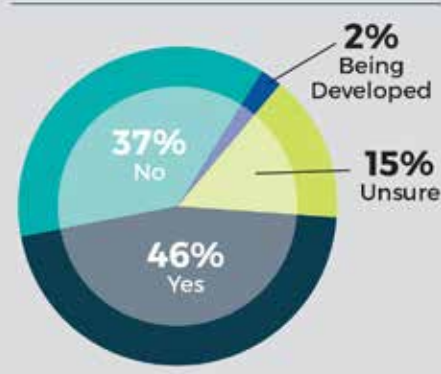
borne pathogens, or other hazardous substances. And then there is the stress of being subjected to threats or violence from a would-be patient who is under the influence of drugs or alcohol, suffering from a mental health disorder, or has criminal intent.

Combine all of that with sleep deprivation, shift work, time pressures and work overload, and it's no wonder the world of EMS is rife with anecdotes about the toll that working in these unpredictable, emotionally charged conditions can take on practitioners.

Recently, the Code Green Campaign, a grassroots effort to raise awareness about mental health issues, struck a nerve when it launched a website inviting EMS practitioners to share their struggles. Day after day, EMTs and paramedics post raw, painful messages

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NATIONAL SURVEY  
ON EMS MENTAL  
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Conrad T. (Chuck) Kearns  
MBA, Paramedic, A-EMD

## Take Care of Yourself, and Each Other

**THROUGHOUT MY TENURE** as your president, I have worked with our Board of Directors and committees to raise awareness of the issues and challenges that impact our ability to provide quality patient care – care that our patients deserve and our communities expect. We have:

- ▶ **Highlighted the serious problem** of violence against our practitioners, and considered what agencies and practitioners can do to mitigate this danger.
- ▶ **Discussed the gaps that exist** in training and equipping our practitioners which limits our ability to adequately respond to disasters.
- ▶ **Brought to the attention** of our nation's leaders the need to fully integrate EMS into all national preparedness planning.
- ▶ **Educated congressional leaders** about the serious consequences for patients if standing orders from medical directors for the administration of life saving medications cannot be maintained.
- ▶ **Educated all EMS professionals** on how the changes in our nation's healthcare system are impacting EMS, and how EMS must evolve to provide patients with preventive care, in addition to the emergent and urgent care we have traditionally provided.
- ▶ **Studied EMS mental health** and identified the need for increased and improved services to help practitioners cope with the very high stress that is a part of the profession and build resiliency.
- ▶ **Advocated for increased funding** for EMS innovation, preparedness and quality improvements.

All of this work, and more, has been undertaken in an effort to improve the environment in which EMS practitioners provide care for their patients. We deeply appreciate the efforts of the many members who have participated in these initiatives, and thank them for contributing their time to support and strengthen our profession.

We recognize that not all members have the time available to contribute as a volunteer. But, there are many actions that each of us can take to support our colleagues, our agency and our

profession. If you have time for nothing else, please focus on these actions:

**Take care of yourself.** It is **not** selfish to focus on your health and wellbeing. In fact, it demonstrates that you care about those you love and who depend on you. If you are experiencing a physical and/or mental health issue, please get help.

**Take care of your colleagues.** They are your “work family.” Reach out to your colleagues who are experiencing pain or anguish, and offer to help. Sometimes just being there to listen to your colleagues can be very helpful.

**Stay safe on the job.** Our safety, and the safety of those with whom we work, is not automatic. We need to take action to make sure we go home at the end of the shift.

**Communicate** – not just with your patients, but with the other members of your crew. Speak up when you see something that doesn't seem right, even if it means questioning the actions of a more senior member. Poor communication causes mistakes, and mistakes cause accidents.

**Maintain situational awareness.** When working in the roadway, be sure to wear the appropriate vest and keep an eye on oncoming traffic.

**Take care of your tools.** Your vehicle is where you make your living. Respect it, and take care of it. Don't “pencil whip” the checklist, and respond aggressively to any safety concerns. The same goes for the many battery-powered devices you use. Remember that the most common cause of battery failures is lack of proper maintenance.

**Watch your back.** In this case, that means knowing how to lift safely, and making sure you have enough help to keep from hurting your back. One out of every four EMS workers will suffer a career-ending back injury within the first four years of service.

**Protect yourself from violence.** Remember that patients, relatives or crowds can become difficult if they don't understand why you're not moving toward the hospital. If verbal de-escalation doesn't work and things look like they're going to turn ugly, get out as soon as you can.

As my tenure draws to a close, please accept my profound gratitude for allowing me to serve this great association for the benefit of our great profession. It has truly been an honor. Thank you very much for your continued support of NAEMT and EMS.

# NAEMT Provides Initial Comment on the EMS Agenda for the Future

**IN APRIL**, the National Highway Traffic Safety Administration (NHTSA), on behalf of the Federal Interagency Committee on EMS (FICEMS), announced a Request for Information (RFI) on an upcoming revision of the EMS Agenda for the Future.

Published in 1996, the Agenda for the Future created a vision, strategic plan and needs assessment to guide the continued development of EMS. Over the past two decades, the document has been frequently referred to and referenced within the EMS profession, as well as by healthcare organizations, government agencies, policy makers and other stakeholders, in determining priorities, policies and goals.

However, the care of emergency patients outside of the hospital has changed significantly over the past 20 years, and the EMS profession has matured. A revised and updated agenda can serve as a tool to educate and align all EMS stakeholders around a shared vision and common goals, while providing valuable insights to help leaders make informed decisions.

In response to the request for information, NAEMT board members, committee members and subject matter experts quickly mobilized, working together to submit detailed comments outlining the most critical issues facing EMS, the most significant changes that have occurred over the last 20 years impacting EMS, and thoughts on the changes ahead that will continue to prompt EMS to evolve.

NAEMT Immediate Past President Don Lundy and Matt Zavadsky, NAEMT At-Large Director and public affairs director for MedStar Mobile Healthcare in Ft. Worth, Texas, talked with *NAEMT News* about revising the agenda.

## WHY WAS THE 1996 DOCUMENT IMPORTANT?

**Lundy:** It was the first strategic plan for the future of EMS. It allowed us to see the direction we wanted to go and what was needed to get there.

## HOW HAS IT BEEN USED?

**Zavadsky:** The 1996 Agenda for the Future did a great job chronicling the insights of many parts of the EMS system as to what the future for EMS should look like and how our profession should be integrated with the rest of the healthcare system. It has served as a vision for us to share with our major

stakeholders on the role we should play. It has also helped prepare those within our profession for the environment we are operating in today.

