NAEMT NEWS
Serving our nation's EMS practitioners ®

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When Patients Become Attackers

Protecting EMTs and paramedics from violence on the job takes on added urgency

ON FEB. 8, 2014, ROGER LANE, a paramedic for Wake County EMS in Raleigh, N.C., responded to a 911 call for a 28-year-old man with chest pain.

When Lane and his partner arrived, the man was lying in a shopping center parking lot, handcuffed and screaming, with police all around. He had been involved in a road rage type altercation in which he had followed another vehicle driven by a man and his daughter, repeatedly rammed that vehicle, then followed the girl into a store before he was subdued.

Lane squatted down, leaned in and tried to calm the man. "We're the medics. We're hear to help you," Lane said.

Suddenly, the man flipped over and kicked Lane and his partner with his heavy boots in the face, neck and back. "It happened so fast. It didn't take long for law enforcement to get back over there, but he already broke me and my partner to pieces," Lane said.

From intentional assaults to injuries caused by unruly or dangerous patient or bystander behavior, EMS practitioners face the very real threat of being a victim of violence. Among the most horrific of the recent reports: in October, two Detroit EMTs nearly died after being viciously stabbed and slashed with a boxcutter in the face and hands while answering a call for a woman with an ankle injury outside a homeless shelter. Both were left with disfiguring wounds.

Whether the incidence of violence has increased, or if word simply spreads faster and wider because of social media, is not clear, as no national data on this issue is collected. But what is clear is that a heightened awareness about the threat is leading many in EMS to question how much risk is acceptable — and what individuals, agencies and the profession as a whole can do to protect practitioners from being attacked or maimed while serving their communities.

"Finally we've come to a point that this isn't something people should be trying to deal with themselves," said Robert Luckritz, an NAEMT board member and director of Jersey City Medical Center EMS. "This is something we need to be looking at more closely as an industry and how we can better tackle this."

In the attack, Lane's partner suffered a severe shoulder injury that required surgery and kept her off the job for seven months. Lane, 59, will likely never return. The assault fractured the bones in his neck, knocked a tooth loose and dislocated his jaw. He's had one surgery and doctors have told him to expect more.


Roger Lane receives support from fellow EMS colleagues.

And the physical injuries aren't his only wounds. Lane has developed post-traumatic stress disorder and depression. "In medic school, you're told to be careful. You're taught the concept of scene safety. Put your gloves on, make sure the scene is safe," Lane says. "But there is no scenario in paramedic school that teaches you how to get out of a violent situation."

Threats can be as unnerving as actual incidents

In summer 2014, days after a 23-year-old Jersey City rookie police officer was ambushed and killed execution style, Jersey City Medical Center EMS received a chilling memo. A "reliable source" had informed police that gang members

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NAEMT
P.O. Box 1400
Clinton, MS 39060-1400

Via email: media@naemt.org
Membership information: membership@naemt.org

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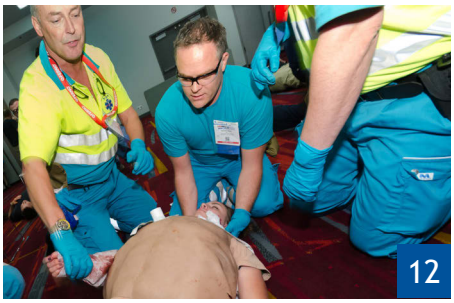


FROM THE PRESIDENT

ADVOCACY

EDUCATION

MEMBERSHIP

Continuing the Forward Momentum in 2016

The rate of change is not going to slow down anytime soon. If anything, competition in most industries will probably speed up even more in the next few decades.

John P. Kotter, internationally recognized expert on leadership and change

Conrad T. (Chuck) Kearns MBA, Paramedic, A-EMD

I AM SURE this is not the first time you have read about how the EMS profession and industry are changing. NAEMT has published many articles and reports on the changing healthcare landscape and its impact on EMS, as have many other publications. And, you cannot view or listen to any form of media without learning about change in every aspect of our lives — from business and technology, to social norms, and fashion trends; from how we are educated, to how we communicate; and from how we live and work in our communities, to how we view our nation and the world.

In our personal, family and professional lives, we respond to change by learning new concepts and skills, building new relationships, and adjusting our perspectives. But, today's speed of change is a challenge for us all. We all struggle to keep up, let alone get ahead of the curve. It's really no different for organizations — EMS agencies trying to respond to changes in community needs or payer requirements, local governments trying to grapple with demographic shifts or cuts in funding, or associations trying to meet the changing needs of their members.

Change is the law of life and those who look only to the past or present are certain to miss the future.

John F. Kennedy, 35th U.S. President

NAEMT is not exempt from these challenges nor have we always been as quick to respond as needed. But, we do recognize that we must continually change to meet the evolving needs of the EMS profession and the healthcare environment in which we operate. While we are proud of our recent accomplishments, we cannot sit back. We must use these achievements as a foundation to meet our profession's challenges today and on the horizon. This is basic to NAEMT's strategic goal *to facilitate the transformation of the emergency and mobile healthcare profession as an essential, data-driven, patient-centered, integrated component of our nation's healthcare system.* There is no way we can achieve that goal without continual change.

The members of our elected NAEMT Board of Directors are unanimous in their determination to make the changes necessary to continue our association's forward momentum. In 2016, we will

- Make adjustments to our committees to ensure that they are effectively addressing the key issues in EMS.
- Review and adjust the framework through which we conduct our education programs to ensure the greatest level of access to our courses without sacrificing quality.
- Devote new resources to building out state level member-driven networks to support NAEMT's education, advocacy and membership efforts.
- Expand our presence on Capitol Hill with full-time government relations staffing.

And, we will carefully review all of our activities to ensure that they are bringing real value to our members and our profession.

NAEMT is committed to leading the advancement of the EMS profession. We cannot lead without continually re-assessing, re-thinking and re-working everything we do. We will strive to be fearless change agents to benefit our profession and our patients.

On behalf of the NAEMT Board of Directors, I thank every one of our members for your continued support and for joining us on the path to the future.

Our only security is our ability to change.

John Lilly, American scientist, writer and inventor

Join Us for EMS On The Hill Day 2016

Check out our EMS On The Hill Day Welcome Guide for all you need to know about planning for your trip, getting around in Washington, D.C. and meeting with members of Congress. Find it at naemt.org. Under the "Advocacy" tab, choose the "EMS On The Hill Day" link.

MARK YOUR CALENDARS for the biggest EMS advocacy event of the year — the 7th annual EMS On The Hill Day!

On April 20, hundreds of EMS professionals from around the nation will spend the day on Capitol Hill, meeting with members of Congress and their staff.

