

EMS simulation lets you treat as you train

by Les R. Becker, Ph.D., NREMT-P

The landmark 2000 Institute of Medicine report, *To Err Is Human: Building a Safer Health System* (Kohn, L. T., Corrigan, J. and Donaldson, M. S., eds.), not only launched national and international patient safety efforts, but also served to turbocharge the growth and dissemination of medical simulation as an educational approach in the health care field.

What is simulation?

Simulation methods can range from the very complex to the very simple. Regardless of the complexity of the simulation method itself, all types of simulation serve to model or imitate the behavior of some situation or process.

A paper and pencil medical exercise based upon a predetermined scenario script can be one of the simplest forms of EMS simulation. Other types of simulation may employ computer screen-based exercises, part-task trainers (e.g., an airway training torso), standardized patients (trained actors portraying various health states) and a range of manually operated to computer-controlled full- and partial-body medical simulators. In fact, each of us in the EMS community experiences 'simulation-based' education when we receive training in cardiopulmonary resuscitation.

Simulation embraces much more than employing paper and pencil, a part-task trainer or a complex, high-fidelity full-body patient simulator. These platforms can be used to offer training or education or to assess EMS practitioners' knowledge in a given area of medical or trauma care. It's important to recognize that a simulator (of any level of complexity) is only one component of a simulation.

The simulation experience

Typically, a simulation activity begins with an idea or perhaps a quality assurance finding. Information from textbooks, protocols, popular online sources or even peer-reviewed EMS literature may be used to enrich the experience and 'fill-in' the background for learning. As in all training, educational or assessment activities, simulation exercises are typically centered around two to three carefully crafted objectives.

As mentioned, meaningful simulation activities can take on a number of forms. The range of simulation approaches includes paper and pencil exercises, case studies, task trainers, simple mannequins and part- or full-body patient simulators. Don't be disappointed if your organization lacks access to sophisticated part- or full-body patient simulators. You can still learn a lot! The simulation literature has yet to demonstrate a relationship between the level of simulation complexity and team training effectiveness¹.

A simulation typically begins with a description of the scenario. You will be presented with dispatch information and other relevant details as the simulated clinical encounter unfolds. The instructor's or simulation facilitator's goal is to achieve your buy-in to the simulated clinical encounter and aid you in 'suspending disbelief'. A simple mannequin, a few articles of clothing and a bit of moulage can go a long way! A growing number of lower-cost simulators offer features including breath sounds, palpable pulse points, expanding chest walls, EKG monitoring lead attachment points, fully manageable airways and IV access arms.

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Our members are my inspiration

As I enter into my last few months as president of our great association, I took the opportunity to reflect upon my experiences and what I have learned.

Over the last two years, I have attended many EMS meetings, seminars and conferences. My travels have given me the opportunity to meet so many wonderful members of our profession. The men and women who practice field EMS today are dedicated to the patients they serve and display great pride in their work. I continually am impressed by the efforts of our members across our nation and around the globe working every day to improve EMS and support NAEMT.

I firmly believe that the core strength of our association has always been and will continue to be our members – members like:

Tony Maggio, EMS Chief for the Barrington, New Hampshire Fire Department. Tony is one of NAEMT's top advocates who uses our Capwiz online legislative service on a regular basis to request his Members of Congress to pass important EMS legislation.

Andrew Binder, a paramedic from Spearfish, South Dakota, who is our state advocacy coordinator for his state. Andrew writes a monthly column about federal legislation and grassroots advocacy for the South Dakota EMS Association newsletter.

Frank Barreca, a paramedic from Florence, Mississippi, who doubled the number of members participating on NAEMT's Facebook group through outreach to his EMS network.

Bill Justice, a paramedic from Oklahoma City, Oklahoma, and a Lifetime Member of NAEMT, who traveled to many new TCCC course sites in his role as TCCC regional coordinator, to help these sites launch their TCCC courses.

John Fitzsimmons, a paramedic from Fayetteville, Tennessee, who is an avid supporter of NAEMT and EMS on the Hill Day. John has participated in every EMS on the Hill Day as part of the Tennessee delegation. Tennessee has brought the largest delegation to EMS on the Hill Day for the last three years – see the photo below!



Connie A. Meyer
President

I firmly believe that the core strength of our association has always been and will continue to be our members.

The efforts of these few members combined with the efforts of the thousands of members making a difference in their communities every day represents the power and potential that is at the heart of NAEMT.

I also have learned that we are strong because we are diverse. Diversity is a hallmark of our membership. We come from different ethnic, religious and cultural backgrounds. We serve in a variety of different environments. We serve in different types of EMS agencies.

This diversity gives NAEMT the perspective and flexibility to meet the evolving needs of our profession. And, our diversity strengthens our association within the wider EMS community.

My time as NAEMT president has taught me that no one

person in our organization defines who we are. We are defined by all of our members because **every member matters and every member contributes to our strength.**

Our members have inspired me throughout my term as president and I thank each and every one of you for your support of NAEMT.



The large Tennessee delegation at EMS on the Hill Day 2012.

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CHRIS STEVENS
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Education news

AMLS appoints state coordinators



For the past few months, the Advanced Medical Life Support (AMLS) program has been in the process of appointing state coordinators to provide support and assistance to AMLS course sites and instructors in their respective states. State coordinators have now been appointed in all regions. NAEMT is pleased to announce the appointment of the new AMLS state coordinators in Regions 3 and 4:

Region 3

Arizona - Amy Boise, NREMT-P, FP-C

Hawaii - Ian Santee, MICT, MPA

Iowa - Jeff Messerole, EMT-P

Region 4

California - Allen Patterson, NREMT-P, LP, CCEMT-P

New Mexico - Ann Bellows, RN, EMT-P, Ed. D.

Oregon - Dawn Poetter, EMT-P

Texas - Macara Trusty, EMT-P

Washington - TJ Bishop, EMT-P

The AMLS program continues its growth globally, with an inaugural course conducted recently in Japan. The course, sponsored by the Japan Society for Instructional Systems in Healthcare (JSISH), was held in April at EISEIKAI Minamitama Hospital, in Hachioji, Tokyo. Eighteen students took the course.