## DO YOU AGREE THAT IT'S TIME FOR A REVISION, AND WHY?

**Zavadsky:** The EMS Agenda for the Future is 20 years old, so obviously, it's not necessarily reflective of the 'future' – the future as envisioned by the agenda is now. As such, it's logical to have an articulated vision for the next 20 years of EMS.

We now operate in an environment that demands demonstration of value, focus on outcomes and a more complete integration of the healthcare system. Everything we've held near and dear – ALS vs. BLS, response times as a performance measure, even the treatment modalities we use – is being re-examined based on empirical research. It's time to create a new vision for the future, collaboratively with internal stakeholders – and importantly, external stakeholders. Those who use and pay for our services should help us create the vision for the future based on what their expectations will be for the future.

**Lundy:** Absolutely! Trauma registries, improvements in stroke and cardiac care, community paramedicine and mobile integrated healthcare, ambulance design, GIS (geographic information system) dispatch, the integration of EMS with the ER, improvements in medications and procedures in the field and using data to find out what works best, are just a few of the many changes that need to be addressed.

## HOW IMPORTANT IS IT FOR NAEMT TO CONTRIBUTE TO THE NEW DOCUMENT?

**Lundy:** NAEMT is the obvious leader in the EMS industry, representing every EMS practitioner, regardless of the hat they wear or the delivery model they work in.

**Zavadsky:** As the association representing the practitioners in the field, it is vital for NAEMT to not only provide input into the vision for the future, but to be actively involved in the actual creation and implementation of the vision. Our members are among the most important stakeholders in driving our future!

*View NAEMT's full comment at [naemt.org](http://naemt.org). Under the "Advocacy" tab, choose the "Letters and Comments" link.*

*NAEMT thanks the following contributors for sharing their expertise and insights in this comment: Bruce Evans (CO), Brian Schaeffer (WA), Terry David (KS), Scott Matin (NJ), Don Lundy (SC), Troy Tuke (NV), Matt Zavadsky (TX), Mark Babson (ID), Rob Luckritz (NJ), Dr. Craig Manifold (TX), Dr. Kate Remick (TX), Ray Barishansky (PA), Tommy Loyacono (LA), Lee Varner (MO), Jason White (MO), Dave Page (MN) and Gary Wingrove (MN).*

## NAEMT National Survey... CONTINUED FROM COVER

about struggling with panic attacks, flashbacks, anxiety, depression and suicidal thoughts. Their stories are interwoven with memories of calls that left them feeling hopeless or deeply disturbed by what they had seen or experienced.

Some of that anguish is ending in tragedy. Many EMS practitioners know of a colleague who has attempted, or committed, suicide. Though statistics on suicides in EMS are incomplete, the Firefighter Behavioral Health Alliance, run by retired firefighter and counselor Jeff Dill, has a team of volunteers who collect and confirm reports of EMS suicides. In 2014, Dill's group verified 104 suicides by fire and EMS professionals – more than the 87 firefighters who were killed in the line of duty.

### SURVEY: STIGMA CONTINUES TO BE A BARRIER

With anecdotal evidence building that mental health issues and job-related stress and trauma are a serious problem, NAEMT's EMS Workforce Committee created a survey exploring the issue in March 2016. The survey asked about the resources, programs and services that EMS agencies provide to EMS practitioners to help them cope with the



stress of the job, maintain their mental health and wellbeing, and seek help when they need it.

About 2,200 EMTs, paramedics and managers from all 50 states and Washington, D.C. responded. In an open-ended question that asked for practitioners' thoughts about mental health services and attitudes in general, many EMS practitioners noted that mental health issues aren't something people want to talk about, for fear of being seen as weak or soft, or at worse, unfit to do their jobs.

*"Mental health is a joke to management. They still operate on the philosophy that if you can't handle it, you're in the wrong line of work,"* wrote one respondent.

*"The agency I work for sees mental health as a weakness,"* wrote

another. *"If you ask for help you become verbally abused by co-workers, supervisors and station managers. I needed help and was told, 'that's why women don't belong in EMS. They're overly emotional...'"*

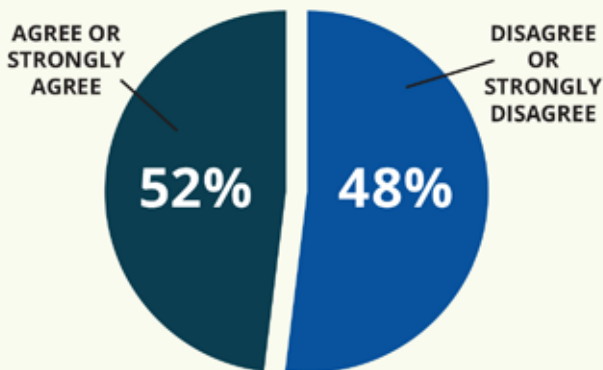
Though many of the comments were about the lack of services, the poor quality of services provided and the stigma that continues to be a barrier to seeking out services, not all were negative. Some respondents expressed gratitude for the services that were provided, saying they were helped by speaking with counselors provided through the Employee Assistance Program (EAP) or critical incident counseling. Still others felt that mental health was being taken more seriously – that change was underway.

*"We are proactive about mental health support in our agency. It is getting better each year and more people are stepping forward and talking about challenges they are having."*

### LEANING ON ONE ANOTHER

Several also wrote about the bond they have with their EMS colleagues – even in the absence of formal mental health services, they've gotten through difficult

**SURVEY RESPONDENTS WERE ASKED TO RATE THE STATEMENT: "I FEEL COMFORTABLE TALKING ABOUT MENTAL HEALTH ISSUES WITH MY COLLEAGUES."**



times by leaning on one another, including their colleagues, supervisors or chief.

*"We are a volunteer company... and a very close-knit family. Any issues that may arise we are comfortable talking to each other about."*

But even among those who had a more positive view about the availability of services and the compassion and concern showed by managers and co-workers, a common theme was that the available resources weren't enough – about **37% reported that their EMS agency provides no mental health services at all.**

*"I work in a poor area. Management is extremely supportive and willing to provide any support they can. We just don't have the funds to provide any extra."*

*"I wish I had unlimited appointments through the EAP. The visits I had with a professional helped and the anonymity helped, but I was limited to 3 visits."*

Another issue identified in the survey is that **only about a third (34%) of agencies allow practitioners to use mental health and wellbeing services while on duty.** About one-third (35%)

are not allowed to access mental health services while on-duty, while another one-third (32%) didn't know.