The goal: educate legislators about the critical role of EMS in every community, and seek Congressional support for legislation that will help the EMS workforce innovate, improve preparedness and continue to take excellent care of patients now and in the future.

Will you join us? Just register by April 8 at naemt.org. Under the "Advocacy" tab, choose the "EMS On The Hill Day" link. The cost, which helps defray a portion of NAEMT's expenses for hosting the event, is $20.

Prepping for the Big Day

ONE OF NAEMT'S GOALS in hosting EMS On The Hill Day is to make advocating at the national level more accessible and less intimidating for everyone in EMS.

We take care of setting up meetings with members of Congress from your state, organizing your schedule and briefing participants the night before the Capitol Hill visits (April 19) on what to expect during your visit to the Hill.

Want to prepare a bit more? Here are a few suggestions.

1. Familiarize yourself with the EMS On The Hill Day legislative requests to Congress. Each year, NAEMT, in consultation with other national EMS organizations, determines which legislative requests to Congress will be included as part of EMS On The Hill Day. You'll be provided with background documents on the legislative requests at least two weeks prior to EMS On The Hill Day.

2. Think of a good story. A powerful way to connect with members of Congress is to share a personal story about your experiences on the job. Give some thought to what you'd like to share. A few ideas:

- A CPR save or a meaningful interaction with a patient to show how EMS saves lives and cares for the community.
- A situation in which your EMS agency struggled for resources necessary for patient care. Connect this back to the Field EMS Bill, which would provide resources to improve patient care.
- Is your organization developing a mobile integrated healthcare or community paramedicine program? Tell them about your efforts to innovate, to fill gaps in health resources, and to partner with others in your community to ensure healthcare dollars are spent efficiently. Connect it to the Field EMS Bill, which would provide resources to test and sustain these cost-saving healthcare programs.

3. Watch the video, *How to have a Successful Meeting with your Elected Officials*. If you've never met with a member of Congress before, this short video offers tips on what to expect. Find it on NAEMT's YouTube channel (www.youtube.com/user/TheNAEMT).

Beyond MIH: Transforming EMS

Mobile integrated healthcare-community paramedicine (MIH-CP) continues to take root nationwide, with more EMS agencies offering these services and more payers seeking out EMS as partners in the effort.

But there is other movement on the healthcare and reimbursement horizon that EMS must understand and capitalize on. Pay for performance, volume to value, quality outcome measures, new payment and economic models and expanded roles to meet evolving community needs are just a few.

Mobile Integrated Healthcare Summit

Please join us for NAEMT's MIH Summit, "Beyond MIH: Transforming EMS," to be held on April 19 in conjunction with EMS On The Hill Day. Learn the specific skills and tools EMS professionals need to successfully navigate these changes.

Register at naemt.org. Under the "Advocacy" tab, choose the "EMS On The Hill Day" link.

ADVOCACY ACTION

Call To Duty: Campaign Shows Support for Military Medics

EMS PROFESSIONALS MET their call to duty by sending over 4,400 messages to members of Congress to honor veteran and current military medics by easing their transition into civilian EMS jobs.

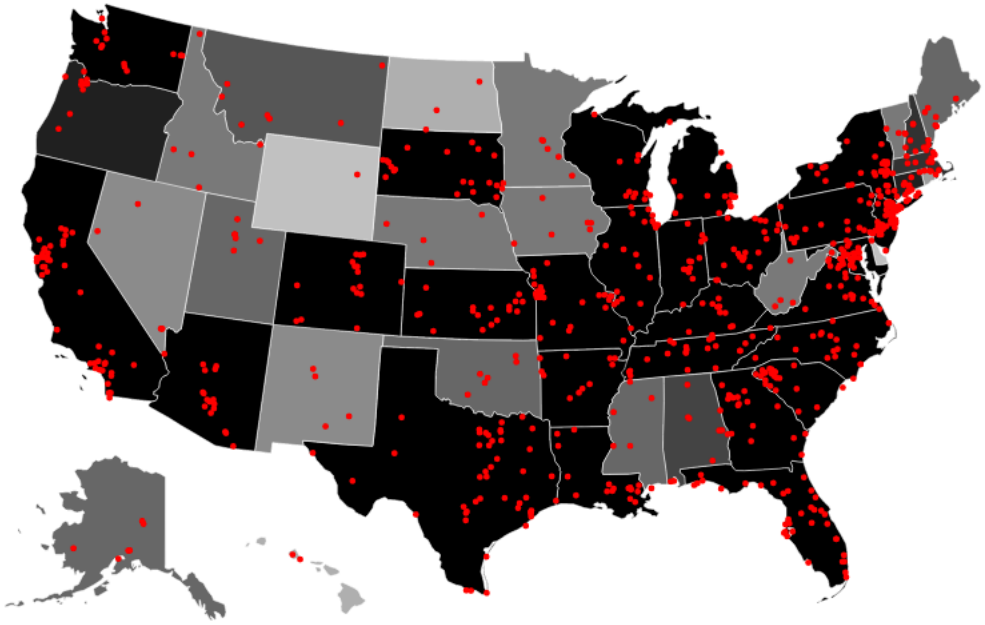
The Veteran EMT Support Act (S. 453/H.R. 1818) streamlines the process for veterans and separating military medics to meet state EMS certification and licensure requirements for employment.

Labor statistics show that the U.S. has a shortage of EMS practitioners to fill vacant civilian positions, and that shortage is predicted to grow. According to a recent Bureau of Labor Statistic's Occupational Outlook, there will be 55,000 new civilian EMT and Paramedic jobs created between 2012 and 2022. The projected job growth rate is 23 percent — greater than the average for all occupations.

Meanwhile, tens of thousands of military medics are departing from active duty and available to enter the civilian workforce, but are instead required to duplicate their military medic training to obtain a state license to practice.

"This important legislation makes it easier and faster for veterans who served as military medics to earn certification as civilian EMTs and paramedics, and serves to fill an essential public function vacancy in communities across our nation," said Ben Chlapek, chair of NAEMT's Military Relations Committee and a retired Army Lieutenant Colonel.

During the campaign, which ran from Oct. 1 to Nov. 30, NAEMT members and other supporters of the Veteran EMS Support Act emailed and tweeted members of the House and Senate, urging them to co-sponsor the bill. Over 400 U.S. Representatives and Senators in all 50 states and Puerto Rico and District of Columbia received messages. The campaign resulted in new bi-partisan support for the bill.



This important legislation makes it easier and faster for veterans who served as military medics to earn certification as civilian EMTs and paramedics, and serves to fill an essential public function vacancy in communities across our nation.

Ben Chlapek, chair of NAEMT's Military Relations Committee, Army Lieutenant Colonel (Ret.)

