Sumner, Iowa is forty-five miles from the nearest airport, and sixty miles from the nearest interstate highway. Yet from Santa Ana in California to the Catskills of New York, from Pittsburgh to Atlanta, Louisville to Denver, Maine to Oregon, Minneapolis to North Carolina, all around the country satisfied ambulance personnel are saying, “Sure I have heard of Sumner, Iowa — that’s where our Life Line ambulance came from.”

You see Sumner has one very special asset. That asset is the unique, ingrained Iowa work ethic of our people. Dedicated to patient, meticulous craftsmanship and unsurpassed quality, Life Line employees are not satisfied until they know that each custom ambulance vehicle has been finished to perfection.

That’s why all across the United States people are saying, “I might never have been in Sumner, Iowa but it must be a pretty special place because that’s where they build the best, that’s where they build Life Line Emergency Vehicles.”

Phone: (563) 578-3317   Fax: (563) 578-3305   www.lifelineambulance.com
Can you live on an EMS paycheck?

That’s the question Dr. Bryan Bledsoe asked in the March 2004 cover story for Emergency Medical Services magazine. His answer was a resounding No!

Dr. Bledsoe’s article points out that EMS is one of the 10 most underpaid jobs in the U.S.

What’s a highly trained, life-saving professional like you to do?

Do what you do best!

Stay in the business of helping people save lives. Become a MEDIC FIRST AID® Instructor and teach your community first aid, CPR, AED, and other health and safety skills.

MEDIC FIRST AID will provide you with an opportunity that allows you to stay in the field you love, gain valuable community recognition, and most important, supplement your income with real money that you’ll feel proud to have earned.

In partnership with the Iowa EMS Association, MEDIC FIRST AID offers you a special, low-cost opportunity to get started as an independent instructor. Contact us or visit our Web site and let us show you how easy it is to get started and earn additional income.

Don’t wait. Give us a call now!

Tell us you’re with the Iowa EMS Association and we’ll help you improve your financial security today.

Call 800-800-7099 or visit our Web site at medicfirstaid.com/IEMSA/
**NOTE TO MEMBERS:**

Occasionally, we make our membership list available to carefully screened companies and organizations whose products and organizations may interest you, as well as board candidates who wish to solicit your vote. Many members find these mailings valuable. However, if you do not wish to receive these mailings (via postal service or e-mail), just send a note saying “do not release my name for mailings” to the IEMSA office via fax (515-225-9080) or e-mail (iemsa911@netins.net) or regular mail (2600 Vine St, Ste. 400, West Des Moines, IA 50265).

In order to ensure the correct adjustment to your address and membership number.

---

**Covenant Health System**

3421 West Ninth Street
Waterloo, IA  50702
Business Office - (319) 272-7040

Sartori Memorial Hospital
515 College Street
Cedar Falls, IA  50613
Business Office - (319) 268-3169

www.covhealth.com

**Covenant Medical Center**

A member of the Wheaton Franciscan System in partnership with Schott Health Resources.

---

**West Des Moines, IA 50265**

Newsletter is Published Quarterly by:

**IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION**

---

**EMERGENCY MEDICAL SERVICES BOARD OF DIRECTORS**

**COMPLETE CONTACT INFORMATION IS AVAILABLE AT WWW.IEMSA.NET**

**Board of Directors**

President
John D. Dummermuth

Vice President
Bruce Thomas

Secretary
Tammy Snow

Treasurer
Lori Reeves

Immediate Past President
Jeff Messerole

Northwest Region
John Hill

Southwest Region
Rod Robinson

North Central Region
Bruce Thomas

South Central Region
John D. Dummermuth

At Large
Rosemary Adam

Education
Cheryl Blazek

Lobbyist
Cal Kilman

Office Administrator
Karen Kräder

---

**Newton Fire Department**

**Advances through the Years**

The history of the Newton Fire Department began in 1874 when it was originally established as the Newton Hook and Ladder Hose Company #1. The first fire hydrants in Newton were installed in 1883. By 1914, the first mechanical fire truck was used. 1938 saw the establishment of the 24 hour, paid fire department. By 1964, the ambulance service was acquired. Newton Fire Department (NFD) moved to its current location on 2nd Avenue in 1976. By 1995, the ambulance service was upgraded to the paramedic level. In 1997, NFD established a Hazardous Materials Technician Response Team.