Three AMLS courses and one PHTLS course were then held in Kagoshima and Jikei University in Minato, Tokyo. The commitment and investment of time and resources from these instructors and their sponsoring institutions made the opportunity to offer multiple courses possible.

EPC Transition course brings in more instructors



The EPC Transition Course has become a very successful training resource for the program. The Transition Course allows instructors in other pediatric courses to transition to teaching the EPC Course. For current AMLS or PHTLS instructors, the requirement for monitoring is waived.

An EPC Transition Course will be conducted at EMS World Expo in New Orleans at no charge. If you will not be attending EMS World Expo, you may contact NAEMT to sign up for a free EPC Transition Course conducted by conference call and presentation.

The EPC Hybrid Course has become a favorite tool for EPC instructors to reach more students. This format allows for the eight-hour didactic portion of the course to be taken online – and content has been newly updated – followed by eight hours in a classroom setting, which includes the skills portion and Critical Thinking Scenarios. To learn more, go to the EPC section of the NAEMT web site.

The EPC Committee was asked to develop skill sheets for instructors to provide guidance on expectations of the student during specific skill stations. These new skill sheets are now available to EPC Course Coordinators online in the Access Secured Program Materials area in the Course Coordinator section of the NAEMT web site.

Become a course site

If you are interested in becoming a NAEMT course site for one of our programs, we would like to speak with you about the needs of your site and how we can best meet those needs. Please contact NAEMT at 1-800-346-2368 or education@naemt.org.

EMS Safety reaches milestones



The EMS Safety Course Committee reached the following milestones in 2012:

- A new mission statement for the program was created: To reduce the instance of on-the-job death and injury in EMS by providing practical, innovative, up-to-date education designed to increase awareness and enhance the safety of EMS practitioners at all levels.
- The committee has begun the process of identifying and appointing Affiliate Faculty to assist local instructors in providing courses in their communities.
- The course materials, including the student resource guide, instructor notes, videos and presentations, were translated into Japanese by the Japanese Paramedic Association as a part of bringing the course to Japan.
- The “Safety Resources” section of the program’s page on the NAEMT web site has been greatly expanded to include new developments and up-to-date information pertaining to EMS safety.
- Committee Chair Glenn Luedtke was appointed to the Advisory Board of the EMS Safety Foundation, and participated in the annual meeting of the Transportation Research Board of the National Academies in Washington, D.C.
- Luedtke continued to represent NAEMT on the “EMS Culture of Safety” Project, funded by NHTSA and conducted by ACEP, and also serves as a member of the steering committee.

The EMS Safety course also continues to expand internationally. Courses will take place in Israel by the end of 2012, and plans are being made to bring the course to South Africa and Austria.

PHTLS expands course support



THE SUPPORT NETWORK OF THE PHTLS program will be expanding with the appointment of four new regional coordinators by the end of this year.

Michael Hunter, a member of the PHTLS Committee, has been appointed to serve as the PHTLS Coordinator for North America. He will oversee the work of all PHTLS regional and state coordinators. This new structure will improve support to our course sites, instructors and students.

The course is seeking regional coordinators. The position responsibilities include:

- Overseeing state coordinators and/or affiliate faculty activities within their assigned regions;
- Conducting quarterly conference calls with state coordinators and/or affiliate faculty;
- Supporting state coordinators and/or affiliate faculty in promoting NAEMT education programs in their areas.

For more information or to apply for this position, please send a letter of interest and a copy of your resume or curriculum vitae to education@naemt.org. **Applications are due by October 14, 2012.**

Jones & Bartlett Learning Partners with NAEMT

JONES & BARTLETT LEARNING is working with NAEMT through a publishing partnership. NAEMT educational programs previously published with Elsevier, Inc., including the market-leading PHTLS and AMLS, are now included in the Jones & Bartlett Learning EMS product line.

“Jones & Bartlett Learning is excited to partner with an organization as prestigious as NAEMT,” said Ty Field, CEO of Jones & Bartlett Learning. “NAEMT’s PHTLS and AMLS programs are well known and highly regarded throughout the world.”

“NAEMT is pleased to have the opportunity to work with Jones & Bartlett Learning in supporting our PHTLS and AMLS courses and the EMS students taking our courses,” said NAEMT President Connie Meyer. “We believe that Jones & Bartlett Learning’s depth of expertise and resources in the fields of public safety and healthcare education complement our focus on providing the highest quality materials to our students.”

Jones & Bartlett Learning, together with NAEMT, will continue to support and enhance existing NAEMT programs, domestically and internationally.

NAEMT education programs beat the competition

NAEMT STATES THAT OUR PROGRAMS ARE THE BEST IN EMS EDUCATION. But what does that really mean?

Recently, NAEMT education committee members and textbook publishers evaluated how current NAEMT courses, textbooks and supporting course materials stand up against their competition. AMLS was compared to its nearest competitor, EMPACT; EPC was compared to PEPP, and PHTLS was compared to ITLS. Evaluation of course materials considered whether materials were comprehensive or foundational in scope, or whether certain key topics were missing. The term “comprehensive” was applied as defined in the National Emergency Medical Services Education Standards, 2010.

Here are the results of the evaluations:

AMLS vs. EMPACT – While both programs share several chapters on topics that are comprehensive in scope, EMPACT offers only foundational rather than AMLS’s comprehensive coverage on the topics of respiratory disorders and abdominal discomfort: gastrointestinal, genitourinary and reproductive disorders.

In its appendices, EMPACT lacks an assessment pathway and information on rapid sequence intubation, chapter review answers and a glossary – all of which AMLS provides. Compared to EMPACT’s omission of the following, AMLS also offers a discussion of special considerations for bariatric patients, obstetric patients, air medical transport, and wilderness conditions. EMPACT does not provide AMLS’s in-chapter learning objectives, key terms with definitions, and RAPID recall boxes, or AMLS’s helpful review questions, a fold-out pocket reference card, and advanced clinical cases and scenarios.

You may view the full AMLS/EMPACT comparison chart on the AMLS page of our web site.