"We owe a lot of our history to returning Vietnam medics and doctors. Many of the current advances in trauma care are being made by those military medics who have or are currently serving in conflicts in the Middle East," said Advocacy Committee Chair Bruce Evans. "We should ensure their contribution to civilian emergency services can be continued. Our country's EMS practitioners have made a significant effort to make this a reality."

If you did not participate in the campaign, you can still do so. Just go to naemt.org/advocacy.aspx, choose the "Online Legislative Service" link, and click the "Take Action" button, where you'll find a template letter that you can email in support of military medics in just a few clicks.

To all of you who participated — thank you for showing your support for military medics!

POSITION STATEMENT: Include EMS in Preparedness Planning, Resources and Training

THE NAEMT BOARD recently issued a position statement calling for EMS, a recognized pillar of medical surge response critical in disasters, to be included in the national emergency response network.

Currently, EMS only receives 4 percent of federal disaster preparedness funds. Including and funding EMS disaster preparedness will help eliminate gaps in our nation's emergency response network, which may delay, deter or disrupt medical care delivery. The statement specifically calls for:

- Inclusion and integration of EMS as a primary partner in all aspects of preparedness planning.
- Equitable and stable funding comparable to other partners within the emergency response network.
- Resources and training opportunities that are accessible to all EMS providers.

The National Academies of Medicine (formerly Institute of Medicine) vision is for EMS to be well integrated with the other four pillars of medical surge response — hospital care, public health, out-of-hospital care, and emergency management/public safety — to create a unified disaster care response system. However, the Academies' vision is not currently implemented because EMS is not adequately funded and is left out of important disaster planning discussions.

"As the initial source of medical care to the public during disasters, the critical interventions and decision-making provided by EMS personnel play a crucial role in the survival of victims," said Dr. Carol Cunningham, Ohio State Medical Director and a member of NAEMT's EMS Preparedness Committee. "Yet, EMS remains a secondary afterthought during disaster planning and consistently emerges as a low priority pauper in the matrix of funding and training support."

She continued: "NAEMT, along with our EMS colleagues, welcomes the opportunity to collaboratively establish and support an equitable and valued position for EMS within our nation's emergency preparedness and disaster response system."

Establishing a National EMS Memorial in D.C. Will Take an Act of Congress

RECENTLY, THE NAEMT BOARD VOTED TO SUPPORT federal legislation that would establish a National EMS Memorial in Washington, D.C., to honor EMS practitioners killed in the line of duty.

The idea for a National EMS Memorial was hatched by a group of EMS professionals from Boston, New York and elsewhere who were bothered that no such memorial existed. The group founded the National EMS Memorial Foundation. Its 12 board members and other supporters are volunteering their time to raise money and build support for the memorial.

One of their first discoveries was that new memorials on federal land require an act of Congress. They found a congressional sponsor in Rep. Stephen Lynch (D-Boston), who introduced H.R. 2274, the "Bill to Establish a National EMS Memorial," in May 2015.

David Kamlan, a paramedic and director of communications for the foundation, talked with *NAEMT News* about their plans.

Q Why is a National EMS Memorial needed?

A There are National Fallen Firefighters and National Fallen Law Enforcement memorials. But there isn't one for EMS folks that operate outside of those constructs.

It's estimated that around 850,000 EMS workers respond to more than 300 million calls a year. EMS providers die in the line of duty at a rate of more than twice the national average for occupational fatalities. To date, we estimate over 650 EMS providers have died in the line of duty, or about 12 a year.

We all are fervent believers that this memorial needs to exist, not only for honoring those who have died, but to provide an anchor point for this industry to gather around. It is non-divisive. It is something that citizens, politicians and those in EMS can visit, pay their respects and be reminded of EMS' sacrifices.

To the public, when you dial 911, it just works. The sacrifice of these providers should never be taken for granted. I have friends who have died on the job, and many of us have encountered the same thing. This is the first step in providing a spotlight on what EMS is and what it does that is long overdue.

Q Why D.C.?

A It's important to have the memorial in our nation's capitol in order to represent all EMS workers who have made the ultimate sacrifice all across America, not just in any one town, city or state. Having it in D.C. also brings about a high level of visibility.

Q How much will it cost and how will it be paid for?

A All the legislation does is say that an EMS memorial should be established. It does not provide financing, and it does not say that Congress needs to allocate money to it.

We will need to raise the money. The budget hasn't been finalized because we don't have an architectural plan yet. The land would be for free, although we would need to pay for any infrastructural improvements. Our "back of the napkin" estimate is that it will cost $1.3 to $1.5 million to build the memorial, and establish a fund for maintenance in perpetuity.

Q How much have you raised so far?

A A tad shy of $100,000. We are a registered 501(c)3, so donations are tax deductible. In discussions with our colleagues in fire, military and law enforcement, they indicated we'll be able to raise the funds. Most of it will be grassroots, $5 and $10 donations from all over the United States. We'll also sell T-shirts, hoodies, hats, pins, and other items as fundraisers.

Q Other than donating financially, how can EMS professionals show their support?

A If they were to spend a few minutes and contact their member of Congress to ask for their support of H.R. 2274, that would make a huge difference. Also, tell us if you know of a line of duty death. It is of huge importance to us that everybody gets recognized.

Read more at emsmemorial.com.

Find contact information for your elected official using NAEMT's Online Legislative Service. On naemt.org, choose the "Advocacy" tab, then the "Online Legislative Service" link, and finally, "Directory." Put in your address, and you can send emails directly to the offices of your members of Congress.

MIH-CP Outcome Measures Project: Status Report

FOR INSURERS, HOSPITALS AND OTHER HEALTHCARE ENTITIES to be willing to pay EMS for providing MIH-CP services, EMS must prove that the interventions lower costs and improve patient health.

In 2015, several MIH-CP experts — including Brenda Staffan of REMSA, Dan Swayze of the Center for Emergency Medicine of Western Pennsylvania, and Matt Zavadsky of MedStar Mobile HealthCare — came together to start hammering out what EMS can and should measure to build that body of proof.

Today, nearly 75 EMS and healthcare associations and EMS agencies are participating in the project, providing feedback and lending their expertise during meetings held at a variety of national EMS conferences and on bi-monthly webinars.

A draft of the measures has also been presented to the Agency for Healthcare Research and Quality (AHRQ), the National Committee on Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Innovation — key national organizations that are influential in determining national healthcare reimbursement policy.

"The key to sustainability for MIH-CP is proving it meets the Triple Aim of improving the patient's experience of care, improving population health, and reducing healthcare expenditures," Zavadsky said. "The goal of this project is to develop a consistent strategy for measuring outcomes across multiple programs, identify best practices and ensure our profession has the data it needs to show the value of MIH-CP to the patients and the payers."