Today’s NFD is equipped with two fire pumps, two fire/rescue pumps, a 100’ aerial ladder, one hazardous materials truck and one hazmat at trailer. A Mass Casualty trailer, a command vehicle and three ALS ambulances have also been added. Their mission “as a progressive Fire Service Organization, is to prepare themselves and dedicate their efforts to protect life, property and the environment, utilizing the highest professional standards in emergency response operations and prevention education.” Cross Training is not only a catchword in the department, but a daily expectation involving all personnel. All personnel must complete training in Fire and E M S certifications. The Newton Fire Department provides consistent resources to accomplish these goals including access to college classes upon successful completion of probation. Fire training is rigorous and demanding. This basic training includes classroom, field drills, and mandatory “street” experience. This curriculum assures the highest quality training program and a smooth transition from the classroom to field duty assignments. The department adheres to many standards, including NFPA, OSHA, AHA and The Fire Service Training Bureau. Continuing education resources are provided for all employees and include a variety of traditional and technological methods. The training division is responsible for recruit training and continuing education for all employees’ certification levels. These include Firefighter I & II, Driver Operator, Hazardous Materials Technician and Specialist. Fire & EMS Instructors, EMT-Basic, EMT-Intermediate, EMT-Paramedic Specialist in their efforts to “prepare themselves and dedicate their efforts to protect life, property, and the environment...” NFD participates in a strict maintenance program. Vehicles and equipment are checked daily, and all information gathered is recorded. Fire Department personnel do much of the maintenance from totally servicing the fire trucks and ambulances, to servicing generators and other smaller equipment. The maintenance department also conducts ground ladder testing and ISO fire pump testing annually. NFD is dedicated to public education. The educational materials endorsed by the Newton Fire Safety Council are distributed to elementary school children grades K-3. This proven program successfully instructs children and their families on what to do in fire emergencies. Raching over 1200 children, this program is totally funded by local citizens and businesses. Enhanced fund raising efforts have made it possible to expand the program to 4th and 5th grades. This program works in conjunction with NFD’s “SAFE E H OUSE” program.

Newton Fire Department just joined IEMSA as an affiliate member. Their EMS Director, Roger Heglund, serves on the IEMSA Board of Directors and represents the South Central Region.
EMS Day on the Hill/Leadership Conference

Welcome New IEMSA Members

NEW IEMSA MEMBERS NOVEMBER 2004 - JANUARY 2005

Representative Roger Thomas – D (E-10), and Lynne Patterson, Legislative Liaison to the D Department of Public Health joined me on this panel. Senator Johnson is a brain injury survivor who is forever grateful to his rescuers. Representative Thomas is an active paramedic on his hometown squad and keeps a jump kit under his desk as the only paramedic working at the Capitol Complex. Both have been among our strongest allies.

All of us stressed the importance of face-to-face and at-home contacts with lawmakers. Most communities have a cracker barrel or coffee session with their lawmakers on Saturday mornings. It is a great place to meet and converse with your legislators. If there is no such event in your community, maybe your EMS should sponsor one. All you need is a coffee pot, a few cups and a place! Lynne Patterson publishes a weekly Legislative Update on the web that is worth your attention. www.idph.state. ia.us/do/legislative_updates.asp is the address. It is updated every M onday morning and follows and explains all bills of public health interest. Lynne is brilliant in her work. Check it out. You will be impressed.

Next was a session from Representative Mark Smith – D (M ashburn), who is sponsoring a measure to add volunteer crisis counselors to the protection of Iowa’s Good Samaritan law.

We learned about the Florida hurricane aftermath’s Iowa D-MAt team deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment, and the day was capped by Dr. Broselaw’s presentation on his deployment.

(day continues)

I N S T R U C T O R  J E F F  M E S S E R O L E,  P S

C A S E  S T U D Y

T'S midnight and time is dragging in the local E.R. when a group of frightened and noisy teenagers show up.

They are supporting a girl friend who appears to have difficulty standing. You assist her to a cot where she falls limp, moaning incoherently. You ask the teens what they think is wrong with her. They say they were at a dance party, called “A Rave.” They swear that this girl only had one drink and did not even finish it before she became disoriented and unresponsive. They rushed her to the E.R. as they did not know what else to do.

As a hospital-based EMS provider, you are somewhat aware of street drugs in the area and your thoughts turn immediately to Ectasy or GHB. A Rave’ used to mean an extravagant and noisy teenagers show up. You begin your assessment.

The air- way is maintained with head tilt chin lift. Her pupils are equal and reactive, and her GCS is 9. You note some smell of alcohol the standard liquid dose of 4 ml for one user and 6 ml for another. BD affects the central nervous system in a way similar to alcohol. It relaxes the user a feeling of euphoria, that is placed in the recovery position, oxygen is being supplied and the increased risk of vomiting in comatose patients.

Before there are no solid confirmatory tests for BD, the diagnosis must be made by history. If the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration. Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Of course, the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Of course, the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Of course, the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Of course, the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Of course, the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Of course, the diagnosis is in question, the clinician should rule out other causes of altered mental status. In the EMS arena, this includes a cot-side glucose test to rule out hypoglycemia. Although co-ingestants are common with BD, isolated ingestions do not result to large doses of naloxone or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.

