“I can’t imagine running a service without LifeQuest”

“Our ambulance service has been with LifeQuest since 2005. And for 3 years we have continued to have our revenue grow every month. We have been able to upgrade equipment, get an increase in our on-call pay, and finish paying for our ambulance. The free seminars and training are fantastic. The data management is priceless. LifeQuest has the most outstanding staff ever. Most of the staff, having been or continue to be in EMS ... they are the nicest, and definitely the most helpful, EMS family. As a relatively new Ambulance Director, I can’t imagine running a service without LifeQuest. Thank you so much; I couldn’t do it without you.

As I always say ‘I LOVE LifeQuest!’”

Robyn Foster
Service Director, Osceola Area Ambulance Service

In Action
ALGONA AMBULANCE SERVICE

Mercy Medical Center – Des Moines and Mercy One

are proud to provide you with Iowa’s premier air ambulance service and a newly renovated Emergency Department that includes:

- Elevated helipad for Mercy One
- EMS report office and lounge
- LCD directional monitors to provide more efficient patient transport directions
- New ambulance garage to accommodate larger, modern ambulances

For more information about Mercy One, please visit www.mercydesmoines.org/mercyone
P

rice to the Algona City Council in late 1965 adopting a resolution to establish an ambulance service. On July 12, 1967, the community was served by one of the local funeral homes. When a call would come in where a transport was needed, one of the local black cars would hurry to the scene with whoever was available.

Algona Mayor William Finn was named administrator of the new service, and Kossuth County agreed to pay $400 a month to help with the maintenance cost. According to the Algona Kossuth County Advance, the city agreed to purchase, maintain, and operate the ambulance for Algona and for other communities in Kossuth County that might need the service. A purchasing committee was entrusted with the duty to purchase an emergency vehicle and equipment with a $15,000 limit.

The initial volunteer service headed up by Finn consisted of 12 men who had at least 20 hours of first aid training. To avoid any conflicts, the ambulance personnel would be independent of the fire and police departments.

What a difference more than 40 years have made. Currently, the Algona Emergency Medical Service is a combination volunteer service with two full-time paramedics, one specialized in maternal care and the other a paramedic specialist.

Volunteers include a nurse retiree, free PBN paramedics, seven EMTs, 16 EMT-Bs and 17 drivers. While a provisioned paramedic service, the crew serves to have at least one paramedic available at all times.

Another change over 40 years has been the type of training needed to volunteer for the service. In 1979, the city reimbursed nine volunteers for the cost of an Emergency Medical Technician class. Currently, all volunteers are CPR certified while the ones working directly with patients need to be at least an EMT-B. The overall result has been better patient assessment and care.

Originally, the service was homeless and held their meetings at city hall while the ambulances were stored in a secured area next to the police station. In 1981 the council allotted $4,400 to build a garage. In 1985, the ambulance service had taken control of the old Algona fire station. The building, however, needed a new roof, heating system and new garage doors. These problems plagued the service until 1995 when a new, four-bay EMS facility with offices, a TV and lounge area, two sleep rooms for volunteers on call and a large conference room was constructed in collaboration with Kossuth Regional Health Center.

From the humble start as a hearse, the Algona ambulance has seen numerous equipment changes. The service currently uses four LifeLine ambulances with its newest one purchased in 2008.

In September 1986, as part of a University of Iowa study, the service purchased an Automated External Defibrillator, and each member of the crew received eight hours of training to be certified in its use. Within the first month, the AED was used to make a definite diagnosis of a heart attack.

Community raised $23,000 in less than two years out of its operating budget. Instead, the community raised $23,000 in less than two years to pay for the equipment.

“It’s how supportive our community is,” explained current Algona Ambulance Director Russ Piehl, a critical care paramedic.

“The community was served by one of the local funeral homes. When a call would come in where a transport was needed, one of the local black cars would hurry to the scene with whoever was available.”

As the smaller communities in Kossuth County struggle with the fact that many of the residents are aging while the younger residents needed to run the local ambulance service also need to look for work out of the area, the service until 1995 when a new, four-bay EMS facility with offices, a TV and lounge area, two sleep rooms for volunteers on call and a large conference room was constructed in collaboration with Kossuth Regional Health Center.

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I would like to begin by first saying it is both humbling and an honor to be addressing the Emergency Medical Services men and women across the state of Iowa.

As I attempted to gather my thoughts to write this article, I found myself reflecting on the unbelievable devastation this state has endured over the past two months. Two words kept coming to mind: Sacrifice and Heroism. Iowa's First Responders deserve our thanks and recognition for the countless sacrifices and acts of heroism they performed. The men and women of Iowa's EMS, Fire and Law Enforcement who answered the call for help during the recent devastation created by the flooding and multiple tornadoes throughout the state showed tremendous heroism. I don’t believe anyone would argue that over the course of the last couple months Iowans have had many opportunities to see multiple heroes. Included in these heroes are the many responders who lost their own homes and belongings, yet still responded to others’ calls for help on an ongoing basis, putting their own needs aside.