### EMS PRACTITIONERS WANT MORE HELP

Despite stigma continuing to be a barrier to seeking help, many EMS practitioners expressed a strong desire for additional mental health and general health and wellbeing resources to help them recover from critical incidents and cope with the overall stress of the job.

They also expressed a desire for resources to "proactively" help them maintain their mental and physical health, so that they are less likely to develop conditions such as PTSD, depression or anxiety.

"EMS agency management and stakeholders must listen to EMS practitioners, and take action to address mental health issues," Britton said.

That includes conducting research to determine the true extent of mental health issues, risk factors that contribute, and interventions that are effective. The EMS profession must also identify resources that will help the EMS

workforce maintain their mental health and wellbeing, build emotional resiliency, and provide for the early detection and treatment of mental health problems.

EMS agencies must make it a priority to offer those resources to the extent budgets and resources allow, and measure whether those services are having a positive impact on their staff.

There is no doubt that budget restrictions will limit the ability of many EMS agencies to provide a full array of services. But there is one thing that all EMS agencies can do, regardless of finances, and that's letting go of the idea that mental health issues are shameful or a sign of weakness.

"Agencies should encourage EMS practitioners to speak up and seek help without fear of reprisal and support them in their efforts to care for themselves, so that they can continue to take care of our patients and our nation's communities," Britton said.

*All members are encouraged to read the full report and to share it with their EMS colleagues. The report can be found after Sept. 27 at [naemt.org](http://naemt.org) under "Featured Resources."*

## TYPES OF MENTAL HEALTH SERVICES PROVIDED

By a wide margin, the most common type of mental health service provided by EMS agencies are employee assistance programs (EAP).

- 86% of those whose EMS agency provides mental health services report having an EAP.
- EAP was followed by critical incident stress counseling (59%) as the most common form of mental health service provided.





# 2016 National EMS Awards of Excellence Recipients Announced

**NAEMT AND EMS WORLD** are pleased to announce the recipients of the 2016 National EMS Awards of Excellence. The awards will be presented during NAEMT's General Membership Meeting on Tuesday, Oct. 4, in New Orleans, La., and on Oct. 5, during EMS World Expo's opening ceremony. We congratulate the following recipients and recognize their outstanding contributions to emergency medical care:



## **BRYN ARNOLD**

Paramedic, Indianapolis, Indiana  
2016 NAEMT/Nasco Paramedic of the Year,  
*sponsored by Nasco*



**Bryn Arnold** works for Indianapolis EMS and was nominated by Tom Arkins, IEMS's Section Chief who said, "She is one of those paramedics who has the gift of being great at her job. She

is not only a stellar clinical provider; she is an overall great person. Bryn shows compassion for all of her patients no matter the circumstances." Joseph Caldwell, a colleague, wrote: "Bryn understands that 90% of this job isn't about high priority or critical runs. Ninety percent is holding peoples' hands when they are scared and telling them that no matter what happens, we are prepared to help them."

## **NICOLE RICHARDS**

EMT, Burlington, Colorado  
2016 NAEMT/Braun Industries EMT of the Year,  
*sponsored by Braun Industries*



**Nicole Richards**, a dedicated volunteer EMT for Kit Carson County Ambulance Service, has used her own physical and personal pain to provide better care to her patients. "Her

commitment and compassion for patients, as

well as her personality, were cemented into her character after being a trauma patient herself," said Scott Sholes, president of the EMS Association of Colorado. A letter submitted by the Kit Carson County Board of Commissioners stated, "She has a gift for helping patients remain calm during treatment. As an EMT, she has the utmost regard for her patients and after they have been delivered to the hospital, follows up to see how they are faring."

## **LEAUGEAY BARNES**

Paramedic, Tulsa, Oklahoma  
2016 NAEMT/Jones & Bartlett Learning EMS Educator of the Year, *sponsored by Jones & Bartlett Learning*



**Leaugeay Barnes**, EMS program director at Tulsa Community College, helped develop TCC's online hybrid and traditional EMS programs and training partnerships with local fire and

police agencies. She has guided paramedic students to become instructors, was involved in the National Registry of EMT's (NREMT) psychomotor competency portfolio project, and has served on the National Association of EMS Educators (NAEMSE) Board of Directors and as a representative to the NREMT Board. According to Jeffrey Goodloe, medical director, "She has proven to instill a sense of duty and drive in her faculty and students." Added Joseph Sherrell, EMS officer, City of Tulsa. "I have never observed an educator genuinely care so much about each individual student."



## ERNEST PARRISH

Paramedic/SOCOM Medic, Sergeant, U.S. Army, Joint Base Lewis-McChord (JBLM), Washington

2016 NAEMT/North American Rescue Military Medic of the Year, sponsored by North American Rescue



**Sgt. Ernest Parrish** distinguished himself while serving in Afghanistan where he, despite his own wounds, treated and coordinated the medical evacuation of three very seriously wounded casualties. Medical Director Charles Moore stated, "Sergeant Parrish's superior professionalism, expertise and

unwavering commitment to excellence contributed to saving the lives of these three casualties." General Daniel Allyn, vice chief of staff of the U.S. Army, referred to Sgt. Parrish in a speech citing "the amazing passion, creativity and skill of Army Ranger medics."

## NEW HANOVER REGIONAL MEDICAL CENTER'S EMERGENCY TRANSPORT SERVICES

Wilmington, North Carolina

2016 Dick Ferneau Paid EMS Service of the Year, sponsored by Ferneo



**New Hanover Regional Medical Center's Emergency Transport Services**, which provides 911 response, critical care transport and non-emergent transport, operates 45 ground emergency vehicles and two helicopters that cover more than 1.1 million miles a year. It employs more than 200 medical and administrative staff and responded to more than 47,000 requests for transport services in 2013. Its clinical innovations include state-of-the-art intervention processes and collaborations for cardiac arrest, stroke and sepsis; streamlined care for mental health patients and crisis

intervention training for front-line staff; and use of emerging medications like naloxone (in concert with law enforcement) and tranexamic acid. Its operational best practices include plans for active-shooter and high-threat situations; a community paramedic program to reduce hospital admissions (as well as a nurse help line); partnership with an emergency medicine pharmacist; accreditation by the College of American Pathologists as the country's first mobile laboratory service; quality improvement mechanisms that include real-time anonymous reporting of errors and near-misses; a sustained emphasis on research, with multiple publications; participation with local, regional, state and national entities to foster better care; and a focus on safety that encompasses patient lifting/movement, the ambulance environment and employee health.