Those patients awaken fully, further observation is not necessary and they may be discharged withoutonna or flumazenil. Activated charcoal is not indicated because of the rapid absorption of BD and the increased risk of vomiting and aspiration.
THE DEADLINE TO SUBMIT THIS POST TEST IS MAY 1, 2005.

IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through The University of Iowa Hospitals’ EMSLRC, Provider #18.

For those who have access to email, please email the above information, along with your answers to: adamr@uihc.uiowa.edu

Otherwise, mail this completed test to: Rosemary Adam
University of IA Hospitals and Clinics
200 Hawkins Drive, EMSLRC So. 608GH
Iowa City, IA 52242-1009

CLIP AND RETURN

[Please print legibly]

Name ____________________________

Address ____________________________

City __________________ State ______ ZIP ______

Daytime Phone Number ______ / ______ – ______

Iowa EMS Association Member # ____________ EMS Level ______

E-mail ____________________________

1. A  B  C  D
2. A  B  C  D
3. A  B
4. A  B  C  D
5. A  B
6. A  B  C  D  E  F
7. A  B  C  D
8. A  B  C  D
9. A  B
10. A  B

E very year in the United States nearly 250,000 people suffer a sudden cardiac arrest. Currently, the survival rate for out-of-hospital cardiac arrest is between 5-10%. To put this into perspective, this would be like the city of Des Moines being wiped out with 12,000 – 25,000 survivors. Over the years there have been minimal advances in cardiac arrest survival despite ongoing research and changes in the American Heart Association’s ACLS protocols. The biggest contributor to cardiac arrest survival to date was the introduction of portable defibrillators. At times, we have even taken known technology and tried to improve upon it to increase survival - monophasic to biphasic. Still, we are left with bleak survival rates with out-of-hospital cardiac arrest. Thankfully, there is new information that suggests that we may be able to do better.

There are two major multicenter trials about to get underway that will be looking at new concepts in out-of-hospital resuscitation. Let me first say that these trails are in the early stages and protocols have yet to be determined, so the goal of this article is not to get ahead of ourselves or predict outcomes. The goal is to inform you, the EMS provider, that your job is likely going to change over the next several years. You may think of change as bad but, believe me this type of change is good, good because EMS systems are getting the opportunity to be a part of a project that is attempting to answer the question: “Can we do better?” To date, many of the EMS protocols were developed because of what we know about patients in the hospital. As we enter a new era in out-of-hospital cardiac arrest patients that is going to be developed in the streets, exactly where it is needed…not in the hospitals in Iowa! We are certainly lucky to be providers in a state that has an institution like the University of Iowa Hospitals and Clinics. UIHC continues to be a leader in education and research, and was selected as one of eight sites in the entire country to conduct and oversee this project.

Another study that is gaining momentum will occur in Minneapolis, St. Paul, King County (Seattle), suburban Milwaukee and Detroit. It will be looking at the use of devices to promote circulation during CPR and hence hope to promote survivability. The preliminary research of these devices is very exciting. These devices will be used by EMS providers in the field to assist in resuscitation, and the EMS provider’s role is paramount to the success in obtaining good data.

As we enter a new era in out-of-hospital resuscitation, I am excited about what is to come. Think of it, if we could improve survival from 10% to 13% this would be a difference in roughly 10,000 people’s lives. This is why we all became involved in EMS…to help. What a wonderful opportunity the state of Iowa and EMS providers have to help answer the question: “Can we do better?”

IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through The University of Iowa Hospitals’ EMSLRC, Provider #18.

For those who have access to email, please email the above information, along with your answers to: adamar@uihc.uiowa.edu

Otherwise, mail this completed test to: Rosemary Adam
University of IA Hospitals and Clinics
200 Hawkins Drive, EMSLRC So. 608GH
Iowa City, IA 52242-1009

THE DEADLINE TO SUBMIT THIS POST TEST IS MAY 1, 2005.
IEMSA AWARD Nominations

Do you work with a person who exemplifies what a professional emergency medical services provider should be? Are you proud of the accomplishments made by the ambulance service you work for? Do you know of someone in your community who supports EMS activities in a special way? GREAT! Nominate them for the annual IEMSA Awards. Below is a description of each award given at the annual IEMSA Conference and Trade show held each November.

INDIVIDUAL: The nominee must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to public relations, information and education (P&E), maintain a positive and outstanding relationship with the community it serves and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care. Two awards in the Individual category will be presented — volunteer and career.

SERVICE: The nominee must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to public relations, information and education (P&E), maintain a positive and outstanding relationship with the community it serves and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care. Two awards in the Service category will be presented — volunteer and career.

FRIEND OF EMS: Any individual who has made outstanding contribution(s), which enhance the quality of EMS at the local, regional or state level.