PHTLS vs. ITLS – PHTLS and ITLS share comprehensive information in two chapters, those covering shock assessment and management and thoracic trauma. Otherwise, ITLS provides only foundational information on patient assessment and management, airway ventilation assessment and management, head trauma, spinal trauma, abdominal trauma, musculoskeletal trauma, burn trauma, pediatric trauma, and geriatric trauma, compared to PHTLS’s comprehensive information on those topics. ITLS is missing PHTLS’s comprehensive coverage of injury prevention, assessment of kinematics, and scene assessment and management.

PHTLS also offers discussion of special considerations for disaster management, explosives and other weapons of mass destruction, Environmental Trauma I: Heat and Cold, and Environmental Trauma II: Drowning, Lightning, Diving, and Altitude, as well as wilderness trauma care, and civilian tactical emergency medical support – all of which ITLS does not offer.

View the full PHTLS/ITLS comparison chart on the PHTLS page of our web site.

EPC vs. PEPP – In terms of courses, EPC offers a hybrid provider course option as well as an instructor transition course, while PEPP offers neither. In course content, PEPP lacks information on the EPC topics of understanding kids, congenital heart defects, hypoperfusion and shock, neonatal resuscitation, and family centered care.

Compared to EPC, PEPP also does not offer easy access to its national medical director or its national committee, which EPC provides.

See the full EPC/PEPP comparison chart on the EPC page of our web site.

So, do NAEMT courses and materials offer the best in EMS education? You decide.

For more information on NAEMT courses and locations, go to the Education section of www.naemt.org.



EMS simulation >> continued from cover

These features allow you to assess and treat your simulated patient and facilitate buy-in. Some of the more sophisticated simulators can be operated remotely, enhancing the realism of the encounter. Often shaped by the learning objectives, your patient’s condition will change in response to your treatment interventions.

Simulated encounters end with a debriefing session. Debriefing is in fact the most important component of a simulation exercise. We often shudder at the mention of ‘debriefing’ – the word spawns images of top-down, scathing criticism for omitted acts with scant praise offered in balance. However, a simulation exercise debrief is not a traditional critique. In fact, the closest EMS model for a simulation debriefing is critical incident stress debriefing. The debriefer typically chooses two or three key points to highlight, using them to bring closure to the exercise. Las Vegas rules apply – the details of the content of the debriefing exercise, and the simulated encounter itself, remain in the debriefing room.²

Applications in EMS

Simulation activities are integrated into EMS in one of several ways. First, simulation is becoming an increasingly important component of initial EMS training. Even in extensive EMS clinical rotations, EMS practitioners will not often experience low-frequency, high acuity case presentations such as anaphylactic shock or angioedema. And even if they do, effective and efficient patient care is the priority, rather than training of students. Thus, simulation offers an opportunity for students to experience rare patient presentations and develop proficiency in responding to them. In the same way that airline pilots take off and land a plane many times before they ever encounter a ticketed passenger, through simulated encounters, your ‘rookie’ partner has previously treated critical, unstable patients long before his or her first crew assignment.

Second, simulation supports ongoing quality assurance, EMS training and continuing education. Simulation will certainly play an increasingly important role as EMS organizations across the country retrain and retool their practitioners in accordance with the National Education Standards. Finally, in the not-so-distant future, simulation will play a role in high-stakes testing as the National Registry of Emergency Medical Technicians continues to pilot and most likely will implement scenario-based testing.

Using available resources

Simulation need not be costly. Case studies and tabletop simulations require only pencil and paper. Many EMS organizations already own airway and CPR training torsos. A simple static training mannequin can be purchased from many sources for less than the cost of a single self-contained breathing apparatus. Your organization may reach out to healthcare organizations in your region. Many have developed in-house simulation centers.

Need more information?

Start with the Internet. Many commercial and non-commercial organizations maintain informative web sites. If you’re seeking more formal information, a good place to begin is the excellent volume edited by Richard R. Kyle and W. Bosseau Murray, *Clinical Simulation: Operations, Engineering and Management* (2008, Academic Press).

References

1. Beaubien, J. and Baker, D. *The use of simulation for training teamwork skills in health care: how low can you go?* Qual Saf Health Care. 2004; 13(Suppl. 1):i51-i56.
2. Dreifuerst, K. T. *The essentials of debriefing in simulation learning: a concept analysis.* Nursing Education Perspectives. 2009; 30(2):109-114.

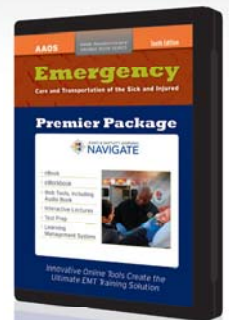
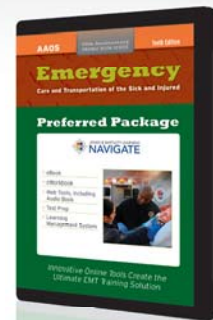
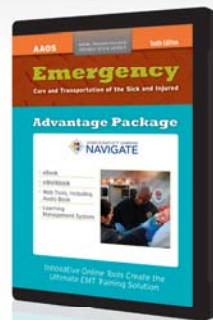
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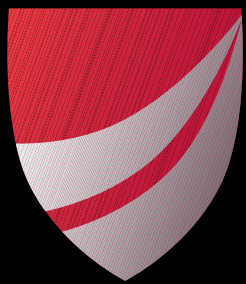


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Legal matters: Keep your head - and your job - when using social media

by Doug Wolfberg

IMAGINE THIS SCENARIO: After a long day, a rough shift and a run-in with your supervisor, you head home to the comfort of your own living room. You turn on your computer. You log in to Facebook and see a friend's post, complaining about his job. You sympathize, so you post, "I know what you mean. My boss is a total jerk who doesn't understand EMS. It's amazing how they let the inmates run the asylum." You hit "post," and off goes your 25-word post into cyberspace. Nothing bad can come of it, right? After all, this is America, and we have our rights to free speech. Right? Um...