What is heroism? Webster’s dictionary defines a hero as a “mythological or legendary figure often of divine descent endowed with great strength or ability.” I would define a hero as someone who in a pure moment, has their education, ideals, and mental preparation come together and prompt them to knowingly respond to the needs of others without any consideration of personal benefit or needs. The commitment of Iowa's First Responders and countless others who are currently rebuilding the infrastructure of many of these devastated communities exemplifies the values of the people I would call heroes.

We learn again and again from our men and women in EMS how much it means to get a simple thank you from others for the work that all of you do in times of tragedy. Even though it’s part of your life’s pattern to respond to emergencies, there are only a few that share the depth, passion, and diversity as those who are Iowa’s First Responders.

There is no end to the good things you do for each other every day. Your stories about good Samaritans and Heroes warm our hearts and restore our faith in humankind. If someone has done something nice for you, do something nice for someone else.

On behalf of the Iowa EMS Board of Directors we would like to say thank you to all of Iowa’s First Responders, to those of you who responded to the recent tragedies, and to those of you who continued to serve and protect your own communities. You are what makes Iowa a safe place to live and raise our families.

God bless and stay safe!

John Hill, EMT-PS
IEMSA President
Board of Directors
You can provide an extension of care to families when a life is lost at the scene of an accident or a death at a home. Referring scene deaths to Iowa Donor Network is easy and fast. Your referral gives us the opportunity to honor the decedent’s wishes via the Iowa Donor Registry or the opportunity to provide the family with donation options. Help us save and enhance the lives of Iowans needing transplants. Referrals are called under HIPPA and allowed by Iowa’s UAGA law.

Call 1-800-831-4311 for referrals.
It is time to consider your At-Large and Regional representatives to the IEMSA Board of Directors. The regional representatives elected will serve two-year terms beginning in January, 2009. Those board members, whose terms expire in December, will serve as follows: Thomas Craighton, NC region; Rick Morgan, NE region; Terry Stecker, NW region; Jon Peterson, SC region; Tom Summit, SE region; Bill Fish, SW region; Jan Beach-Sickels, SW region; Dan Glandon, At-Large.

Nomination Process Requirements & Guidelines

The nominee must be an active member of IEMSA. Nominations can be submitted by using the format provided (see page 18). Nominations must be received in the IEMSA office by September 17, 2008 at noon. Upon receipt at the IEMSA office, the nominations will be checked to ensure compliance with the nomination process. The nominee’s membership status within the association will also be verified.

Successful nominations will comprise the final ballot, which will be made available on the IEMSA web site (Members Only Section) on October 1, 2008. Voting will cease on October 31, 2008. Detailed instructions will be provided on the ballot. Should you require a paper ballot, please contact the IEMSA office by calling Angie at 515-225-8079.

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Please complete and return the At-Large/Regional Nomination Form by September 17, 2008.

Your involvement truly makes a difference!

HONORING OUR OWN 2008

TOM SUMMITT, COMMITTEE CHAIRMAN

Please join us for Honoring Our Own 2008, a moving service honoring volunteer and career EMS/Fire personnel from Iowa who are no longer with us.

If you know of someone who has died within the last 10 years and was part of our “family,” please plan to include them in this year’s presentation. Please indicate whether or not the death was in the line of duty. Please remember, it does not have to be line of duty death to be featured on this presentation. Any service wishing to be featured in the Honoring Our Own video can also email Tom to discuss the details. Please mail a photo and this information to Tom Summit, Honoring Our Own, 1718 Timberline Drive, Muscatine, Iowa 52761. You may also scan and email the photo to: tcsummitt@machlink.com. Please note “Honor Our Own” in subject line. If you have any questions, please contact Tom at 1-563-506-0103.

If you have never seen our presentation at the Iowa EMS Conference, please plan to attend the next one at the 2008 Annual Conference. It is a beautiful remembrance of a precious life that once served Iowa EMS.

Please note that due to a computer crash anyone who has already submitted information to Tom Summit will need to send the information again.

JUST AROUND THE CORNER

JEFF DUMERMUTH, CONFERENCE CHAIR

With summertime in full bloom, it’s hard to imagine that the annual IEMSA conference and trade show is just around the corner. Too soon, the long, hot summer days will turn into the cool fall! We hope that many of you will make the trip back to Des Moines for what promises to be another great opportunity to get some high-quality pre-hospital education, network with other EMS and Paramedics, and have some well deserved fun.

We have a great line-up of speakers this year, bringing back Baxter Larmon at your request. We’re also excited to have John Politis back to Central Iowa for his dynamic lectures. Several national and regional speakers have also been contracted for the event: Dr. Keith Wesley – WI; Brian Donaldson – NE, and Melissa Sally-Mueller – FL.

Six pre-conference sessions are bound to offer something for everyone. We will bring back our popular CCP track, Management track, Physician Track, Education Track, a 12-Lead course, and an Iowa Stroke Task Force Train-the-Trainer Course. In addition, Central Iowa Service Directors will present a Volunteer/Paid On Call Management track.

Again this year, we will offer our participants the option of whether they purchase their meals or not with their conference registration. Food is by far the largest expense for this conference and by doing this we reduced costs by $10,000 dollars last year. Several other enhancements have been made for this year, so review your registration brochure very closely.

Rooms fill up quickly at our host hotels; consider making your registration today.