Three work groups are also developing additional elements of MIH-CP outcomes measures:

- Community paramedic process, which focuses on measuring the impact of community paramedics.
- Ambulance transport alternatives, or measuring the safety and effectiveness of transporting patients to alternate destinations.
- 911 nurse triage, or measuring the impact of offering nurse advice to 911 callers with non-urgent complaints.

View the draft measures at naemt.org. Under the "MIH-CP" tab, choose "MIH-CP Program Toolkit." If you would like to become part of the process, or to receive an Excel workbook developed by Anne Jensen of Rural/Metro San Diego that agencies can use to start tracking their MIH-CP outcomes, email mzavadsky@medstar911.org.

When Patients... CONTINUED FROM COVER

were seeking to kill other police officers or EMS practitioners because of their close relationship with law enforcement.

"It was terrifying," recalled Luckritz, whose agency, Jersey City Medical Center EMS, provides 911 medical response to the 14.5 square mile city of 300,000 just outside New York City. "My colleagues and fellow managers sat down and said, 'What do we do? We can't just stop providing EMS. But how do we ensure our staff is protected?'"

EMS crews were issued bulletproof vests and body armor. For the next several months in the heart of the city's most violent area, police and an EMS supervisor were present for every response.

Though they are no longer operating under such heightened security, the experience left Jersey City EMS grappling with difficult questions about what equipment, training and protocols they need to best protect responders, and how to help employees who struggled with feeling helpless to save the life of the young police officer.

"Most EMS agencies have a policy, 'Don't enter a scene unless it's safe,'" Luckritz says. "But can we realistically expect that if it's one of our own who is injured?"

And standard policies also don't account for how quickly circumstances in the field can change, said Skip Kirkwood, director of Durham County (NC) EMS.

"There is a myth in EMS that you arrive on scene, you determine if the scene is safe and if it's not, you leave," Kirkwood said. "That is a completely flawed approach to the subject because a scene that is safe one minute can be completely violent the next."

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Skip Kirkwood, Director, Durham County (NC) EMS

"He wanted to … kill us."

On the afternoon of April 10, 2013, five firefighter-EMTs and paramedics from Gwinnett County Fire outside Atlanta responded to a 911 call for chest pain. When they entered the home, they found the lights off, and the caller sitting up in bed, partially covered by a blanket.

Firefighters had put the blood pressure cuff on and were preparing the 12-lead, when the man lifted back the covers, revealing a gun.

One of the firefighters hit an emergency button on his radio, alerting dispatchers. For the next four hours, the man held the firefighters hostage.

"He said he had family problems. He had financial problems …," recalled one firefighter in a report issued after the event.

"My personal opinion is he wanted to board the house up, kill us, set the house on fire," said another.

During the standoff, the firefighters tried to build a rapport with him by cracking jokes and offering to make coffee. They wrestled with whether to sit tight and try to keep him calm, or take their chances and tackle him.

The standoff ended when SWAT officers tossed a concussion grenade into the residence, and then shot and killed the man. One police officer was shot in the wrist. The firefighters escaped with minor injuries, and were soon able to return to the job, said Tommy Rutledge, Gwinnett Fire's public information officer.

"It was a traumatic event for each of them, but for the most part they are doing fine," Rutledge said. "But it's never far from our minds. When we go on medical calls now, we're thinking, 'Are the lights on? Where is the patient? Are their hands hidden? Is there something that is a signal to cause us to think this call is something different?'"

Though firefighters are now issued body armor and helmets, few wear them with any regularity, Rutledge said. They have undergone some additional training in active shooter and situational awareness. Yet in reviewing the incident after the fact, the firefighters themselves said there wasn't anything about the scene that triggered suspicion.

"There was nothing there out of the ordinary that we don't see four, five, six times a day … We just responded to a call where someone was laying in their bed and said they had chest pain," said one firefighter.

Is some violence predictable?

Figuring out if there are certain situations or types of patients that are more likely to turn violent is one of the aims of Emerg (emerg.org), a new organization in which member agencies will work together to address patient and practitioner safety.

Beyond the headline-grabbing incidents like those in Detroit and near Atlanta, statistics suggest that violence happens with alarming frequency, and that predicting even a portion of the events could help EMS prepare, said Matt Womble, Emerg executive director.

A 2002 study published in *Prehospital Emergency Care* on self-reported violence found 8.5 percent of EMS patient

encounters involved some sort of violence, with 53 percent directed against practitioners and 47 percent against others on scene. About 21 percent of the violence was verbal only, 49 percent physical and 30 percent both.

A 2005 NAEMT survey found that about half of respondents (52%) reported having been assaulted by a patient.

In 2012, the online EMS Voluntary Event Notification Tool (E.V.E.N.T.) began collecting anonymous reports of violence along with other safety-related incidents. "Last month for the first time we received more violence reports than patient or provider safety reports," Womble said.

One challenge with studying violence is that there is no agreed upon definition of it, Womble said. Few would disagree that spitting, biting and hitting constitutes violence. But how about verbal abuse and threats? What about a hypoglycemic patient who becomes aggressive? How about the same behavior from an intoxicated patient?

"When reporting violence, it's human nature to look at intent: did they intend to hurt me?" Womble said. "Our goal needs to be to protect our providers from anything that negatively affects them."

In rural Pennsylvania, one group is especially worrisome: psychiatric patients in need of lengthy inter-facility transport from community hospitals to in-patient mental health facilities.

During one Mutual Aid Ambulance Service transport in Westmoreland County, Pa., a psychiatric patient jumped out of an ambulance when it stopped at a red light and threw himself off a bridge, said Bill Groft, director of operations for Mutual Aid. A neighboring EMS agency had a psych patient try to leap out of the ambulance while it was going 65 mph — and take the EMT with him.

Groft's agency and others tried to work with hospitals and mental health staff to increase the use of restraints, but met with resistance. "We respond to many inter-facility mental health calls without a problem. It's that one in 1,000 that there is a problem," Groft said. "I know of several EMS agencies that will not do inter-facility mental health transports from sunset to sunrise. They're traveling long distances at night in rural areas, and they feel it's too dangerous."

No single solution

With the kinds of violent or dangerous situations EMS practitioners face so varied, all agree that addressing the problem will take a multi-pronged approach.

Forty-two states have laws that stiffen penalties for assaults on EMS practitioners, according to NAEMT research. Though these laws may not deter criminals, it does send a signal to the EMS profession, to law enforcement and to the criminal justice system that violence against EMS practitioners is unacceptable, Groft said.

Kirkwood advocates for EMS-specific self-defense training for all practitioners. In Durham County, about half of Kirkwood's 160 employees have gone through a course called Escaping Violent Encounters for EMS and Fire, created by DT4EMS (dt4ems.com).