## VALHALLA VOLUNTEER AMBULANCE CORPS

New York City

2016 Volunteer EMS Service of the Year, sponsored by ZOLL



Since 1961, nine years before EMS was chartered in New York City, the **Valhalla Volunteer Ambulance Corps** has been responding to emergencies. Despite the growing use of paid providers by other EMS organizations, VVAC remains an all volunteer organization, say Sue Briggs, a nurse practitioner when she's not serving as a Second Lieutenant at VVAC. "When I came here 12 years ago, we couldn't manage our call volume with volunteers alone. It was particularly hard during the day. We had to hire an EMT or driver to fill in about 60 hours a week," Briggs said. "As of about five years ago, we were down to 12 paid hours a week. Now we're at zero. We've been all volunteer since 2014." The squad has embraced a number of prehospital interventions that had once been ALS only. "We've been doing glucometry for two years and added Narcan about a year ago," says Briggs, as well as ePCR.

Read more about the winners at [naemt.org](http://naemt.org).



## Tips for Recruiting Volunteers

### AROUND THE NATION,

thousands of communities rely on the dedication of volunteer EMTs and paramedics to provide lifesaving emergency medical response.

Yet volunteers can be difficult to recruit and maintain. For many, their paid jobs,

school and family responsibilities have to come first.

Chris Matthews, director of Lindsborg EMS, a volunteer agency that serves the 3,500 residents of Lindsborg, Kansas, knew he needed to step up his recruiting to continue to staff an ambulance with a two-person crew 24-7.

"We had gotten down to 12 volunteers. We get one to two calls a day, so it was a lot for our group to handle, especially during the day. Almost all of our folks are in school or working," said Matthews, who also works as a pastor.

But putting up posters on community bulletin boards and placing ads in his local newspaper weren't generating enough interest. So Matthews turned to social media.

In less than a year of promoting EMT certification and volunteer opportunities on Facebook, Lindsborg EMS now has 22 volunteers. Matthews offers these tips on using social media to enhance recruitment of volunteers.

# 1

Set up an EMS agency Facebook page, and include agency news, information about upcoming initial education classes, and sponsorship or scholarship opportunities. If it's too much to keep up with frequent posts, partner with your city or your police department to post items about EMS on their page.

# 2

In Lindsborg, grants from the state and city cover EMT certification for people willing to commit to two years as a volunteer. To get the word out about the scholarships, Matthews has also set up a Facebook page specifically for recruiting, focusing on the EMT class, which he offers twice a year.

# 3

In the months leading up to the class, he shares the link widely by copying and pasting the url on his agency Facebook page as well as on local news, city government, community events or buy-sell-trade pages. Ask your volunteers to share it as well.

# 4

When people message you to ask questions, Matthews encourages them to post the questions publicly to increase activity on the page. Encourage your volunteers to get involved and post responses to questions to give potential recruits the perspective of current volunteers.

# 5

To get more people to see information about your class, create a sponsored post (basically, a paid advertisement.) Matthews chose an option that cost \$1 a day. He ran it for a month, targeting a specific age range and geographic area.

# 6

As the EMT class approaches, he creates a "closed group" Facebook page specifically for new recruits, where he provides class information and other details.

"You have to understand that cultural changes and the way that people communicate and what they pay attention to has changed," Matthews said. "We have found Facebook to be a powerful tool in the recruitment process."

**2017 EMS  
On The Hill Day**

April 25, 2017 (briefing April 24)  
Holiday Inn Rosslyn at Key Bridge, VA

**Educating Congress  
on Issues That  
Impact EMS**

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## NAEMT POSITION STATEMENT

# There's No Place for Discrimination in EMS

**DISCRIMINATION IN THE EMS WORKPLACE** is unacceptable and should never be condoned or overlooked, according to a new NAEMT position statement.

"All EMS personnel should be able to work in an environment and culture free from discrimination so they may focus their efforts on quality patient care," the statement reads. "Likewise, all patients have a right to emergency medical care that is provided without organizational or personal bias. No patient should be denied care, or receive substandard care as a consequence of discrimination."

The issue of discrimination is a concern across the country. It is an issue not only within EMS, but within all professions and industries. It is a persistent problem that transcends all sectors of society, not only in the United States, but in other countries as well. To ensure that NAEMT's position on this issue is clear, NAEMT's EMS Workforce Committee drafted a statement affirming the rights of both practitioners and patients to work and receive care in an environment free of discrimination. The statement was adopted by the NAEMT Board of Directors in August.

"When EMS practitioners receive a call for help, they respond.

EMS serves every person, regardless of who they are, where they live, or what they believe in," according to the statement. "The principles of respect and equality are fundamental to the provision of EMS and should extend to those who have chosen EMS as a profession."

The position statement recommends that all EMS agencies establish and enforce organizational policies that protect both EMS personnel and patients from discrimination.

While EMS management bears the responsibility for agency policy, it's up to EMS practitioners to stand up for one another, and help ensure their colleagues, patients and every member of their community is treated with dignity and respect, noted NAEMT President Conrad T. "Chuck" Kearns.

"Each of us, as individuals, is also responsible," Kearns said. "We must hold ourselves and our colleagues accountable for discriminatory behavior. If we remain silent while one colleague or a group of colleagues discriminates against others, we become part of the problem, rather than part of the solution."

*Download the statement in the "Advocacy" section of [naemt.org](http://naemt.org).*

**5.11**

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# NAEMT's Legislative Priorities Advancing Quickly in 2016



## Why is H.R. 1818 so important?

According to the Department of Labor, the demand for EMTs and paramedics is expected to increase 33 percent by 2020. Already, some communities are reporting having difficulty finding enough EMS professionals to fill vacancies.

H.R. 1818 is a common sense way to help veterans transition into civilian careers, improve public health, and ensure communities have first responders to answer challenging emergency calls like opioid overdoses, and save lives.

## We heard H.R. 1818 is now included in another bill, the Comprehensive Addiction and Recovery Act (CARA). What's the significance of that?

Due to the strong advocacy of NAEMT and its members, H.R. 1818 was included in the Comprehensive Addiction and Recovery Act (CARA, S. 524). According to the CDC, in 2014, there were 28,000 deaths and there are indications numbers are rising. S. 524 addresses the epidemic of opioid overdoses happening across the country and had a lot of bi-partisan support.