The entertainment committee is working hard to assure you have a good time while in Des Moines. Watch for the details of our EMS Parties both Thursday and Friday evening.

Enjoy the rest of summer and we look forward to seeing you very soon.

CROSSWORD SOLUTIONS
2008 IEMSA Award Nominations

D o you work with a person who exemplifies what a professional emergency medical services provider should be? Are you proud of the accomplishments made by your ambulance service? Did an EMS instructor have an extraordinary ability to shape your career through his or her teaching? Do you know someone in your community who supports EMS activities in a meaningful way? If so, now is your chance to recognize your outstanding EMS providers by nominating them for the annual IEMSA Award. Read on for a description of each award, which is given at the annual IEMSA Conference and Trade show annually in November.

Individual The nominee must be currently certified by the State of Iowa, have made outstanding contributions (a) the last year to public relations, information and education (PIKE), maintain a positive and outstanding relationship with the community, services and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care. Two awards in this service category will be presented—volunteer and career.

Service The nominee must be currently certified by the State of Iowa, have made outstanding contributions (b) in the last year to the EMS system either within or outside of his/her squad or service. Award recipients MUST be (or become) an active Iowa EMS Association member. Two awards in this category will be presented—volunteer and career.

Hall of Fame Any individual who has made outstanding contributions (c), which enhance the quality of EMS at the local, regional or state level, should be considered.

Hall of Fame Any individual who has made outstanding contributions (d) to EMS during longevity in the field (10+ years). This Hall of Fame recognizes contributions, which enhance the quality of EMS at the local, regional or state level.

2008 IEMSA Award Nomination Form

Nominee’s Name:

Address:

City/State/Zip:

Phone:

Certification Level & Number:

Nominator’s Name:

Day Telephone:

Evening Telephone:

Mail Nominations Form and Letter of Recognition/Nomination to:

IEMSA Awards
2200 Vine Street, Suite 400
West Des Moines, IA 50265

Or Fax to 515-225-9080

Deadline: September 19, 2008

Board Seat Nomination Form

Return to the IEMSA office by NOON on September 17, 2008

Regional Representative Nomination

All-Large Nomination

Nominee’s Name:

Company/Service:

Address:

City/State/Zip:

Phone Number:

Brief biography of nominee describing EMS involvement:

Mail to:

IEMSA – Board Seat Nomination

2200 Vine Street, Suite 400

West Des Moines, IA 50265

Fax: 515-225-9080 / e-mail: administration@iemsa.net

www.iemsa.net | 7
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What are the dangers of using restraints? The most serious risk of restraining patients is sudden death. Research currently identifies six factors that contribute to poor outcomes from restraint: excited delirium, drug overdose, comatose medical conditions, recent extreme exertion, fighting against the restraints, and inappropriate restraints. Excited Delirium – A severe disturbance in the level of consciousness over a short period of time, manifested by mental and physiological arousal, agitation, hostility, and heightened sympathetic stimulation. It has been shown that patients who are already worked up and fight against restraint increase their risk for arrhythmias, inspiratory distress, and MI. The massive release of catecholamines over an extended period of time coupled with substance abuse and any preceding medical conditions can lead to death while in restraint.

Inappropriate Restraints – EMS personnel are by nature very resourceful and able to think on their feet. There are many ways to effectively restrain someone. However, we need to be smart and do it safely. The days of sandwiching folks between long boards are over, as are the days of hog-tying people. Although effective, hog-tying, or any restraint method which places people prone, should not be employed. Another common method is to hobble, or somehow bind the feet or legs together to limit extremity movement. Again, a person who cannot get off of their belly may end up with respiratory compromise. Once prone, respiratory effort can easily be impaired, especially in those with a large pendulous abdomen. Remember the fact that they are or have recently been fighting with you and increasing their oxygen demand, and now they are in a position that can compromise their oxygen supply chain. This is called positional asphyxia, and is currently a popular cause for legal action against emergency responders. Never place a restrained person in the prone position. Place them supine or in a lateral position. Also, never leave a restrained person unattended.

How can I use physical restraint and not endanger myself or the patient? You can think of the restraint process in three steps: verbal, physical, and chemical. Each situation requires careful consideration as to what is the best method for the patient. You may physically restrain a patient who struggles step ahead. Signs of impending violence may include anger, aggression, chanting, clenched fists, profanity, flushed face, raised hair, darting eye movements, dilated pupils, pointing, pacing, or loud outbursts. Make sure you or any of your co-worker avoid the above behavior! What message does that send to your patient? They may think the violence is impending there and plan a preemptive strike!

When should I use restraints? Restraints should be used in situations where there is imminent danger to you, your crew, or the patient. If the patient’s behavior is such that injury may occur to anyone involved, the use of restraints may be warranted. Just keep in mind local protocols regarding physical restraint. Medical control may have to be advised and actually give the order. Be familiar with your local procedure. You may wish to use restraints in any of the following situations: To protect patients from themselves (exclusion, etc.); to protect crew, staff, and bystanders; to allow assessment and appropriate treatment (uncooperative patients); to protect disoriented patients from external dangers (falls, etc.). All patients who are candidates for restraint should have a blood glucose check prior to restraint.