"Police tactics don't work for EMS because it's the wrong endpoint," Kirkwood said. "What we do not want is a bunch of paramedics on top of a patient on the ground. What we want is the medic away from the violence."

NAEMT's EMS Safety Course covers all aspects of workplace safety, including risk assessment and situational awareness. Making one decision that a scene is safe is not using situational awareness, said Mike Szczygiel, chair of the NAEMT Safety Commitee. Situational awareness is an ongoing process of using visual, auditory and other cues to determine changes in the environment. "We must use the same level of intensity to monitor the safety of scenes that we use to monitor the clinical condition of our patients," he said.

And then there is the mental and emotional component of violence, and how to ensure EMS practitioners develop the resilience to maintain their emotional and psychological wellbeing, Luckritz said.

One step in that process is for EMS to let go of the idea that being assaulted on the job is either a badge of honor or something to laugh off, Kirkwood said. "In many organizations, if a medic gets beat up on the job, they get teased and harassed. The attitude is, 'If you were a street-smart medic you would have kicked his ass or hit him over the head with an oxygen tank.' That is bravado by people who don't know what they're talking about," Kirkwood says. "The management will discourage them from pressing charges, or management won't give them time off to go to court. They are in denial. That has got to stop."

In October, Roger Lane's attacker, Remy Gagnon, was sentenced to 6 to 17 months in jail. Gagnon's attorney claimed his client was a drug addict with mental health issues who believed that the girl in the car was being kidnapped and he was trying to help.

On the day of the sentencing, the courtroom was packed with Lane's EMS colleagues, who embraced him in the hallway after it was over. "It was more support than I ever asked for or hoped for," Lane said.

Unable to work and still dealing with the physical and emotional fallout from the assault, Lane hopes his experience will serve as a wake up call to the profession. "You know that thing you talk about in medic school, scene safety? The scene is never safe," he said. "We've got to do a better job of protecting ourselves, and taking care of ourselves."

TACTICAL EMERGENCY CASUALTY CARE

Teaches All EMS Practitioners How to Respond When the Worst Happens

THE NUMBER OF ACTIVE SHOOTER INCIDENTS occurring in the United States is rising. Of the 12 deadliest shootings to ever happen on U.S. soil, half have occurred since 2007.

In 2015, there were 353 mass shootings in the United States, according to ShootingTracker.com. Of those, 45 occurred at schools.

And the shootings in San Bernardino, Calif. by a husband and his wife who had pledged allegiance to the Islamic State is being considered an act of terrorism by the FBI.

To prepare all EMS practitioners to respond, NAEMT's Tactical Emergency Casualty Care (TECC) course teaches techniques adapted from the U.S. Department of Defense's Tactical Combat Casualty Care (TCCC) course.

TCCC was developed and refined from lessons learned on the battlefield during the Iraq and Afghanistan wars. The TECC course also meets the guidelines established by the Committee on Tactical Emergency Casualty Care, a group of national experts who study civilian tactical medical needs. TECC is brought to life with high-intensity scenarios simulating active shooter and other mass casualty events.

The first TECC course, which drew 46 students from the U.S. and abroad, was offered as a preconference workshop at EMS World Expo in September in Las Vegas.

"I believe if you're a 911 EMS responder you should have to take this course," said Steve Erwin, president and CEO of Tiger Tactical Training and Consulting. "It's preparing you to respond when confronted with active shooter situations, or situations that aren't what we usually confront. We've had situations like this even in rural areas. And every area has a school."

Wessel Stegers, a nurse practitioner from the Netherlands who works in EMS, planned to take the lessons learned back to his country to teach students there. "We're not really prepared for caring for gunshot wounds or active shooters," Stegers said. "I had never used hemostatic gauze or tourniquets before, but these are things we need to know. I feel much more sure of my ability to use them now."

Added John Crowley, who was awarded the 2015 NAEMT/North American Rescue Military Medic of the Year award: "Civilians need to be ready … Police officers are getting gunned down. Shootings are happening at schools. Terrorists are making plans. We need to pray for the best, but train for the worst. TECC helps you do that."

NAEMT offers a suite of tactical medical courses to meet the needs of a range of responders. Courses include:

Tactical Combat Casualty Care for Medical Personnel (TCCC-MP)
16-hour course developed by the U.S. Department of Defense for military medics, corpsmen and pararescuemen preparing to deploy in support of combat operations.

Tactical Combat Casualty Care for All Combatants (TCCC-AC)
8-hour course for non-medical military personnel.

Tactical Emergency Casualty Care (TECC)
16-hour course for EMTs, paramedics and medical professionals who could be called upon to respond to a mass casualty or active shooter event.

Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC)
8-hour course that teaches hemorrhage control and basic lifesaving techniques to police, firefighters and other first responders.

Bleeding Control for the Injured (B-Con)
2.5-hour hemorrhage control course for civilians.

"I'm alive because of a CAT tourniquet."

John Crosser, a student in the TECC course in Las Vegas, knows more than most about the lifesaving potential of tourniquets.

As an Army infantryman patrolling in southern Baghdad on Oct. 14, 2007, he lost his lower leg to a blast injury from an IED. Aware that he was severely wounded and at risk of bleeding to death, Crosser had the presence of mind to single-handedly apply a Combat Application Tourniquet (CAT) to his own leg.

"In the tactical setting, it's all about hemorrhage control. Knowing how to apply a CAT tourniquet is an invaluable skill that everyone — police officers, firefighters, EMTs and paramedics — should know," Crosser said. "I'm alive because of it. There are a lot of guys who are alive because of that one device."

After leaving the Army, Crosser, 27, became an EMT and a volunteer firefighter with the Oatman Fire District in Mojave County, Ariz. "If I didn't have prior training, I would have not known how to use that piece of equipment when I needed it," he said. "I encourage everyone to not only take the course once, but to refresh on it every few years."

NAEMT NEWS INTERVIEW

MEET LANCE STUKE, M.D., MPH, NAEMT'S NEW PHTLS MEDICAL DIRECTOR

Associate Program Director, Trauma and Critical Care Surgery, Louisiana State University Health Sciences Center

DR. LANCE STUKE STARTED HIS CAREER IN EMS as an EMT for a volunteer service as a college student at Tulane University in New Orleans. After graduation, he became a paramedic for the city of New Orleans, where he met Dr. Norman McSwain, a trauma surgeon at what was then called Charity Hospital, and a lifelong champion for prehospital trauma care.