The EMS workforce is critical to combating this major public health issue. One provision of S. 524 is grants to train first responders in administering drugs such as naloxone and other drugs to reverse opioid overdoses.

That connection helped us get legislative priority to include H.R. 1818 in the larger bill, which is important because there is often a better chance of getting more support for a larger package and to ultimately pass in Congress.

In this case, it definitely worked! The new law goes into effect Jan. 1.

## Momentum is also building for H.R. 4365/S. 2932, the Protecting Patient Access to Emergency Medicine Act. What's the latest?

Our co-sponsorship numbers have jumped due to the hard work and commitment of our members. On July 12, the House Energy and Commerce Committee's Subcommittee on Health held a hearing on H.R. 4365.

This is very significant. The House Energy and Commerce Committee has jurisdiction over public health, drug regulation, the Department of Health and Human Services, the National Institutes of Health, and other areas of our federal government

**TWO OF NAEMT'S LEGISLATIVE PRIORITIES** advanced quickly through Congress in 2016. The Veterans Emergency Medical Technician Support Act (H.R. 1818) was signed into law by President Obama on July 22, a big win for the EMS community!

The Protecting Patient Access to Emergency Medications Act (H.R. 4365) is also garnering both bipartisan attention and support.

NAEMT News checked in with Kim Krenik, NAEMT government relations manager, to hear the latest on what's happening with the bills on Capitol Hill.

## ONLINE LEGISLATIVE SERVICE MAKES IT EASY TO GET INVOLVED!

To send an email to your lawmakers about any of NAEMT's legislative priorities, visit the Online Legislative Service under the "Advocacy" tab at [naemt.org](http://naemt.org). Then click the "Act Now!" button.

Did you know you can also register to vote using the Online Legislative Service? Under the "Elections" tab, you can:

- Download voter registration forms
- Register online
- Apply for an absentee ballot.

Deadlines to register to vote in November's General Election vary according to state, so don't delay!

that impact EMS and its patients. The committee chairman, members and staff held a hearing about this bill because they believe it's important. Bills must have a hearing before legislation can proceed, so the hearing was an important step.

**What was discussed during the hearing?**

H.R. 4365 allows for EMS to use standing orders to administer emergency medications, such as pain and anti-seizure medications. This is a longstanding practice that is in jeopardy due to stricter enforcement of DEA regulations.

Without Congressional action, patients will lose access to life-saving medications in emergency situations and established practices will be disrupted because laws lag behind the evolution of medicine. The DEA's actions will directly and negatively affect EMS practitioners' ability to provide immediate lifesaving care to the most critically ill patients and will compromise the safety of EMS personnel.

**Was progress made?**

Yes! The next step is for H.R. 4365 to be marked up by the committee. Markup is the process by which a U.S. congressional committee debates, amends, and rewrites proposed legislation. After the committee marks up H.R. 4365, the bill will move to a vote in the full Committee and then onto the House floor. So markup is a great step forward in the legislative process!

**What can NAEMT members do to build support for H.R. 4365 and educate lawmakers about EMS overall?**

It takes just minutes using NAEMT's Online Legislative Service to email your lawmaker requesting his or her support. Just enter your address, and the online tool enables you to send a pre-written message in just a few clicks, or you can write your own.

At various times throughout the year, Congress will recess, which means many lawmakers are back in their home states. That's a good time to invite your lawmaker to your agency or offer a ride-along. Keep the momentum going by spreading the message about the importance of EMS in every community and in our nation's healthcare delivery system.



**NOV. 8 ELECTIONS MAY BRING BIG CHANGES IN WASHINGTON, D.C.**

Trump or Clinton? Will Republicans retain control of the Senate? Can Democrats narrow the gap in the House?

With all 435 House seats and 34 Senate seats up for election on November 8, major changes could be coming to Capitol Hill.

In the Senate, Republicans currently hold 54 seats. Of those, 24 Republican incumbents are up for re-election compared to only 10 Democrats. While it is too early to predict the outcome, the big story of the 2016 elections is whether Democrats will be able to regain a majority.

In the House, Republicans currently hold 247 seats, 29 more than the 218 needed for control. In order to flip the chamber, the Democratic Party would need to pick up 30 seats, widely considered a nearly impossible task. With Republicans holding the largest majority in the House since 1928, Democrats are hoping to reduce it.

On Jan. 1, 2017, when the 115th Congress will be sworn in, it will be important for NAEMT members to continue their outreach to their elected officials, to educate them about NAEMT's legislative priorities and make sure they understand the vital role of EMS to our nation's health, safety and preparedness in the new Congress.

As the days wane for the 114th Congress, NAEMT will continue to advocate on our legislative initiatives. We urge you to participate in these efforts. The more participation, the greater the impact.

Also, save the date for **EMS On The Hill Day 2017**, our profession's largest and most inclusive EMS advocacy event. This year's event, **to be held April 25 (with a briefing on April 24)**, will bring EMS practitioners from around the country to Washington, D.C. for a day of meetings with members of Congress and their staff.

The issues impacting EMS are too important for you to sit on the sidelines! We have momentum and need your help. Let's continue to build on the progress we made this year.

*-- Kim Krenik, NAEMT Government Relations Manager*



View the full text of H.R. 1818 or read NAEMT's written testimony on H.R. 4365 submitted to the House Energy and Commerce Committee Subcommittee on Health at [naemt.org](http://naemt.org).

*Under the "Advocacy" pulldown, choose "Letters and Comments."*



## Get Prepared with the All New All Hazards Disaster Response Course

**FLOODS, TORNADOES, EARTHQUAKES,** bus wrecks, active shooters, terror attacks. When you look around your city or region, are you truly ready for the many types of disaster scenarios that could come your way?

Get prepared to respond with All Hazards Disaster Response (AHDR), NAEMT's new course that teaches participants how to analyze potential threats in their area, assess available resources, and create a response plan that will save lives.

Features of a response plan covered in the course include:

- Communicating effectively during disasters
- Mutual aid and interoperability
- Managing resources such as supplies, medications and equipment
- Triage and transportation strategies and challenges
- Patient tracking and evacuation

"Disaster response involves a team, not just individuals," said Dr. Faizan Arshad, an emergency medicine physician and member of the NAEMT AHDR author team. "Our hope is that students in the course take this knowledge back to their own communities, and use it to create a response plan, and to conduct drills and training, to enhance preparedness."

All-Hazards Disaster Response was created by leading experts in emergency medicine, public health and disaster response who make up NAEMT's AHDR author team. The course will be beta-tested as a preconference workshop at EMS World

Expo on Oct. 3, and is slated for launch in early 2017.