What are some signs of impending violence? Violence can erupt at any time, so if you can predict or sense it when it is coming your way, the healthcare team will remain. You will keep the signs of the physiological indicators of impending violence, you will stay that ever important the healthier you will remain. You will can predict or sense when it is coming your way, the healthier you will remain. You will

### TABLE 1-2

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<thead>
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<th>Initial dose</th>
<th>Onset</th>
<th>Peak Effect</th>
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<tbody>
<tr>
<td>Haloperidol</td>
<td>2.5 mg IM</td>
<td>10-30 min</td>
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<td>12-38 hrs</td>
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<tr>
<td>Droperidol</td>
<td>2.5-5 mg IV / IM</td>
<td>3-10 min</td>
<td>30 min</td>
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</tr>
<tr>
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<td>2.5 mg IV / IM</td>
<td>&lt;2 min</td>
<td>3-4 min</td>
<td>15-60 min</td>
</tr>
<tr>
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If the patient is verbally abusive, use calm words and voice to acknowledge their concerns, answer their questions, and assure them that you are really there to help. Use empathetic statements such as “I can understand that you may be upset” or “I can understand how that may make you feel sad.” Try not to validate their feelings, but rather put yourself in their shoes and try to understand where they are coming from. Don’t take the insults personally, although it may be difficult. If you become angry, use your ability to think clearly and make good decisions, which may lead to rash and unwise decisions, which may lead to rash and unwise
...the Star of Life Award...
Emergency Driving Training

As a part of the Iowa EMS Advisory Council meeting there was unanimous approval to have the Bureau of EMS draft changes to the Iowa scope of practice code 461—132.91(1)(c) that requires training in emergency driving techniques. The proposed improvements require that EMS services have a driving policy and document each driver’s training that includes a review of Iowa law regarding emergency vehicle operations, hand on (behind the wheel) training and review of the EMS service policy. The policy for operation of department and personal vehicles includes the frequency and content of driver’s training requirements. The approved proposal response, speed permitted, interaction requirements, and crash notification. The rule changes could be effective by early 2009.

2008 Protocol Updates

The Iowa Department of Public Health Adult and Pediatric EMS Protocols are the minimum standard for all authorized services. Annual updates are found on the Protocols page, which is located in the Services section at www.idph.state.ia.us/ems. Protocol revision is an ongoing process that represents the effort to supply Iowa’s EMS providers with the most current medical standards for patient care. The process begins every October at the Quality Assurance, Standards and Protocols (QASP) conference with an engaging style that is interactive, informative, and driver right track! The conference will be held in North Liberty, Iowa and attendees will be given an opportunity to comment on the next round of revisions. The QASP Protocol revision committee meets in conformance with the requirements outlined in Iowa Administrative Code 641—132.8(1). This process takes place every October at the conference and the Protocols are then approved and go online in January of the following year. The Iowa EMS Community is passionate about the transition and devoted to serving Iowans. Visit www.idph.state.ia.us/ems to read the public comments.

SPI Hosts CAAS Onsite

On June 5th and 6th, the CAAS consultants combed through volumes of records in SPI in St. Louis City to verify the information submitted was accurate and in common practice at the agency. CAAS team leader Barry Mogil, a retired NREMT-P, Clinical Research Coordinator for SPI Hosts CAAS Onsite, West Des Moines EMS proudly display the CAAS seal on their ambulances. By the time you read this, the Quality Assurance, Standards and Protocols (QASP) team has completed the on site training. Combining those efforts with a medica-

IEMS CONtinuing Education Managing Violent Patients

IEMSA News

NEWS TO SHARE

Are you working on an existing program that needs to be shared with the membership of IEMSA? Do you have a program that meets the minimum standards as well? In addition to the protocol review, they discuss the scope of practice and provide a medica-

BETTER PRACTICE

More than 60 percent of the annual protocol update as an opportunity to meet other minimum standards as well. In addition to the protocol review, they discuss the scope of practice and provide a medica-

Leadership

The Newsletter Committee will review all articles submitted and reserves the right to edit the articles, if necessary.

Anita J. Bailey, PS

What’s New with the Bureau

Anita J. Bailey, PS

What’s New with the Bureau

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Anita J. Bailey, PS

What’s New with the Bureau


Whichwold C, After Shock: A Rational Response in Taser Strikes. IEMSA (3/5S) www.ncchc.org Savage, SS. After the Zap: The Iowa EMS Association is pleased to announce the first annual IEMSA EMS Team Competition to be held in conjunction with the annual IEMSA Conference in November. The purpose of the event is to create a fun, challenging and educational experience for prehospital providers that tests their ability to be prepared for the spectrum of challenges that they may encounter in the field. More importantly, it’s the goal of the competition to motivate EMS personnel to provide the highest level of professionals and patient care possible.

During the preliminary competition to be held on Thursday, November 13, 2008, BLS and ALS teams will compete in scenario-based competitions. The two BLS and two ALS teams receiving the highest point scores during the preliminary competition will advance to the team finals to be held Friday, November 14 immediately following the completion of the day’s conference activities. Final competition will be scheduled for Saturday, November 15, with all conference attendees. The winning ALS team will be eligible to receive a $1,500 scholarship to represent Iowa and IEMSA and attend a national level EMS team competition.