Not so much. Believe it or not, the constitutional right to free speech embodied in the First Amendment does not prohibit your employer from taking adverse action against you when you spout off in this fashion – even though you were off-duty, even though you were using your own computer and in your own home. The First Amendment, like the other provisions of our Bill of Rights, is meant to protect us against government actions, not against private actors. Even those of you who work for a public-sector, government-based EMS agency do not have an unfettered right to criticize your employer. Courts have upheld the rights of private and public employers to take disciplinary actions against employees who speak out in a way that might reflect negatively on their employer.

The First Amendment does provide something of an exception to public employees, however. Courts have found that public employees have a constitutional right to speak out on matters of public concern. Courts will look at both the content and the context of what was said to determine if it falls within this right. Compare the post above to this post, by a public-sector EMS employee: "I can't believe our county board of commissioners voted to close two fire stations at last night's council meeting. Their budget cuts will make it impossible for us to provide the level of service the public expects of us."

In this second post, the subject matter is more a matter of "public concern" than the first one. The first is a gripe by an employee against an employer. The second is a legitimate matter of public debate regarding the use of public funds. In the first example, an employer probably would have solid grounds to discipline the employee. In the second one, it is quite possible that a public employee would have a claim for a civil rights violation if his/her employer took disciplinary action against him/her for this post.

In addition to the First Amendment issues, remember that other laws, such as HIPAA, prohibit sharing certain other types of information. Even if a post doesn't identify a patient by name, it could still constitute a HIPAA violation if it could reasonably

identify the patient. An employer would have the grounds to discipline an EMS professional, as the First Amendment offers no protection for violating a patient's right to privacy.

Lastly, if you are a member of a labor union, bear in mind that the National Labor Relations Board has taken the position that employees do have the right to use social media to discuss terms and conditions of employment. This is an evolving legal issue.

Now, with at least a very brief background of the law, set aside the legal issues. Think about how spouting off on Facebook can hurt your career. If you apply for a new job, for instance, your prospective employers are free to search the Internet and any other public sources of information about you. If they see a picture of you doing shots off a belly dancer, they're free to hire someone else for the position you applied for.

Think of the image you want to present to the world. Do the posts and photos on your Facebook page reflect your status as an EMS professional who inspires confidence and respect? If not, consider posts carefully before you share them with the world. At a minimum, use your privacy settings to their fullest extent to keep your personal and professional lives separate. But remember, items on the Internet eventually can become public, and you must ask yourself if you're willing for all to see your posts.

If someone visits your Facebook page, will they see anything that tells them which candidate you support for President? Will they learn your position on gay marriage or gun control? Will they be able to see whether or not you eat at Chik-Fil-A? Of course you may have positions on these issues – strong ones, in some cases – but these are very divisive issues in our society. Chances are, if you post something regarding one of these issues, you'll anger at least half of the people who read it. Your thoughts are yours. But once you hit "post" or "send," they become public, and you've shared them with the world.

Remember that projecting the image of a conscientious and caring EMS professional is a full-time job these days. The use of social media, and the ability to post comments from our phones and mobile devices in an instant – almost without thinking – can easily erase that image in a moment. Do the remarks you text, post, blog and tweet keep with the image you want to project to your co-workers, employers and the public? If not, it may be time to re-think your social media strategy.

Doug Wolfberg is an attorney and founding partner of Page, Wolfberg & Wirth. He also is a longtime EMS provider and administrator, and serves as legal counsel to NAEMT. Visit the firm's web site at www.pwwemslaw.com, where you can find more information on the PWW Social Media Survival Kit.

NAEMT congratulates 2012 award winners

One award winner is known for his compassionate care for patients, and one is so dedicated that he selflessly responds to calls even when not on duty. Those are just a few of the admirable qualities that characterize NAEMT's 2012 National EMS Award winners:

2012 Paramedic of the Year - Kenneth Davenport, Paramedic, Marion, Ky.

Sponsored by Nasco

2012 EMT of the Year - Dean Darling, EMT-I, Sauk City, Wis.

Sponsored by Braun Industries

Kenneth Davenport

Davenport is a paramedic with Lyon County (Ky.) EMS, and has worked in EMS since 1988. He was nominated by Adam Lyons, his director, who says that Davenport helped him adjust to the area as a new director to the service.

He says that Davenport works for multiple agencies not for the money, but because he loves the job and wants to help as many patients as possible.

Lyons said that Davenport is always willing to step in and help coworkers, and "his patient care is superb. He is intrigued by the patient's condition and what is causing their current symptoms or illness. He gets down to the root of the problem and treats patients and their family members with dignity and respect."



Brent White, the son of a patient Davenport treated, relays how his disabled father had fallen at home. While the family believed this fall to be no worse than others he had taken, and the patient assured paramedics he was all right, Davenport asked him a few key

questions before leaving the home and discovered the patient was experiencing pain behind his ear. "Without hesitation," White says, "Mr. Davenport instinctively changed course and said it was imperative to get my father to the hospital as quickly as possible. Over the next several hours my family would learn that my father had a subdural hematoma and other significant damage to his brain that required immediate surgery." The surgeon said Davenport's quick diagnosis and action saved White's father's life.

G. Allen Jones, EMT-P, his director at Trigg Co. Hospital EMS, says that "Every patient Kenneth encounters is treated with the utmost respect and care. Kenneth shows compassion and empathy for his patients and their families. He has touched so many lives."

In addition, Davenport "is a leading force for continuing education for our organization," says Lyons. "He is always trying to help keep himself and other members current on state and national standards."

In his everyday work, "he has continued to impress me with his dedication," says Jones. "Kenneth not only performs his duties above and beyond but he encourages everyone to do the same. He is constantly sharing and enlightening us with the continuous knowledge he possesses."

Jones adds, "There are no words or amount of money that could compare to the compassion, time and selflessness that Kenneth has so graciously given to EMS. He constantly looks for the good in people and brings out the best in those around him."

"Kenneth Davenport is an exceptional person and a paramedic who is highly regarded in the EMS community and truly deserves this award," says Lyons.

Dean Darling

Darling is a EMT-I with Sauk City (Wis.) Prairie Ambulance Association, serving with the agency since 1982. He was nominated by his coworker, Joe Welsch. Welsch relates that Darling once responded to a pager call while off duty, and saved a pulseless, non-breathing man's life by starting CPR quickly before the ambulance could arrive. That man he saved was Welsch's father – and Darling was the reason Welsch became an EMT.