At the start of the course, participants conduct a "hazards vulnerability analysis" to assess features of their environment, both natural and manmade, that pose risk, along with assessing the needs of vulnerable populations, such as assisted living homes or hospitals, that need special consideration during such an event.

Instructors can customize the course to fit the specific needs of participants, including their geographic area and the resources they have available. Active shooters, for example, are a concern for everyone. But responding to a dirty bomb in a highly populated area, or a chemical explosion from an industrial plant, or massive flooding, may be more of a concern in some areas than others.

Likewise, what it would take to overwhelm any particular system's resources also varies from place to place. In a rural area, a multi-vehicle wreck with multiple trauma patients may strain the resources of a small volunteer or rural service, but not those of a large urban system. The course guides participants in considering strategies for responding to various mass casualty situations, and creating a response plan to prepare.

The content is presented in the context of realistic scenarios, culminating with a large-scale mass casualty activity. The author team plans to develop resources and tools that participants can access after the course. "We want them to transition from being students in an eight-hour class to lifelong students in disaster preparedness in their own homes and communities," Arshad said.



## New Prehospital Trauma Committee Established

■ **IN AUGUST**, NAEMT President Conrad T. “Chuck” Kearns announced that NAEMT will restructure its Prehospital Trauma Life Support (PHTLS) committee to better support the needs of EMS practitioners for high quality prehospital trauma education.

In its place, a new Prehospital Trauma Committee overseeing PHTLS as well as the tactical trauma courses offered by NAEMT has been established. Tactical courses include Tactical Emergency Casualty Care (TECC), Tactical Combat Casualty Care (TCCC), Bleeding Control for the Injured (B-Con) and several others.

“NAEMT is truly grateful for the contributions of all past PHTLS Committee members to develop and expand PHTLS

around the globe,” Kearns said. “PHTLS has been and will continue to be NAEMT’s flagship continuing education course. The new committee will help ensure that PHTLS remains the global standard in prehospital trauma education.”

The decision to restructure was made by the NAEMT Board of Directors after extensive deliberation and in collaboration with the American College of Surgeons’ executive leadership. NAEMT works in cooperation with the American College of Surgeons, Committee on Trauma on the development of the PHTLS course materials. Kearns noted.

“The NAEMT Board of Directors is fully committed to ensuring the highest quality education for EMS practitioners taking PHTLS and all NAEMT courses,” he added.

Look for more information about the new committee in the upcoming winter issue of *NAEMT News*.

## PHTLS Expanding Its Global Reach in Israel

■ **PREHOSPITAL TRAUMA LIFE SUPPORT (PHTLS)** is being offered once again in Israel through NAEMT’s new partnership with United Hatzalah.

United Hatzalah is Israel’s largest volunteer EMS organization, providing free emergency medical response throughout the country to people of all religions and national origin. The organization’s 2,500 volunteers are known for responding in under 3 minutes, using all-terrain vehicles to reach mountain paths and medically equipped motorcycles (called ambucycles) to navigate narrow streets and traffic and get to trauma patients before ambulances.

In July, NAEMT Board Member Chad McIntyre trained United Hatzalah faculty in Jerusalem. “Our Israeli partners recognize the importance of high quality care delivered to victims as quickly as possible following a traumatic event. We are honored to help them in their endeavors to care for the citizens and visitors of Israel by teaching PHTLS to the faculty of Israel’s national volunteer EMS organization,” said Chad E. McIntyre, Region II Director and member of the NAEMT Prehospital Trauma Committee. “To provide PHTLS, the world’s most evidence based and comprehensive continuing education trauma course, to their organization will be a valuable partnership”.

Added Dov Maisel, director of international operations at United Hatzalah: “It’s always exciting to challenge our experienced providers and instructors in cutting-edge training programs. Being able to partner with NAEMT and provide PHTLS here in Israel has been an honor and a privilege. The paramedics who participated in this program learned valuable skills that will be used to better treat those in need here in Israel. This high level training program will be passed on to other healthcare professionals throughout the region.”



# Groundbreaking GEMS Advanced Course Teaches EMS Practitioners to Care for Complex Geriatric Patients

**NAEMT'S GROUNDBREAKING** Geriatric Education for Emergency Medical Services (GEMS) Advanced Course teaches EMS practitioners how to handle the complex medical conditions they may encounter in older adults.

The United States is home to 46 million adults ages 65 and older, representing about 15% of the population, according to the U.S. Department of Health and Human Services' Administration for Community Living. Over the next 25 years, that number is projected to rise to nearly 80 million, with older adults making up nearly 27% of the population. The number of adults over 80 is expected to grow from about 12 million today to 27 million.

"We're going to see a drastic increase in EMS runs that involve older patients," said Keith Widmeier, a critical care paramedic, member of NAEMT's GEMS Committee and adjunct faculty at Jefferson College of the Health Sciences in Roanoke, Va. "It's not just calls to assisted living facilities and nursing homes. Older patients are also staying in their homes longer, and they're going to be calling us. These days there are a lot of people in their 90s still living at home."

To prepare EMS practitioners for the array of medical, mobility, psychosocial and communications issues older patients may have, NAEMT partnered with the American Geriatrics Society and Jones & Bartlett Learning to develop Geriatric Education for Emergency Medical Services (GEMS) Advanced course.

A one-day, eight hour course for both BLS and ALS students, GEMS Advanced builds on the "core" GEMS course to deepen and expand students' knowledge. Topics covered include caring for and transporting patients on ventilators, with invasive lines, LVADs (left ventricular assist device) and feeding tubes. Throughout the day, students are guided through a series of scenarios involving increasingly complicated symptoms and situations.

"The course design is unlike any other offered. From the



beginning to the end, students are immersed into scenarios," Widmeier said.

The curriculum was created by NAEMT's GEMS Committee, a team made up of EMS educators, field practitioners with years of experience in caring for the elderly, and nationally recognized medical direction in emergency medicine and geriatrics.

"In addition to new medical skills and knowledge, the course reminds students of the importance of treating older adults who are in pain, sick or hurt with patience and respect," noted Dan Talbert, a flight paramedic and chair of NAEMT's Geriatric Education for Emergency Medical Services Committee.

While it's easy and natural to show compassion to a child who's sick, hurt or scared, for busy EMS practitioners, "it's too easy to lose our empathy, our compassion and our understanding with the elderly," Talbert said.