Competition rules and regulations are posted on the IEMSA website. Team applications will become available on the website by approximately August 20, 2008. All team applications must be submitted to the IEMSA office no later than September 20, 2008. Completed applications will be accepted on a first come, first served basis to fill the eight BLS team slots and twelve ALS team slots.

Please see the IEMSA website for more information or contact Lori Reeves at lreeves@iemsa.net.

1st Annual IEMSA EMS Team Competition to be Held

Lori Reeves

References

Medicine: Clinical Safety in Neurology. James, M.D., M.S.; Nature Medicine: Resnostra; H. Neil Wiggles, M.D., M.S.
In Her Own Words: a glimpse of PARKERSBURG
TAMMY FLESHNER

The following was submitted by Merrill Meese, 74, Regional Coordinator for the Iowa Bureau of EMS. The letter, which was first published in the NC Regional Newsletter, was written by Tammy Fleshner of Parkersburg Ambulance.

Dear Friends in EMS,

When Merrill asked me to write something for the newsletter, I started thinking about everything that has happened this past month and it’s kind of hard that I didn’t have enough time or energy to write all of that down at this time. So, instead you’re just going to get a summary of all of the emotions that I have felt in the same time period.

Fear
I’ve never been so afraid as I drove into town at approximately 5:00 p.m. on May 25, 2008, not knowing what I was responding to.

Frustration and Helplessness
I can’t get to the Station. There are trees and power lines down everywhere! There’s a gas leak – I can’t breath! I need to get to the Station and get my tools so I can help.

Relief
I see some of my crew members and they are okay. Jerrels, Jon, Todd, Neil, Chris, Deb, Ryan…

Duty
I don’t have time to think about this. We need to get organized MC! Kit out, vents out, triage areas set up. Everyone has their job! We need to stay focused!

Gratitude
Help is showing up from everywhere. Services from 75 miles away are here to help. Patients are being transported out of here as fast as possible.

More Gratitude
They are staging all of the EMS Services at the High School parking lot. The mud is finally clear enough to drive there. The parking lot is full of EMS services, waiting and willing to help! I’ve never seen so many rigs in one area at one time! We had AES, boats to the truck. Many of these people were friends from Parkersburg who were staying with family in New Hartford since their home was destroyed. And now they are flooded out again! Each day of the flooding, I’d try to contact my EMS friends in their respective communities and try to do whatever I could from the outside – get supplies to them, send help through our Public Health Office, whatever. It just didn’t seem to be enough!

Confusion
When my husband asks me why I’ve taken on so much of this extra work, I tell him it’s because I feel guilty. I have a home – it wasn’t destroyed by the tornado or by the floods. My home is just fine, but my heart is broken and I need to do this for my friends and my community! He doesn’t ask me any more – he just knows it’s going to keep on happening!

Guilt
I’ve been told over and over again, I need to get to the Station for daytime coverage a little sooner than planned! We had four crews that rotated coverage before the flooding and we had to help out because we were unable to come, and so the Parkersburg Ambulance got back to normal coverage a little sooner than planned. We had four crews that rotated coverage before the tornado, each with at least three EMSs and a driver. We now have two crews rotating.

Frustration and Helplessness
I can’t get to the Station! I need to get to the Station – it wasn’t destroyed by the tornado, just watered down! Each day of the flooding, I would try to communicate with my EMS friends. We had AES, boat, and transport service available at all times, and they were staged at Incident Command. On June 6, 2008 at 7:00 p.m., the Parkersburg Ambulance Service started covering again through the night. This was very scary for us, but we knew it was an important step in getting back to normal.

Confidence
Daytime coverage was still a problem, however, and we requested help through the IMAC system for daytime coverage through June 20, 2008. Things seemed to go pretty well with this. The covering services actually had been nice quiet days, and were probably bored out of their minds, but we were happy to see the lack of injuries, etc. My husband actually got used to the 5:30 a.m. phone calls from the services that were coming into town. I tried to meet all of you personally and thank you for helping us out. If I missed any of you, I apologize! Again, I want to thank all of you! You came from all over the state to help us if you ever need anything, just give us a call, and Parkersburg will be there to help you!

Confusion and Disbelief
Why are we getting all this rain? It can’t flood, can it? The City of Parkersburg was isolated – you couldn’t go north, east, or west. You could go south, but… And what about our neighbors and friends? Helplessness
Again We need to help our neighboring communities – they all had to come up to us. But we can’t get it! New Hartford is evacuating. We can send one of our rigs as long as we have coverage left in the town with the other rig. My husband and I can go from the north with our truck. We hauled 10 loads of people out of town through the water in the back of our truck. Don would drive in from the north, turn around at the school and back down to the Kwik Star, and then the boats would come up to us and people would step from the boats to the truck. Many of these people were friends from Parkersburg who were staying with family in New Hartford since their home was destroyed. And now they are flooded out again! Each day of the flooding, I’d try to contact my EMS friends in their respective communities and try to do whatever I could from the outside – get supplies to them, send help through our Public Health Office, whatever. It just didn’t seem to be enough!