“Dean is the best EMT I have ever known,” Welsch says.

As training director for the Sauk City Prairie Ambulance Association, Darling has trained every EMT with the service and is highly respected throughout the area for his knowledge of patient care.

“Many nights and weekends you can find Dean helping new and veteran EMTs review skills or teaching new procedures. He is a great teacher, mentor, and role model for all of us; his skills as an EMT are unsurpassed and respected by all,” says Kevin Weber, his director at Sauk Prairie Ambulance. “On calls, Dean’s priority is to give quality care and advocate for patients’ health and well-being. He will accept nothing less than the absolute best patient care and treatment. Evidence of this is the numerous hours he spends reading articles and texts to continue to educate himself in the latest trends and techniques, continually practicing his advanced skills and afterwards imparting his knowledge and skills to the members of the service.”

“Dean is always looking for new ways to move the service forward,” says Welsch. Darling has introduced several new programs, including:

- A program to fund and place defibrillators in all ambulances. As part of this program, Darling established a field response program: When defibrillators are replaced in ambulances, EMTs now carry the still-useful defibrillators and a medical kit in their personal vehicles in case they need to quickly respond to a cardiac arrest.
- The area’s first-ever bike medic program, which allows EMTs on bicycles to respond quickly to patients in very crowded areas during events. This program has cost-effectively saved lives.
- Upgrading Sauk City Ambulance from a basic level

volunteer service to intermediate IV level. Although all members had to undergo additional training, Darling convinced them that it would be best for the community.

- Working with law enforcement to form a search and rescue team, prompted by the lack of one to find a missing child. Darling has met with the county sheriff to gain support, and is fundraising.

James Anderson, Village President of Sauk City, says that “Dean has worked well above and beyond expectations as a volunteer to keep SPAA a quality service. He has incorporated a number of techniques that give SPAA the ability to deal with more serious traumas as well as routine EMS services. Dean started Combat Applied Tourniquet (CAT) to help with the more extensive injuries and spent a considerable amount of time to make this a quality project. He spoke with local military personnel to learn how CAT was used on the combat field so he could teach the proper application.” Darling also introduced intraosseous (IO), Anderson says, spending a good deal of his own time in learning the process before he taught the other members of SPAA.

“Without his dedication, this service would not have survived,” says Weber. “I have never met and probably never will meet a person who is as dedicated and giving of his life and who puts his whole heart into EMS as Dean Darling. I would trust my life to him.”

“The work he has done and continues to do for the community is absolutely amazing. Dean is the backbone of the Sauk Prairie Ambulance Service and does a phenomenal job,” says Welsch.

Each nominee for the 2012 NAEMT Paramedic of the Year and EMT of the Year was judged on how he/she:

- provides superior patient care;
- is an effective advocate for patients and their families;
- works with peers to foster a positive work environment;
- demonstrates professionalism in interacting with patients, their families and other medical professionals; and
- demonstrates a commitment to continuing professional education.

These awards are being presented at NAEMT’s General Membership Meeting and Awards Presentation on the evening of Tuesday, October 30, and at the opening ceremony of EMS World Expo. All NAEMT members and guests are invited to attend.

Vote in 2012 NAEMT elections!

Right now, elections are being held for the NAEMT Board of Directors positions of President-Elect, Treasurer, Secretary, Region 1 Director, Region 2 Director, Region 3 Director, Region 4 Director and At-Large Director.

As an active NAEMT member, you have the privilege of voting for the members who will lead your association. Once voting opens on October 15, please take the time to vote for the candidates of your choice. The current 2012 elections schedule is as follows:

Through October 1 - Endorsements of candidates by individual members in good standing are accepted. Active members may endorse only one candidate for each open position.

September 15 through October 28 - Candidates' statements and endorsements are posted on the web site. An e-mail is sent to all members with a link to the candidates' information.

October 15 through 28 - Voting is open. Members will be able to vote online for the candidates of their choice. Members eligible to vote will receive an e-mail announcing the opening of the voting period, voting instructions and a link to log in and vote online. To ensure that you don't miss these important announcements, please update your member profile to confirm your current e-mail address.

November - Members are notified of election results.

As a member of NAEMT, you decide your association's leadership. Be sure to vote starting on October 15!

We're working together to grow our association

by Chuck Kearns, Membership Committee Chair

Over the last two years, NAEMT membership has grown over 10 percent! Last year, the NAEMT Board of Directors made a bold move in setting a strategic goal of recruiting and retaining 10,000 full NAEMT members by the end of 2014. We believe this goal is attainable, but we need your help.

When it comes to recruitment, no one can better promote our association than our members. We need for you to talk about NAEMT, tell your colleagues about all the benefits of being a member, and especially tell them about the importance of being a part of your national professional association. The more members we have, the more impact we have when advocating for our profession.

Did you know that NAEMT will reward you for recruiting new members? Through our "More Members, More Rewards" program, NAEMT pays you cash for recruiting new members. Simply tell your friends to tell us who referred them when they join. You will be doing your friends a favor, and at the end of the calendar year, you will be rewarded based on the number of individual members you recruit throughout the year – \$100 for 10 members, \$225 for 20 members or \$350 for 30 members.

Retention is a large part of obtaining our goal. When each of us receives our annual renewal notice, we make a choice to continue our membership in NAEMT. One aspect of membership that might affect your decision is the NAEMT benefits package. You deserve the best, and we work hard to provide you with the best membership package in EMS. Just this year, we added two more

free online CE credits, discounts on services and products that you use every day, new discounts on CE courses, and most recently, a 30 percent discount on required, CECBEMS accredited CPR and ACLS online continuing education.

The best just keeps getting better!

Another aspect of membership that might influence your decision is the opportunity to actively participate in the association. NAEMT offers many ways through which members can become more engaged. In education, members can serve as instructors, affiliate faculty and other leadership roles for our education courses. In advocacy, members can participate in our legislative campaigns, attend EMS on the Hill Day, or even serve as a NAEMT state advocacy coordinator. Additional opportunities are available through NAEMT's committees and working groups for members to work on the key challenges facing our profession.