"We'd bring in patients and I would talk to the surgeons about what the injuries were, how they treated the patients and how they did," Stuke said. "Dr. McSwain was a mentor to me. One time we brought in a patient with a gunshot wound to the chest. They had done a thoracotomy. Dr. McSwain had me put on gloves and showed me around the chest, and why the patient had died. Dr. McSwain and other surgeons took the time to teach me about things I would otherwise never see. I knew that was what I wanted to do for a living. That was my early inspiration to go to medical school."

Earlier this year, Stuke took over as medical director for NAEMT's PHTLS program after the death of his mentor in July. Stuke spoke with NAEMT News about his role in guiding the world's leading prehospital trauma education course, and where the future of prehospital trauma care is headed.

Q Why is prehospital trauma care so important?

A Time is critical with trauma. If we can get early control of hemorrhage and the airway, if we can intervene before patients go into shock or potentially even reverse shock that is already present, we can save lives. That is the challenge for the prehospital practitioner. They have to be able to do a lot of lifesaving interventions, in the back of a moving ambulance, without the support you would have inside a hospital, in a very short amount of time.

Q What are the most significant trends in prehospital trauma care?

A The biggest trend is translating the military experience in Iraq and Afghanistan into the civilian world, and figuring out if what works for them also works for us here.

We know tourniquets made a significant difference in survival for the military. The military is teaching that every soldier should carry a tourniquet and be able to apply it to their buddy or themselves. We assume that will translate to civilian success as well, but it hasn't

aggressively been studied, although early trials showing success are being published.

Now, through courses like Bleeding Control for the Injured (B-Con), TECC (Tactical Emergency Casualty Care) and LEFR-TCC (Law Enforcement First Response-Tactical Casualty Care), we're trying to develop that same mindset in the civilian world by teaching police, firefighters and bystanders the importance of having a tourniquet available and being able to apply it. There are so many care under fire incidents happening in the civilian world, with active shooter incidents at schools and other pubic locations, that tactical personnel and even civilians now need basic tourniquet training.

Another example is TXA [Tranexamic Acid, a blood clotting agent] which has also demonstrated success on the battlefield. The question is, will TXA be effective in the civilian setting, where transport time to a trauma center is often shorter?

Q What significant changes in prehospital trauma may be on the horizon?

A We continue to learn more about the important role of early resuscitation, and new technology is coming along that is giving us more and more options. We are exploring taking procedures that in the past could only be done in the hospital, that in the future we may be able to do in the field.

That includes the transfusion of prehospital blood products like packed red blood cells or plasma to prevent hemorrhagic shock and the loss of the ability of blood to coagulate; TXA; and prehospital ultrasound to help with diagnosis. It's pretty exciting.

Q You worked closely with Dr. McSwain for many years and considered him a mentor. Why do you think he was so widely admired?

A The reason he was so loved is because he treated everybody the same, and that was with respect. He didn't care who you were, how important you were, your position or rank. He always would stop and take as much time as you needed of him, to discuss any problems or answer any questions. He treated an EMT-basic with the same respect as the chief of surgery.

He also had a lot of energy and enthusiasm. You could just see his eyes light up every time he talked about trauma.

Q Why is the role of PHTLS medical director important, and what do you hope to bring to the position?

A My vision of medical director is to continue to expand PHTLS both nationally and internationally. It's already the world leader in prehospital trauma care education.

Additionally, I see my role as helping to ensure PHTLS providers have access to the latest trauma research so that the care we provide remains cutting edge.

Q Why is PHTLS the best prehospital trauma course available anywhere?

A We update the content every 4 years. We have also evolved PHTLS into multiple spinoff courses to suit the needs of different groups of responders — EMS, firefighters, military, law enforcement and civilians.

We have a close working relationship with the American College of Surgeons, Committee on Trauma. I'm the NAEMT representative to the EMS subcommittee. We meet twice a year and have various working groups to consider specific issues, such as an upcoming prehospital TXA position statement.

My participation ensures PHTLS has a seat at the table when these major policy decisions that impact EMS are being written, and vice versa. The Committee on Trauma gets our input on what we think is important from a prehospital perspective.

Q What is one skill that every EMS practitioner should have that will prepare them to treat trauma patients?

A The inner confidence to make rapid decisions, often with very little information, sometimes in a very chaotic environment. Some people have it, and others learn it through years of experience. That's what separates the truly outstanding EMS practitioner from the average medic.

Q What is one area that all EMS practitioners can improve on?

A Education. One way that all EMS practitioners can improve is to do all they can to further their EMS education. Learn more, keep reading, and get involved at their local hospitals. Get to know the local nurses and physicians. Don't be afraid to ask questions or follow up with your patients so you can see for yourself if what you did made a difference. If they know you are interested, they will be more inclined to teach you things, like Dr. McSwain and the trauma surgeons did for me early in my career. We need to think of ourselves as healthcare providers who are an integral part of a larger healthcare system, and do what we can to earn the trust of the physicians and nurses we work with.

SPOTLIGHT ON
EMSGrantsHelp, an NAEMT Member Benefit

EMSGRANTSHELP is a service that offers information for EMS agencies seeking grants (see emsgrantshelp.com), as well as assistance from grant writers on grant applications.

The information on their website is free. For those who want help from grant experts in preparing a grant application, the fee is $2,500. EMSGrantsHelp offers a 25% discount on any grant writing service to NAEMT members and NAEMT member agencies.

Rachel Stermerman, a paramedic and grants writer for EMSGrantsHelp, spoke with *NAEMT News* about the service.

Q Why should EMS agencies use EMSGrantsHelp?

A We have a wealth of resources at our disposal that takes the complexity of the grant process off the hands of already overburdened EMS agencies. At EMSGrantsHelp, we have put together an amazing team of experts that handles grant research, writing, application assembly, and a network of professionals in every grant field.

Q What kinds of grants are available to EMS agencies, and what do they help fund?

A There are two types of grants available: government and private. Government grants can be used to purchase equipment, fund training or expand your current services. However, government grants are very competitive, limited, and complex.

Grants available through private foundations are typically local and mission oriented, resulting in more diverse funding that can include program development, expanding access to healthcare, equipment purchase, training, research, and anything your agency needs.

Q There seems to be a lot of grants available for fire-based EMS. Are there grants available for non-fire based EMS?

A Absolutely! While the number of grant programs from your state or federal government may be limited, look to your local corporations as a possible funder. Large corporations like Wells Fargo, Walmart and Bank of America gave over $500 million in grant contributions last year.

Q We've also heard a lot about grants that cover equipment purchases. Are there grants to cover training or to help fund innovations in EMS such as MIH-CP?

A There are plenty of organizations funding the innovators of EMS. The Centers for Medicare and Medicaid has the most widely known program with the Health Care Innovation Awards, which funds applicants implementing the most compelling new ideas to deliver better healthcare. With the new focus of the nation on healthcare costs and improving access, many private foundations have shifted their funding to these areas.