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Continued on page 16
The very first Iowa EMS Cruise is off and running, or perhaps smooth sailing is the metaphor that's most appropriate. The reaction to this brand new Iowa EMS Association event has been nothing less than fantastic. There are already more than 250 people booked to take part in this history-making cruise.

Are you one of them? If you are, you are in for the time of your life, or at the very least one of the best vacations that you've ever taken. If you are not yet one of the lucky passengers who have signed up, there is still plenty of time for you to get on board.

To begin with, you won't find a better vacation value anywhere. Beyond the fact that the buying power of our group has provided lower cruise rates than standard, for less than $100 a day you'll enjoy a modern, spacious cabin. All of your meals, including the grand four course dinners offered every night, are included. Then there are the fabulous Las Vegas style shows, comedy acts, magicians, and more. A full casino along with a variety of bars and lounges give you plenty to do. How much would it cost to rent a hotel, go out to a fancy restaurant and take in a show? $300 dollars? Perhaps more? With your Iowa EMS Cruise, you pay for nothing other than your drinks. The rest is all up to you. With cabin rates starting as low as $380, this is one of the best and least expensive seven day cruises you'll find.

In addition to all of the regular offerings, everyone will also be treated to several group cocktail parties – held only for EMS Cruisers. We'll take a group photo and even provide it for sale at a discounted price.

A casual EMS get-together is also planned during the week. Imagine how much fun you'll have getting away from next year's winter along with 300 of your new friends.

For those EMS providers who have family and friends who would like to go along, that is no problem! They are welcome to sign up along with you as part of the Iowa EMS Cruise. They too will be offered all of the extras and treated like part of the group. If you or your spouse are worried that this will end up being non-stop EMS talk, that is not the case. We've talked with other EMS and fire groups who have taken a cruise to find out that shop talk rarely occurs. There is simply too much else to do. Of course, you can get your emergency adrenaline fix at one of the group gatherings – if you'd like to.

The Iowa EMS Cruise is one of those things that you just don't want to miss being a part of and that you will kick yourself for years to come if you let it pass by. Don't let that happen. You can hold your spot for only $25 per person. Final payments are not due until December. Once you are signed up, you'll receive a copy of the EMS Cruiser's Newsletter, published only for those taking part in the EMS Cruise. We'll provide you with tips, information on the ports of call, flight information and much more. It will help to build the excitement until next March rolls around.

So, what are you waiting for? Simply head to www.iemsa.net/cruise and check out the EMS Cruise pages. From there you can either request more information through the mail or if you're ready, you can join all of the others by completing your booking.

Don't miss this unique opportunity to be part of the very first ever Iowa EMS Cruise, sailing March 15-22, 2009 from Miami. Get on board today!
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Call today for more information!
1-800-793-6820

March 15 - 22, 2009

Make plans today to attend the first Iowa EMS Cruise presented by the Iowa EMS Association. The amazing Carnival Valor will host hundreds of your fellow EMS providers on an unforgettable tour of four spectacular Caribbean islands. Be there as we sail from Miami, Florida March 15 - 22, 2009. With rates as low as $380 per person, this is one cruise you can’t afford to miss! Visit www.iemsa.net today for more information and to book your cruise.

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March 15 - 22, 2009

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PORTS OF CALL

Sunday Miami
Monday Day at Sea
Tuesday Grand Cayman
Wednesday Roatan Island
Thursday Belize
Friday Cozumel
Saturday Day at Sea
Sunday Miami

A view from above the spectacular American Lobby
In Her Own Words: a glimpse of PARKERSBURG

TAMMY FLESHNER

The following was submitted by Merrill Moore, 75th Anniversary Coordinator for the Iowa Bureau of EMS. The letter, which was first published in the NC Region Newsletter, was written by Tammy Fleshner of Parkersburg Ambulance.

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Disbelief: Door to door Search & Rescue has begun. There have to be more patients waiting and willing to help! I've never seen so much. The road is finally clear enough to drive out of here as fast as possible.

Confusion and Disbelief: Why are we getting all this rain? It can't flood, can it? The City of Parkersburg was isolated – you couldn't go north, east, or west. You could go south, but... And what about our neighbors and friends?

Helplessness: Again We need to go help our neighboring communities – they all had to come help us. But we can't get there! New Hartford is evacuating. We can send one of our rigs as long as we have coverage left in town with the other rig. My husband and I can go from the north with our truck. We handed 10 loads of people out of town through the water in the back of our truck. Don would drive in from the north, turn around at the school and back down to the Kick'out, then the boats would come up to us and people would step from the boats to the truck. Many of these people were friends from Parkersburg who were staying with family in New Hartford since their home was destroyed. And now they are flooded out again! Each day of the flooding, I would try to contact my EMS friends in our respective communities and try to do whatever I could from the outside – get supplies to them, send help through our Public Health office, whatever. It just didn't seem to be enough! Gratitude: When my husband asks me why I've taken on so much of this extra work, I tell him it's because I feel guilty. I have a home – it wasn't destroyed by the tornado or by the floods. My home is just fine, but my heart is broken and I need to do this for my friends and my community! He doesn't ask me any more – he just knows it's going to keep on happening! Need: I've been out door to door and over and over that in order to heal, we need to get back to normal. With the floods, some of our coverage areas were unable to come, and so the Parkersburg Ambulance got back to normal coverage a little sooner than planned. We had four crews that rotated coverage before the tornado, each with at least three EMSAs and a driver. Now we have two crews rotating.