HALL OF FAME: Any individual who has made outstanding contributions to EMS during longevity in the field (10+ years). This individual may be someone to recognize posthumously. This will be an ongoing plaque displayed in the Association Office.

INSTRUCTOR: Any individual who instructs and/or coordinates on a full-time or part-time basis, has dedication to EMS through instruction, number of years in EMS and/or number of years instructing EMS. Two awards in the Instructor category will be presented — full time and part time.

Winners of these prestigious awards will be announced at the Recognition Banquet at the Annual Conference and Trade show held in November. Each award winner will receive a plaque to commemorate their achievements and will be recognized in The Voice. Winners of the Hall of Fame award will have their name engraved on a permanent plaque that is displayed at the IEMSA office (when it is not being displayed at the IEMSA booth).

DON’T MISS THIS OPPORTUNITY TO RECOGNIZE SOMEONE DESERVING RECOGNITION!

In order to nominate a person or service for one of these awards, you must:
1) complete the Award Nomination Form,
2) include a letter of recognition/nomination and
3) submit your nominations to the IEMSA office any time between now and September 23.

MAIL NOMINATION FORM AND LETTER OF RECOGNITION/ NOMINATION TO:
IEMSA AWARDS
2600 Vine Street, Suite 400
West Des Moines, IA 50265

DEADLINE: SEPTEMBER 23, 2005

NEW IEMSA Merchandise Available

New merchandise with the IEMSA logo is available for sale at special member prices. Warm up with the FLEECE BLANKET. Be prepared for the cold with an IEMSA WIND SHIRT. Enjoy your favorite cup of coffee with the new THERMAL MUG.

Visit IEMSA’s web site – www.iemsa.net for a listing (with pictures) of IEMSA’s logo merchandise, then download the order form and send it (with payment) to the IEMSA office.

OR, you can attend the following conferences and visit the IEMSA booth on display:

EMERGENCY 2005
March 4 & 5
Sioux City

CODE I
March 11 & 12
Cedar Rapids

Central Iowa EMS in Action
March 11 & 12
Johnston
The Scoop on Scope
What’s Happening With EMS Scope of Practice?

BY ROSEMARY ADAM

THIS QUARTERLY UPDATE ON IOWA’S EMS SCOPE OF PRACTICE WILL REVIEW:
what continuous positive airway pressure (CPAP) is; which EMS levels can provide it; and a new pilot project for the Iowa Paramedic level (EMT-I) to provide CPAP.

During the January 12th meeting of the Scope of Practice committee, an interesting request from Dubuque Fire Dept. EMS was received, reviewed and discussed by the group. The request was for the provision of continuous positive airway pressure (CPAP) by the Iowa Paramedic and the Paramedic Specialist in their department. There was supporting evidence that included draft protocols, education program, letters of support from several area physicians and science literature positive for the use of this special type of ventilation from the organization that the committee reviewed.

What is CPAP?
Continuous positive airway pressure (CPAP) is a type of ventilation for the non-intubated patient that supports both inspiratory and expiratory efforts. CPAP is indicated in the patient with respiratory failure secondary to diseases such as CHF and COPD, and can allow aggressive ventilatory support (with therapeutic positive end-expiratory pressure (PEEP) without invasive airway management.

Who can provide this specialized ventilation?
In the Iowa EMS Provider’s scope of practice, recent definitions have allocated this type of therapy to the critical care level. More recently, it has been noted that the EMT-P; National Standard Curriculum (Paramedic Specialist) includes references to the BiPAP and CPAP forms of ventilation. As such, the committee decided that this should be added to the PS level in Iowa.

Another issue is if the Iowa Paramedic should be able to provide this specialized therapy. It was decided by the committee that Dubuque Fire Dept.(DFD) may develop a pilot project for their service only. In this project, the DFD should develop a continuing education curriculum that includes an overview of anatomy, physiology and pathophysiology pertinent to the use of CPAP; indications, contraindications and application of CPAP; and the special monitoring necessary once the ventilatory device is used. As part of a pilot project, the Scope of Practice committee has asked DFD to provide quality control measures that include compliance with protocol (specificity and sensitivity). Did they choose the right patient, did they do it right, etc.) and include which patients would have been intubated without CPAP availability, etc.. This project will be evaluated continuously by the DFD Medical Director and liaisons and, again, by this committee.

Only the Dubuque Fire Department’s Pilot Project for CPAP allows the Iowa Paramedic to offer this specialized skill. Paramedic services who would like to incorporate CPAP into their protocols will need to request a waiver until the Scope of Practice Document is updated by a rule change. Service Directors interested in a variance should contact their Regional EMS Coordinator. For information on how to develop a pilot project within your organization, please contact the Iowa Department of Public Health, Bureau of EMS R egional representatives or the Bureau office for the appropriate process of application.