NAEMT is all about its members. YOU are the sole reason for NAEMT's existence. NAEMT's mission is to represent and serve YOU, and we want you to hold us accountable. Talk to us. We need to hear from you about how we are doing. We have an open door policy, and we welcome your comments, feedback or suggestions at membership@naemt.org or 1-800-346-2368. Thank you for your continued support of our association and the EMS profession.



Congratulations to scholarship winners

NAEMT congratulates our most recent scholarship recipients:

First Responder to EMT-B (\$500) Christine Sones, Temple, N.H.

EMT-Basic to EMT-Paramedic (\$5,000 each) Eric Freeberg, Jacksonville, Fla., and Michelle Peterson, Moab, Utah

Paramedic EMS Education Advancement (\$2,000) Mark Dunlap, Pittsburgh, Pa.

Degree completion program offered by The College Network (\$2,500) Andrew Hensley, Payson, Az.



Sones (left) is a first responder with her local fire department. She will study to be certified as an EMT with Elliot Hospital in Manchester, N.H., with the goal of then becoming a paramedic and flight nurse. "This scholarship will help me put my studies as my top priority," she says. "My goal is to pay for each step of my education without incurring debt."

Freeberg (right) is an EMT-B enrolled with the paramedic program at Florida State College at Jacksonville. In his recent EMT-B program, he took an hour before each course to help and mentor other students in the class. "I am proud and honored to be such a special part of the healthcare force," he says. "I have had the privilege of working with some of the best staff and physicians in the world. This scholarship will help me give more time and effort to school, research, patient care and my family, and will help me continue to mentor my fellow students and my community."



Peterson (left) is an EMT-I with Grand County EMS. "I truly feel fortunate to get to run in an area like Moab where my skills and stamina are put to the test almost every day. This scholarship will mean the difference between having to work while in school or being able to be fully dedicated to my classroom and field study time. After completing my program, my EMS director has requested that I help the agency transition from a BLS to an ALS agency with paramedics on each crew. I am thrilled at the opportunities that are now just ahead of me."

Dunlap (right) is a paramedic with the City of Pittsburgh. He says he enjoys living in the same community in which he works, and several times has helped accident victims and others while he was off duty. Dunlap will be attending the University of Pittsburgh to earn a Bachelor's degree in Emergency Medicine. "I have obtained an extensive amount of



field experience – now it's time to expand my education. A degree in Emergency Medicine will help me be a better paramedic and a better mentor to new paramedics. My professional development is important to me so I can deliver the highest quality of care to my patients."

Hensley (photo not available) is a paramedic with the Payson Fire Department. He currently is earning his Bachelor's degree in Emergency Operations and Management from Grand Canyon University, an Associate's degree from The College Network, and is finishing prerequisites for a Master's degree from his community college. "Early on I was taught that EMS professionals are 'lifetime students' and we will never stop learning. I am dedicated to that betterment," he says. He has worked in the fire service and EMS field for several years, and says, "In my heart I know there is no better way to serve my community."

NAEMT Foundation offers scholarship for new EMS practitioners

In an effort to address the challenge of recruitment and retention in EMS, the NAEMT Foundation established a scholarship program for individuals interested in pursuing a career in EMS. Scholarships will be awarded in the spring of 2013. Applications will be accepted online beginning in November, 2012.

The scholarship program is funded by proceeds from the NAEMT Silent Auction, held each year at EMS World Expo, and by individual and corporate contributions. NAEMT members are encouraged to contribute to the NAEMT Foundation to help fund the scholarship, and to make this information available to anyone you know who is interested in entering the field of EMS.

For more information or to make a contribution, go to the NAEMT Foundation tab on our web site, www.naemt.org.

Also, while at EMS World Expo, be sure to visit the Silent Auction at booth 1010 to bid on great EMS items!

National EMS Memorial Service honored fallen colleagues

THE 20TH ANNUAL NATIONAL EMS MEMORIAL SERVICE honored 20 fallen EMS colleagues from 13 states on June 23. The service took place at the Pikes Peak Center in Colorado Springs, Col. In addition to presentations made during the service, each honoree's name is engraved on a bronze oak leaf which is added to the "Tree of Life," the National EMS Memorial.

To allow all EMS practitioners and agencies across the nation to join with those attending the service in honoring fallen colleagues, the service held the Fifteenth Annual National Moment of Silence on June 23 as well.

NAEMT is an annual sponsor of the service and this year sponsored a breakfast for attendees. A majority of NAEMT's Board of Directors attended the 2012 service. Here are a few of their comments:

I will always be thankful for being able to attend the EMS Memorial services. The opportunity to honor those who have given so much to their communities and who have fallen in service to others is a humbling experience and a great privilege in itself.

Rod Barrett, Director, Region IV

EMS is one of the largest families I have ever been a part of. The National EMS Memorial gives colleagues and families an opportunity to show each other support in remembering those who lost their lives in the line of duty. This emotional service is a healing process for all of us. I have had two friends inducted since 2010, and I will continue to attend the service to build on the love and support of our families and friends affected each year by the death of our colleagues. The National EMS Memorial truly unites the EMS profession in recognition of our brothers and sisters.

Aimee Binning, Director, Region III

I was humbled and honored to be a part of such a wonderful, uplifting service. The families hugged and laughed and cried. It seemed to place things in perspective and gave everyone hope. I thought I would leave the ceremony bummed out, but in fact, it was one of the most uplifting things I've ever attended. The stories of the heroes who died doing what they loved made me realize that every life we touch knows what an important job we do. They may not say it – but they know.

Don Lundy, President-Elect

The National EMS Memorial Service is important to all practitioners, offering a time of reflection and sharing, and getting to know the families who loved them and letting those families know they will never be alone – there is a huge family of EMS professionals around the world that will always be there for them. The memorial service became personal for me in 2010 when a paramedic/RN from a neighboring EMS service in Iowa was killed in an ambulance crash. She was inducted into the 2011 National EMS Memorial and being able to be at the service that year, read her name as the rose and flag were presented to her family, and share stories of her with other families brought some closure for my grief. The National EMS Memorial Service shows that those we lost will never be forgotten.