"There are of course physical issues we need to watch out for – spinal issues, skin tears, polypharmacy," he added. "But we also have to remember that the elderly patient may be scared, they may not know what you're doing, they may be afraid to ask questions, or they may not be able to ask questions."

## GEMS AND GEMS ADVANCED

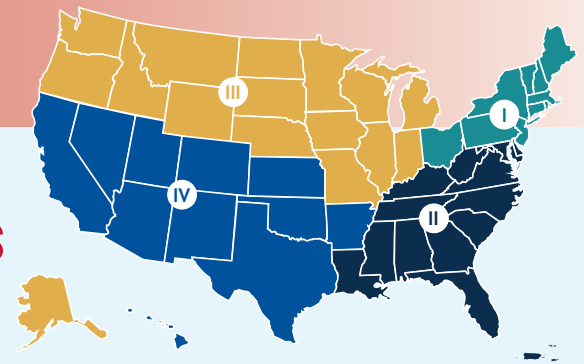
**GEMS** is an eight-hour classroom-based course that covers topics such as: polypharmacy; falls prevention; end-of-life issues and do-not-resuscitate orders; and trauma care and disaster care for geriatric patients. Lectures are enhanced with scenarios that facilitate group discussion, and simulation stations allow participants to "experience" what it's like to have vision, hearing and movement limitations.

Building on the GEMS core course, **GEMS Advanced** is highly interactive and empowers practitioners with enhanced skills and knowledge they need to take care of geriatric patients' unique medical, social, and environmental challenges. This immersive educational format focuses on the integration of critical thinking into real world application. An eight-hour course for both EMTs and paramedics, the Advanced course highlights key skills such as the transport of patients with tracheostomies, feeding tubes, PICC lines, home ventilators, LVADs, and more.





# Please Vote for the Candidates Who Will Represent You!



**VOTING IS OPEN OCTOBER 15-28** to elect your 2017-2018 NAEMT Board of Directors. Now more than ever, we need you to cast your vote! NAEMT President Conrad T. "Chuck" Kearns shared his thoughts on the upcoming NAEMT elections.

## WHY IS IT IMPORTANT TO THE EMS PROFESSION WHO SERVES ON THE NAEMT BOARD OF DIRECTORS?

In a time of great change in our industry and the healthcare system, strong, well-informed association leadership is crucial. The NAEMT Board of Directors plays an important role in identifying the issues that impact EMS, in advocating for our workforce and our patients, and in setting the agenda for your association.

With every passing year, the size and strength of NAEMT continues to grow. Along with that, so has our ability to influence the national conversation about EMS, to increase understanding of EMS among all stakeholders, and to have EMS considered in the policies, regulations and laws that impact our nation's first responders and patients.

That is a tremendous responsibility. It's up to our members to choose the candidates they feel are best qualified to lead that effort.

## WHAT SHOULD NAEMT MEMBERS LOOK FOR IN A CANDIDATE?

They should choose candidates who are dedicated to serving our members and trying to improve EMS for every stakeholder. The best candidates are also patient advocates, and passionate about our industry and the work our members do in their communities every day.

## HOW LONG DOES IT TAKE TO CAST YOUR VOTE?

Only a minute or two. It's a quick, automated process and you can verify the vote you cast electronically. Please take a moment to make your voice heard.

## Open positions for the 2017-2018 term include:

- President-elect
- Secretary
- Treasurer
- One Director in each Region I, II, III and IV
- One At-Large Director

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

Visit [naemt.org](http://naemt.org). Under the "About Us" tab, select "Our Leadership" to learn more about elections, who is eligible to serve on the Board of Directors, and more about the role and responsibilities of officers and Directors.

Voting is open Oct. 15-28. A link to "Vote" will be posted on [naemt.org](http://naemt.org).



## AMLS: The Global Standard

in prehospital Advanced Medical Life Support education



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AMLS 2nd Edition Teaches Rapid and Accurate Patient Assessment

- Instills knowledge from national experts
- Sharpens critical-thinking skills
- Engages BLS and ALS providers through realistic scenarios
- Endorsed by the National Association of EMS Physicians

## How Can I Vote in the NAEMT Board Elections?

Each candidate's information and answers to questions about key topics in EMS will be posted online from Oct. 1 to 28. To view it, go to the "About Us" section of the NAEMT website and choose "Elections."



# Congratulations to Our Scholarship Recipients!

■ **WE ARE PLEASED TO ANNOUNCE** the recipients of the June 2016 NAEMT scholarship.

## FIRST RESPONDER TO EMT-B (UP TO \$500)

**Devin Last, Emergency Medical Responder (Shoreline, Wash.)** – As a volunteer firefighter and public school teacher in California, Devin Last enjoyed serving his community in multiple ways. After a move to Washington State, Last wanted to continue as a volunteer firefighter but learned he needed to also become an EMT. Last, a father of two, plans to use his scholarship to offset the costs of attending the EMS program at a local community college. The NAEMT scholarship will enable Last to “serve the community for years to come.”

## EMT TO PARAMEDIC (UP TO \$5,000)

**Sarah Brittany Rogers, EMT (Stanwood, Iowa)** - Sarah Brittany Rogers is enrolled in community college to become a paramedic. Currently a volunteer EMT, she has experience working for several volunteer fire and ambulance services. As a single mother of two, Rogers would like to alleviate a shortage of paramedics in her area. Her goal is “to provide the best care available to each of my patients with the advancement in my EMS knowledge and skills.”

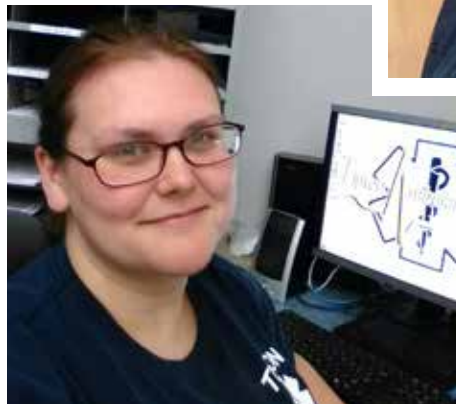
**Liam Hamill, EMT (Furlong, Pa.)** – Focused on a long career in EMS, Liam Hamill is a full-time student at the University of New Haven in Connecticut, working toward a bachelor’s degree in paramedicine. He is an NREMT-certified EMT, works for a local ambulance service, and began his career in EMS at age 14 working as a junior volunteer firefighter. Hamill has been a certified EMT since 2013 and

volunteers his time and experience in communities around Pennsylvania at every opportunity. He was also part of a quick response unit in Philadelphia during Pope Francis’ visit in 2015. Hamill said, “Being on a medic unit for a few years now, I have one-hundred percent come to the conclusion that I want to further my education and become the best paramedic I can be.”