Continued on page 16

IEMSA CONTINUING EDUCATION MANAGING VIOLENT PATIENTS

1) Overdosing on heroin will have which of the following effects?
   A) Hypoglycemia  C) Dilated pupils  D) Respiratory Depression

2) Your suicidal patient is sitting quietly constantly rocking his neck. The face from this communication may indicate an attitude of which of the following?
   A) Cooperation  C) Agony  D) Frustration

3) While treating an assault victim, a large crowd gathers around you and begins shouting and threatening. Your best course of action would be:
   A) Ignore them as you know your partner has your back  B) With or without the patient, leave the danger zone  C) Call for and wait for law enforcement  D) Confront them and order them to disperse

4) Which of the following is an example of an empathetic statement?
   A) You have no idea what you're talking about  B) You should be angry, what they did was wrong  C) I know how you feel  D) I can imagine the must be difficult for you

5) When transporting a patient who is in police custody and handcuffed, you should instruct law enforcement to do which of the following?
   A) Give you very own handcuff key  B) Follow behind in the squad car  C) Meet you at the emergency department  D) Stay with the patient in your ambulance

6) Which of the following would be the best choice when attempting to control or obtain a patient who has been snorting cocaine?
   A) Narcotics  B) Strychnine  C) Benzodiazepines  D) Sympathomimetics

7) Now that you have successfully chemically restrained your patient, you should:
   A) Transport prone for transport  B) Monitor vital signs every 3 to 5 minutes  C) Leave the patient unattended  D) Complete your report

8) You are called to assist law enforcement with a patient who fell while being tased. You evaluate the patient who complains of a headache and abrasions to the forehead. Who is responsible for the medical welfare of the patient?
   A) Fire Department  B) Law Enforcement  C) Social services

9) EMS has chemically and successfully restrained a patient using Haloperidol. The patient is now exhibiting signs of restlessness and other Parkinsonian signs and symptoms. Which of the following correctly describes this condition, which can be treated with Benadryl?
   A) Tardive Dyskinesia  B) Metabolism  C) Dystonia  D) Apathy

10) Paralytic meds are useful for restraint, but must absolutely be accompanied by?
    A) Trazodone  B) Sedation  C) Hyperventilation  D) Fluid Bolus

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 continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour CEH (CEU) of optional continuing education through Indiana Hills Community College in Ottumwa, Provider #15.

For those who have access to email, please email the above information to:

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Managing violent patients takes some self-confidence, sharpen the mind, and are concerned about your ability to escape a violent situation! There are folks out there who rent from the TASER ranges from 0.37 to threshold is 10 to 50 joules, while the current from the TASER ranges from 0.37 to 1 joules. While incapacitating, the current is below that needed to induce VT.

Emergency Driving Training
As the Iowa EMS Advisory Council meeting there was unanimous approval to have the Bureau of EMS draft changes to the protocol. The State has a two bin system 461—132.7 (147A) Service protocols. Services are encouraged to have their physical medical directors review and approve the updates ASAP. Be sure to mail a copy of the physician approval page to your regional coordinator.

What’s New with the Bureau

IEMSA CONTINUING EDUCATION MANAGING VIOLENT PATIENTS

IEMSA EMS Team Competition to be Held

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Please see the IEMSA web site for more information or contact Lori Reeves at lreeves@iemsa.net.

NEWS TO SHARE

Are you working on an existing program that needs to be shared with the membership of (IEMSA)? Do you have a new educational program that needs to be showcased? Has your service won an award or done something outstanding? Do you want to honor a special member of your staff or community? Do you have an EMS story you want to share? If so, you can submit an article to be published in the IEMSA newsletter! In order to do this, please propose the article (and pictures, if appropriate) and e-mail it to subdivision@iemsa.net by the following dates: November 15 to be mailed by December 15.

This Newsletter Committee will review all articles submitted and reserve the right to edit the articles, if necessary.
When I was young, I sat and watched L. A. County in the TV show "Emergency" on Saturday evening right before bath time. That show was the inspiration for "Emergency" on Saturday evening right before bath time. Another member is now the acting crew provider of the Year. I sincerely appreciated the experience I was looking at new members and patients (which we all need to do), so our day-to-day coverage is again critical. Thanks to our Paramedic Guardian Angels at Satmar, we will be doing a dual prong system for the days that we are short, and will act as Fire Responders only. We thank Satmar for everything they have done for us this past month. We couldn’t have done without them!