Jules Scadden, At-Large Director

Since 1992, the National EMS Memorial Service has honored America's EMS practitioners who have given their lives in the line of duty. The 20 individuals honored this year join 581 others previously honored.

For more information and to view the listing of 2012 honorees, please visit www.nemsms.org.



Do your elected Congressional representatives support EMS?

WITH NATIONAL ELECTIONS COMING UP, as an EMS professional it's important to be informed as to how your Congressional representatives support and vote on EMS issues. Do they support EMS and its practitioners?

NAEMT's Capwiz legislative service can provide you with specific information about your Congressional representatives' support for EMS. Simply go to the Capwiz legislative services area in the Advocacy section of www.naemt.org. Click on the "Elected Officials" tab. Place your zip code in the appropriate location. Click on one of your listed Congressional representatives. Click on "Bills" and view the EMS legislation, introduced in the 112th Congress, to see if your representatives have co-sponsored a bill.

In addition, through Capwiz, you can see how your representatives have voted. Click on the "Issues and Legislation" tab, and then click on "Key Votes". When you sign up for "MegaVote", you can receive your candidates' votes weekly by e-mail.

NAEMT is actively supporting the following bills introduced in the 112th Congress:

Medicare reimbursement for ambulance services

S.424 and H.R. 1005: Medicare Ambulance Access Preservation Act of 2011 – to preserve access to ambulance services under the Medicare program.

S. 1680: Craig Thomas Rural Hospital and Provider Equity Act of 2011 – to protect and preserve access of Medicare beneficiaries in rural areas to health care providers under the Medicare program.

Public Safety Officers Benefits program

S. 1696 and H.R. 4018: Public Safety Officers' Benefits Improvement Act – to improve the Public Safety Officers' Benefits program and include nonprofit and volunteer ground and air ambulance crew members and first responders for certain benefits. This bill has now passed in the House of Representatives.



Congressman Mike Fitzpatrick meets with the Pennsylvania delegation at EMS on the Hill Day 2012.

Field EMS quality

H.R. 3144: Field EMS Quality, Innovation, and Cost Effectiveness Improvements Act of 2011 – to provide for improvement of field emergency medical services, and for other purposes.

Support for military medics

H.R. 4124: Emergency Medic Transition (EMT) Act – to provide grants to state emergency medical service departments to provide for the expedited training and licensing of veterans with prior medical training.

S. 1553: Veterans to Paramedics Transition Act – to allow EMS agencies currently receiving rural emergency medical service training and equipment grants to use grant funds for training to enable military veterans to satisfy emergency medical services certification requirements, as determined by their state.

S.3235: Helping Iraq and Afghanistan Veterans Return to Employment at Home Act, or HIRE at HOME Act – requires a state to demonstrate the consideration of any military training received by a veteran when approving or denying a license or certification as an EMT-B, EMT-1, or EMT-paramedic.

Honoring fallen first responders

H.R. 1330: Honoring Hometown Heroes Act – to provide for the flying of the flag at half-staff in the event of the death of a first responder in the line of duty.

To learn more about the candidates for the upcoming election, visit the Capwiz legislative service. Click on the "Elections and Candidates" tab. Enter your street address and zip code in the appropriate location, and Capwiz will provide information about the current candidates for all seats up for election in your area. You can click on each candidate to learn more.

NOTE: If you click on the PAC tab in a candidate's profile, you can learn which organizations support the campaign financially, potentially influencing the candidate's decisions.

Making the transition from military medic to paramedic should be painless

by Mike Williamson, BS, NREMT-Paramedic

The military, without doubt, produces some highly trained medics. With education and training coupled with multiple deployments, the average military medic functions somewhere between the civilian EMT-Intermediate and paramedic levels. Some of our special operations medics and independent duty Navy corpsmen function at the level of paramedic, physician assistant or registered nurse.

With all of their training and experience, one would think that transitioning from a military medic to a civilian paramedic would be an easy endeavor. However, too often it is a challenging and arduous process that forces the military medic to start at square one and complete much of the same education and training that he or



she has previously completed. If the military medics have attained their EMT-Basic certification from the National Registry, some states will certify or license them as basic EMTs. Here is one success story of an Army flight medic who overcame the barriers he faced and made the transition.

Ssg Robert Hartgraves, a flight medic with the 77th Aviation Brigade of the Arkansas Army National Guard, had a goal of becoming a paramedic. When he was not on one of his three deployments, he worked as an EMT for his local EMS service. Robert had enrolled in a paramedic course in 2006 but did not get to complete the process due to his military obligations. As an infantry medic and later a flight medic, he functioned at the paramedic level while on deployments but upon returning to his civilian job, could not use any of the advanced skills he had learned. Robert said, "At times it was frustrating while working on the ambulance. Many times I knew what to do and how to do it, and could have been a tremendous asset to my partner, but my hands were tied, as I was licensed as an EMT-Basic."

During his last deployment, Robert became more determined to find a way to achieve his goal. Upon returning from

his third deployment in 2011, Robert started a new job as an EMT with Vital Link EMS, based in Batesville, Ark. He had heard that the University of Arkansas Community College of Batesville offered an outstanding paramedic program. The only problem was that the course was currently in progress and he would likely have to wait another year to pursue his goal. He approached the program director, Mr. Wesley Gay, to obtain more information. It was from that meeting that Gay realized the education, training and experience that Robert already had. He agreed to review his military and civilian transcripts to see what he could do.

Gay said, "After talking with Robert for a few minutes, it was clear that this guy knew his stuff. I continued the interview and after review of his transcripts and listening to his long list of experience, I concluded that he in fact had enough credit to start the next semester of the program. It seemed senseless to make this guy repeat everything again."

Robert was elated. This meant he would not have to delay his goal nor would he have to repeat everything that he had previously done. Robert enrolled in August of 2011 and proudly graduated in December of that year. I asked Mr. Gay about what it was like having Robert as a student. He replied: "There were times during the class that I wondered why he wasn't teaching that portion of the course. His knowledge base is incredible. It is obvious that his military training and experience has prepared him to be an outstanding medic."