Q What sorts of grants should agencies seek on their own versus seeking professional help with?

A Every grant application comes with its set of complexities. So it depends on your familiarity with the grant process and your proficiency as a writer. If you're doing it on your own, read through the grant makers Request for Proposal (RFP) and truly determine if you have a good understanding of what they are asking for and that you can articulate your proposal on paper.

Small or micro grants from private foundations tend to be simpler than large-scale projects that require a thorough explanation of all facets of the project. If your organization is struggling with funding projects that are a priority to your community, look for professional assistance.

Q What are the biggest misconceptions about grants that you hear?

A The biggest misconception is that funders will just pay for equipment. While your agency might see a need for that particular piece of equipment, often the funder wants to see a program or project that puts the equipment to use. For example, the need for an off-road emergency vehicle can be obvious for your agency, however a funder may see just an expensive vehicle that is not utilized daily. When you fold it into a safety or educational program, it becomes more than a vehicle and funders see it as a more viable project.

Q What do agencies find the toughest about applying for grants, and how can you help with that?

A The two biggest challenges agencies have when applying for grants are finding the grant, and being frustrated with constantly being rejected. For those who are having difficulty finding a grant to apply for, we offer research services that will help you find 6 to 10 grant makers that are good options for your project. Agencies that have previously been unsuccessful can access our editing services or look to us to write your next grant. We have an entire grants team of experts who are dedicated to funding your next project.

Q Tell us something surprising about grants for EMS.

A That grant makers want to support and fund our field. In EMS we joke that we are the forgotten children of the public safety world and no one understands what we do. Grant makers want us to be successful and fund our projects; it just takes the right language in the application to articulate our needs to the funder.

Q What's your success rate and can you tell us a recent success story?

A Our success rate is about 40 percent. Recently, we assisted New Britain EMS in Connecticut in getting a $23,000 grant for EMS PPE, and Wilton EMS in New York in getting about $66,000 in funding for patient simulation training.

To request grants help, go to naemt.org and choose the "Members" link, then the "EMS Grants Resources" link.

Three Steps to Get Your Agency Grant Ready

If you're a do-it-yourself kind of person, Rachel Stemerman offers these three tips that will help your agency be better prepared to apply for local, state, regional, and national grant funding.

STEP 1 GET YOUR DOCUMENTS IN ORDER.

Many foundations or other grant making organizations require a common set of documents. At a minimum, have on hand current year and previous year budgets, an organizational chart, and a list of directors or policy makers as well as their affiliations.

For non-profit agencies, make sure to include your agency's IRS determination letter stating your 501(c)3 designation. You might want to support this with financial and income statements.

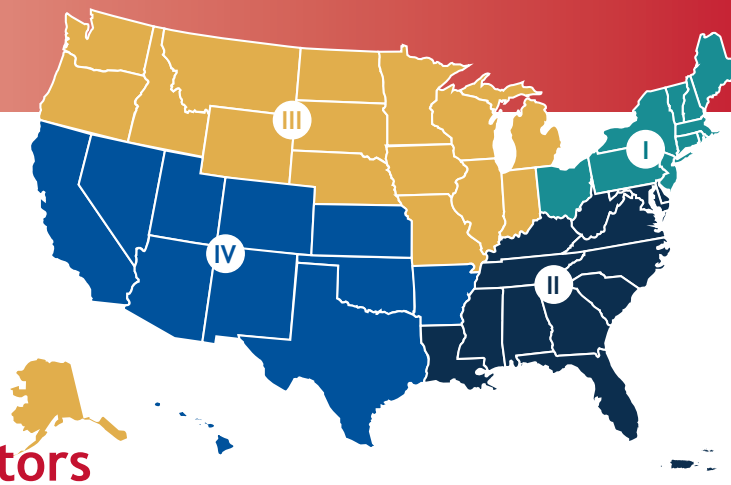
STEP 2 TELL THE STORY OF YOUR DEPARTMENT.

Grant makers want to know about your organization; its mission, history and accomplishments. Write a half-page to full-page document that gives insight into your department for potential grant makers.

STEP 3 CREATE A "ONE SHEET" FOR YOUR AGENCY.

A "one sheet" is a snapshot of the most important statistics, performance measures, and demographics about your agency. Having this ready will make it easier to make deadlines. Our EMS grants team recommends the following one sheet data points:

- Annual call volume
- Distribution of incidents by type - medical, trauma, structure fires, alarms
- Mutual aid responses
- Cardiac arrest responses and related data (i.e. ROSC, 30-day survival)
- Motor vehicle collisions requiring extrication
- Number of full-time staff (paid), part-time staff (paid), and volunteers
- Distribution of staff by level of certification
- Number of on-duty injuries (per year)
- Coverage area (square miles)
- Number of stations
- Number of apparatus
- Population in coverage area
- Median income
- Recent grant successes
- Recent service enhancements or improvements



The NAEMT Board of Directors is responsible for the general management and oversight of the affairs of the association. Each of the members of our Board, including our officers, is elected by the active members of the association to advance the EMS profession and represents the interests of EMS practitioners on issues of importance to our profession.

Welcome 2016 Board of Directors

IT'S OUR PLEASURE to introduce the newest members of NAEMT's Board of Directors, whose terms began on January 1, 2016 and will run for two years.

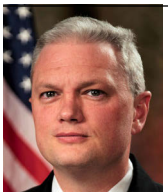
Charlene Cobb, At-Large Director

Charlene Cobb, NREMT-P, is community outreach coordinator and public information officer for Sunstar Paramedics in Pinellas County, Fla.

Cobb began her EMS career in 1980 with the Sayville Community Ambulance Squad in New York. She became a nationally registered paramedic in 1992 and quickly advanced to field training officer and then education coordinator.

Charlene is a member of NAEMT's EMS Safety program committee, and has contributed as a course author for the 1st and 2nd editions. She is also a member of the international EMS Safety Foundation and received the organization's prestigious "Objective Safety Award" in 2008.

Charlene is passionate about community safety and is the chairperson for the Suncoast Safekids Coalition. She received the 1998 Florida "Paramedic of the Year" award and was selected the Pinellas County "Paramedic of the Year" for her work on a language translation guide for EMS personnel. In 2009, she received the Florida "Injury Prevention Award" for her work to promote child passenger safety and in 2010 she received the Pinellas County "EMS Public Safety Award" for her efforts to enhance ambulance safety.



Brian Schaeffer, Region III Director

Brian Schaeffer, NREMT-P, BS, MPA, is assistant chief for the Spokane Fire Department.