## PARAMEDIC TO ADVANCED EMS (UP TO \$2,000)

**Elizabeth Westfall, Paramedic (Vincennes, Ind.)** – Elizabeth Westfall has 14 years in public safety with multidisciplinary training from law enforcement, fire service, emergency management, and EMS. Each discipline has helped develop her professional outlook and passion for helping the public. Westfall works for the Indiana Department of Homeland Security, holds a bachelor’s degree in homeland security, and is now working toward her master’s degree in public administration, with a focus on public health, at Indiana State University. She has held various positions including EMS program director and

coordinator, and EMS district manager. She also worked on an instructor advisory board and as the organizer of the first Indiana Community Paramedic Summit. “While experience in the field can be an enormous benefit, there is much to be said about the value of a formal education in matters of leadership and healthcare,” Westfall states. “By obtaining my degree, I feel I will be better equipped to lead our agency into the future and to help create policies and plans.”



Elizabeth Westfall, Devin Last, Liam Hamill, and Sarah Brittany Rogers. (pictured clockwise from top left)

## Institute for Healthcare Improvement Open School Scholarships Now Available

Full NAEMT members can now apply for scholarships to the Institute for Health Improvement (IHI) Open School. IHI Open School offers online courses for healthcare professionals on improving patient safety, quality, cost and value. Sample courses include, “Leading Quality Improvement,” “From Local Improvements to System-Wide Change,” “Human Factors and Safety,” and “Introduction to Health Care Leadership,” all developed by internationally recognized experts. Students can earn a certificate by completing a selection of courses.

NAEMT will award **100 scholarships valued at \$300 each!** For more information visit [naemt.org](http://naemt.org). Applications will be accepted online from Sept 1. to Oct. 31.

# NAEMT Member Coordinators Increasing Our Association's Reach and Engagement



**AS THE ONLY ORGANIZATION** representing the professional interests of all of our nation's EMS practitioners from all delivery models, NAEMT has plenty of work to do in advocating at the federal level and educating other medical professionals, elected officials and the public about the vital role of EMS.

At the same time, we also have to do outreach to our own workforce – making sure every EMT and paramedic is aware of the work that NAEMT does on their behalf, and getting more EMS practitioners engaged with the association that represents them.

To assist in this effort, NAEMT has created a new position – NAEMT Membership Coordinator – in all 50 states, Washington, D.C. and Puerto Rico.

Membership coordinators help build support for NAEMT and enhance our outreach, recruitment and retention efforts in their respective states. Responsibilities include seeking out opportunities and forums to present the benefits of NAEMT membership in their state, maintaining relationships with their state EMS association and officials, and overall serving as a positive ambassador for NAEMT.

**Interested in becoming a membership coordinator?** Spots are still open in many states. Membership coordinators are appointed by the Membership Committee Chair. To be considered, you must be an active NAEMT member for at least two years. Send your resume and a letter outlining your experience and why you're applying for the position to: [membershipnetwork@naemt.org](mailto:membershipnetwork@naemt.org)

**NAEMT is pleased to welcome our first group of membership coordinators!** Here's what a few of them had to say.

“ The message I'll bring to New Jersey's over 25,000 practitioners is that NAEMT is a way to bridge the gap between all groups. Together we can make our EMS community stronger by joining a single national organization dedicated to our interests and ideas. ”

– Frank Carlo, New Jersey Membership Coordinator

“ I hope to grow this organization in Mississippi to help better our profession and involvement in national issues. NAEMT provides great information on key issues in our EMS world and keeps us informed through newsletters, emails, social media and meetings. ”

– Sandra Hultz, Mississippi Membership Coordinator

“ I want to do my part in supporting NAEMT and helping with recruitment and retention in Nebraska! ”

– Karolyn McElroy, Nebraska Membership Coordinator

“ Becoming a member of NAEMT will make you more aware of EMS matters, which will make you a better clinician. NAEMT provides an avenue for its members to grow their professional development. I became a membership coordinator to give me the opportunity to share my love for EMS with others in South Carolina. ”

– William Tatum, South Carolina Membership Coordinator



Williston Fire Department

## WELCOME NEW NAEMT AGENCY MEMBERS!

NAEMT warmly welcomes our new agency members!

- Gunnison Valley Health EMS, Gunnison, Colo.
- AMR Central Mississippi, Jackson, Miss.
- Mount Laurel Township EMS, Mount Laurel, N.J.
- MedStat EMS, Winona, Miss.
- Williston Fire Department, Williston, N.D.



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



COME SEE US!

■ **MAYBE WE'VE TALKED** on the phone, or by email. But nothing can replace getting to know someone face to face! If you're attending one of the events listed on the right, please stop by the NAEMT booth and say "hi."

Pick up goodies like NAEMT pens and publications. (At EMS Expo, we'll have copies of the 2016 National Survey of EMS Mental Health Services). We look forward to meeting you!

**NAEMT Annual Meeting/EMS World Expo**

October 4-7, New Orleans, La.

**Mississippians for EMS (MEMS) Conference**

October 16-18, Biloxi, Miss.

**EMS On The Hill Day**

April 25, 2017 (Briefing April 24), Washington, D.C.

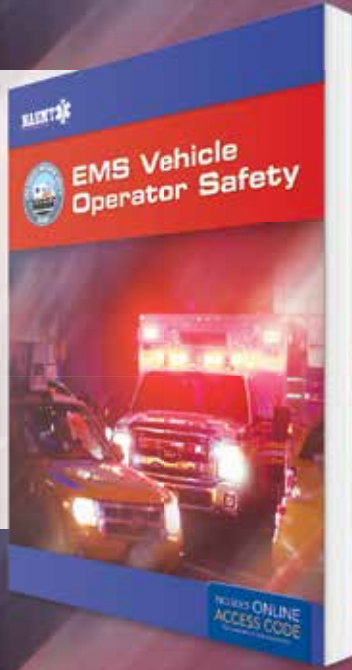


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## An All-New EMS Vehicle Operator Course

**EMS Vehicle Operator Safety (EVOS):**

- Focuses on what matters most—creating and maintaining a culture of safety
- Addresses the most current, groundbreaking, and relevant research
- Challenges EMS providers to think critically through analyzing real-life scenarios and typical crashes
- Provides a customizable format that is engaging, flexible, and credible

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