Robert passed his National Registry exam the first time and is proudly working as a paramedic and still serves his state and country as an Army flight medic.

Ssg Robert Hartgraves was determined to eliminate the duplication of his military medic training and experience and gain recognition for his level of EMS expertise. To honor and recognize the high-level training of military medics, NAEMT is supporting federal legislation assisting in the transition process.

Please see the previous page for a listing of this legislation under "Support for military medics". To learn more about the legislation, visit Capwiz Online Legislation Services via the NAEMT web site, www.capwiz.com/naemt/home.

Mike Williamson is the vice chair of NAEMT's Military Relations Committee and is currently an active duty Arkansas Army National Guard Soldier where he serves as the Medical Readiness NCO and Flight Medic for the 77th Theatre Aviation Brigade. He has been involved in EMS for nearly 30 years, and continues to serve his local community as a part-time flight paramedic. He holds an Associate's Degree in Emergency Medical Sciences and Bachelor's Degree in Emergency Administration and Management.

Board adopts new position statement on just culture in EMS

In the last issue of *NAEMT News*, you read about how a “just culture” for EMS can improve safety. With the new emphasis on EMS practitioner and patient safety now emerging within our profession, EMS agencies are exploring new approaches to enhancing EMS safety for all stakeholders – practitioners, patients, agencies, and the public at large. The concept of “Just Culture” within EMS is at the forefront of this movement. A just culture can be defined as a culture that recognizes that competent professionals make mistakes and acknowledges that even competent professionals can develop unhealthy norms, such as shortcuts or routine rule violations – but has zero tolerance for reckless behavior.

Now, the NAEMT Board of Directors has approved a position statement supporting and encouraging the establishment of a just culture environment within all EMS agencies. In the position statement, “just culture” refers to a values-supportive system of shared accountability where health care organizations are accountable for the systems they have designed and for responding to the behaviors of their staff in a fair and just manner. Staff, in turn, are accountable for the quality of their choices and for reporting both their errors and system vulnerabilities.

The just culture recognizes that EMS practitioners are confronted on a daily basis with a diverse, difficult, and ambiguous work environment, which demands dedication, regular training and a focus on providing accurate and critical lifesaving emergency medical services. Practitioners, along with the EMS agencies that employ them, must understand the potential for medical errors while providing emergency medical services, and appreciate the subsequent learning opportunities that are created when these errors are appropriately analyzed and managed.

“The position statement on just culture was created through the collaboration of two NAEMT committees – the Health and Safety Committee and the Advocacy Committee,” says NAEMT President Connie Meyer. “EMS can learn from other industries, such as the airline industry, that developing a just culture can create an environment of responsible decision-making and practices that can increase safety for patients, practitioners and the public.”

View the full position statement in the Advocacy section of www.naemt.org.

Your voice is needed on the Hill! Mark your calendars for EMS on the Hill Day 2013

Tell your members of Congress about the challenges you face in providing emergency medical care and advocate for the passage of key EMS legislation. **Join EMS professionals from across the nation for EMS on the Hill Day on March 5-6, 2013, in Washington, D.C., immediately prior to EMS Today.**

- Personally meet and share your concerns with your U.S. Senators, House Representative and their Congressional staff.
- Meet and work with the top EMS leadership from across the country.
- Learn the “art” of advocacy to benefit your EMS agency and local community.

Program highlights:

March 5 – Meet with other participants and attend an informative pre-Hill visit briefing, followed by a networking reception.

March 6 – Attend scheduled appointments with your Senate and House leaders and their staff to talk about the challenges you face as an EMS professional, and the EMS legislation that can help. Then relax and enjoy a post-Hill visit reception.

The Renaissance Plaza Hotel will serve as headquarters for the event. It is located next to the Washington Convention Center, the site for EMS Today.

Don't miss the most important EMS advocacy event of the year!
Registration opens October 15 on www.naemt.org.





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



Update: DHS/NIOSH/NIST work on ambulance patient compartment design standards

by Larry Avery and Jennifer Marshall

To develop design guidance for ambulance patient compartments that address crashworthiness, worker safety and performance, and patient safety, the Department of Homeland Security (DHS) Science and Technology Directorate Human Factors/Behavioral Sciences Division (HFD) and First Responders Group have partnered with the National Institute for Occupational Safety and Health (NIOSH), the National Institute of Standards and Technology (NIST), and BMT Designers and Planners (D&P).

Over the past year NIST and D&P have collected information about the needs of the EMS community from a variety of EMS

sources – focus groups, a national web-based survey, workshops, and practitioner interviews and ride-alongs. We received an outpouring of information from



practitioners, professional organizations, manufacturers, experts on ambulance safety, and other agencies that have attempted to address this critical need. That data has been converted into requirements, which will serve as the foundation for alternative patient compartment design concepts. The team is in the process of creating those designs and using modeling and simulation soft-

ware that enables us to run through a series of tasks performed in the patient compartment.

The team will be presenting their research in this area at the EMS World Expo in New Orleans on November 2 at 8 a.m. We also will have a booth on the exhibit floor to show some alternative designs and to answer any questions you may have about the effort. Please stop by and see us.

Our goal is to provide recommendations and guidance to help aid in designing safer, more efficient ambulance patient compartments. The intent is that these will be incorporated into current and emerging ambulance design standards such as the next version of NFPA 1917.

If you'd like to get involved with any part of this important effort to help save more lives, please contact Bonnie Novak (DHS) at 202-254-8650 or bonnie.novak@dhs.gov, Allison Barnard Feeney (NIST) at 301-975-3181 or allison.barnardfeeney@nist.gov, or James Green (NIOSH) at 304-285-5857 or jsg9@cdc.gov. Thank you for your input.

Larry Avery is Principal Human Factors Analyst at BMT Designers and Planners and is acting as the lead agent for the DHS Science and Technology Directorate's Human Factors Division for the development of human performance and safety design guidance. He has over 30 years of experience in these areas.

Jennifer Marshall is the Homeland Security Program Manager at the National Institute of Standards and Technology and manages the standards development efforts that support DHS and first responders. She has over 10 years of experience in technology and standards development for the homeland security community – including law enforcement, EMS and fire service.