He began his career as a firefighter-paramedic for the Warrensburg Fire Department in Missouri, became a flight paramedic in Kansas City, and later held several progressive ranks at the Central Jackson County Fire District in Blue Springs, Mo.

He served as fire chief for Wright County (MO) Fire Protection District before becoming deputy chief of operations for Yakima County and later the City of Yakima Fire Department in Washington.

Schaeffer, an EMS educator who also serves as NAEMT's Advocacy Coordinator for Washington, has a master's degree in public administration and is pursuing a doctorate in education.

He serves on numerous local and state public safety and health-related committees and has lectured on issues such as servant leadership, high reliability organizations and integrated healthcare issues. He was also instrumental in changing state law to enable community paramedicine.

Welcome back to our returning and re-elected directors!

Chuck Kearns, President
Dennis Rowe, President-elect
Bruce Evans, Secretary
Scott Matin, Treasurer
Don Lundy, Immediate Past President
Robert Luckritz, Region I Director
Sean Britton, Region I Director
Chad McIntyre, Region II Director
Cory Richter, Region II Director
Jason Scheiderer, Region III Director
Troy Tuke, Region IV Director
Terry David, Region IV Director
Matt Zavadsky, At-Large Director
Paul Hinchey, Medical Director

NAEMT Foundation

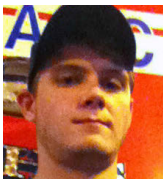
THE NAEMT BOARD OF DIRECTORS APPOINTED THREE NEW TRUSTEES to the NAEMT Foundation during the board's meeting in Las Vegas on Sept. 15. The new trustees are Rod Barrett of Bentonville, Ark; Keith Douglas of Gallatin, Tenn., and Rick Ellis of Warner Robins, Ga.

The NAEMT Foundation works to strengthen, build and support a better future for EMS through funding EMS education scholarships and research. Read more about the NAEMT Foundation at naemt.org/foundation.aspx.

Congratulations to Our Scholarship Recipients!

WE ARE PLEASED to announce the recipients of the EMS and The College Network scholarships:

First Responder to EMT-B ($500):



Charles Jenkins, IV (Ripley, Tenn.) — A volunteer firefighter and emergency medical responder for Lauderdale County Fire Department and Rescue Squad, Jenkins is pursuing an associate's degree for EMT-Advanced while working full-time as a staffing coordinator for a company that provides temporary staffing for manufacturing and industrial jobs. His family has a tradition of working in EMS. "This scholarship would help to ease the financial burden of pursuing my passion for helping others." Jenkins is also a certified weather spotter for the National Weather Service, a certified lifeguard, and a member of the American Red Cross Disaster Response Team.

EMT to Paramedic (up to $5,000)

Natalee Matsch (Ellsworth, Wis.) — While working as a certified nurse assistant at a nursing home, Matsch got a firsthand look at EMS in action — and she knew she wanted to join the profession. She became an EMT-Basic with Ellsworth Area Ambulance Service, and now has plans to become a paramedic. "I hold hands. I wipe tears. I crack jokes. I apply bandages and splints; I calm my patients. I apply electrodes; administer meds, and record vitals. I make a split-second decision to diagnose and treat my patients. I silently communicate with my partner to make sure we do everything we can to save a life … I love what I do and I would not change a thing about it — only climb as high as I can in the field to be a better provider." Matsch is also a direct support professional who help people with mental and physical handicaps become less isolated and more integrated into their communities.

Michael Sumner (Bonaire, Ga.) — An Advanced EMT for Houston Healthcare EMS which serves Houston County, Ga. for five years, Sumner's goal is to become a paramedic to fulfill his "thirst for medical knowledge and skills" and to help fill a paramedic shortage in his area. "My employer has a dire need for paramedics, with positions having been left unfilled for two years … ," Sumner wrote. "Although our EMTs provide exceptional patient care with positive outcomes, I know our community's health care needs are better served with more paramedics being available … I feel that I need to rise to the occasion by not only helping my employer, but by helping my community have the best emergency medical care possible."

Paramedic to Advanced EMS (up to $2,000):

Steven Howell (Bryson City, N.C.) — Howell is a paramedic for Cherokee Tribal EMS serving the Eastern Band of Cherokee Indians, which is headquartered in North Carolina and one of three federally recognized Cherokee tribes. He also teaches CPR and First Aid in his community, and is an instructor for firefighters and first responders. He is pursuing a bachelor's degree in emergency medical care, and hopes to become a college-level EMS educator and training coordinator for Cherokee Tribal EMS. "No where else will you find men and women who are willing to, at any hour of the day, go into some of the scariest, dirtiest, unusual places, take care of patients with who knows what's wrong with them, miss out on important parts of their lives, and still come back each and every shift to do it again."

The College Network (up to $2,500):

Bennie Hearn, IV (Medina, Tenn.) — A paramedic for 18 years and an EMS educator for 10 of them, Hearn plans to pursue a nursing degree. Currently a paramedic for Gibson County EMS, Hearn wants to use his nursing credential to serve as a nurse for church camps and mission trips in the United States and internationally. "As an EMS educator, I will take the newfound knowledge into the classroom and lecture circuit to speak on improving the quality of medicine and professionalism within my chosen career."

The next deadline for The College Network scholarship is March 15, 2016.

WELCOME NEW NAEMT AGENCY MEMBERS!

- Academy for Professional Development, Modesto, Calif.
- Care Ambulance, Indianapolis, Ind.
- Ellington Volunteer Ambulance Corps, Ellington, Conn.
- Gaston County EMS, Gastonia, N.C.
- McNeese State University Police, Lake Charles, La.
- Rapid City Fire Department, Rapid City, S.D.
- Richmond Ambulance Authority, Richmond, Va.

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 below, please stop by the NAEMT booth and say "hi."

Pick up goodies like NAEMT pens, plus copies of the latest NAEMT publications, such as the 2014 Annual Report or our 2015-2016 Education Catalog. Bring your colleagues and allow us to introduce them to the many benefits of NAEMT membership. We look forward to meeting you!

National Association of EMS Physicians Annual Meeting
January 14-16, San Diego, CA

EMS Today
Feb. 25-27, Baltimore, Md.

Beyond MIH: Transforming EMS Summit
April 19, Washington, D.C.

EMS On The Hill Day
April 19-20, Washington, D.C.

REGISTER FOR EMS ON THE HILL DAY
April 20, 2016 *(briefing April 19)*, Washington, D.C. | **NAEMT.ORG**

EMS
On The Hill Day
Be There For EMS

Times are changing for EMS. It has never been more important for EMS professionals to speak out on behalf of our patients' needs and on issues that impact our ability to provide quality medical care.

HOSTED BY NAEMT
Serving our nation's EMS practitioners