Sincere Gratitude

There are commercial devices available for "bad apples" you can consider a behavioral risk should be "patched down" prior to getting in your ambulance. The back of the truck is a difficult place to manage a patient with a bridge or on a weapon. Any patient who you would consider a guard operations. On occasion, you will find police to actually ride in the ambulance with them. Be sure to have a key to quickly remove or adjust them. When faced with a difficult patient and in no way did I expect that 36 years later me to become a paramedic. The year was 1972 to briefly incapacitate. The two prongs may be worn by all persons engaged in physical restraint is mighty against the restraints who puts themselves at risk medically. That patient may just be for restraint is physical, control the patient, physical restraint is next. Simplicity and strength is innate. Use your available resources. Usually five patients aren’t enough to adequately restrain someone. When faced with the need to use physical restraint, remember the following: Tell the patient they are going to be placed in restraints because they are threatening someone with violence. Letting them know what behaviors are not acceptable (telling liminal) gives them choice and may be the key to avoiding a physical confrontation. Direct responders to control and cover large joints. Holding a foot for example is less effec- tive than controlling the knee. Care should be taken when grabbing clothing, give the possi- bility for weapons or drug paraphernalia such as needles in pockets. As gloves, should be worn by all persons engaged in physical restraint. Some patients may want to spit, so wear appropriate eye protection and maybe even a face-shield. The old trick of placing an oxygen mask on the patient is functional, just be sure to turn the oxygen on!

What are the potential dangers of cocaine ingestion

Both of these messages were well received by the Iowa Senators that I had the privilege to meet with, Senators Chuck Grassley and Tom Harkin. I sincerely appreciated the experience provided by the Iowa EMS Association. I

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I would be unable to turn the oxygen on! Any patient who you would consider a guard operations. On occasion, you will find police to actually ride in the ambulance with them. Be sure to have a key to quickly remove or adjust them. When faced with a difficult patient and in no way did I expect that 36 years later me to become a paramedic. The year was 1972 to briefly incapacitate. The two prongs may be worn by all persons engaged in physical restraint is mighty against the restraints who puts themselves at risk medically. That patient may just be for restraint is physical, control the patient, physical restraint is next. Simplicity and strength is innate. Use your available resources. Usually five patients aren’t enough to adequately restrain someone. When faced with the need to use physical restraint, remember the following: Tell the patient they are going to be placed in restraints because they are threatening someone with violence. Letting them know what behaviors are not acceptable (telling liminal) gives them choice and may be the key to avoiding a physical confrontation. Direct responders to control and cover large joints. Holding a foot for example is less effec- tive than controlling the knee. Care should be taken when grabbing clothing, give the possi- bility for weapons or drug paraphernalia such as needles in pockets. As gloves, should be worn by all persons engaged in physical restraint. Some patients may want to spit, so wear appropriate eye protection and maybe even a face-shield. The old trick of placing an oxygen mask on the patient is functional, just be sure to turn the oxygen on!

What are the potential dangers of cocaine ingestion

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If the patient is verbally abusive, use calm words and voice, acknowledge their concerns, answer their questions, and assure them that you are really there to help. Use empathetic statements such as “I can understand that you may be upset” or “I can understand how that may make you feel sad.” Try not to validate their feelings, but you can understand how that may make you feel upset “I can understand how that may make you feel sad.” Try not to validate their feelings, but you can understand how that may make you feel upset.

When should I use restraints?

Restraints should be used in situations where there is imminent danger to yourself, your crew, or the patient. If the patient’s behavior is such that injury may occur to anyone involved, the use of restraints may be warranted. Just keep in mind local protocols involved, the use of restraints may be warranted. Just keep in mind local protocols.

What are the dangers of using restraints?

The most serious risk of restraining patients is sudden death. Research currently identifies six factors that contribute to poor outcomes from restraint: excited delirium, drug overdose, comorbid medical conditions, recent extreme exertion, fighting against the restraint, and inappropriate restraint. It has been shown that patients who are already worked up and fight against restraint increase their risk for arrhythmias, inspiratory distress, and MI. The massive release of catecholamines over an extended period of time combined with substance abuse and any preexisting medical conditions can lead to death while in restraint.

Inappropriate Restraints – EMS personnel are by nature very resourceful and able to think on their feet. There are many ways to effectively restrain someone. However, we need to be smart and do it safely. The days of sandbagging folks between long boards are over, as are the days of hog-tying people. Although effective, hog-tying, or any restraint method which places people prone, should not be employed. Another common method is to hobble, or somehow bind the feet or legs together to limit extremity movement. Again, a person who cannot get off of their belly may end up with respiratory compromise. Once prone, respiratory effort can easily be impaired, especially in those with a large pendulous abdomen. Remember the fact that they are or have recently been fighting with you and increasing their oxygen demand, and now they are in a position that can compromise their oxygen supply chain. This is called positional asphyxia, and is currently a popular cause for legal action against emergency responders. Never place a restrained person in the prone position. Place them supine or in a lateral position. Also, never leave a restrained person unattended.

How can I use physical restraint and not endanger myself or the patient?

You can think of the restraint process in three steps: verbal, physical, and chemical. Each situation requires careful consideration as to what is the best method for the patient. You may physically restrain a patient who struggles

### TABLE 1-2

<table>
<thead>
<tr>
<th>Drug</th>
<th>Initial dose</th>
<th>Onset</th>
<th>Peak Effect</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haldol</td>
<td>2.5-5 mg IM</td>
<td>10-30 min</td>
<td>30-45 min</td>
<td>12-38 hrs</td>
</tr>
<tr>
<td>Inapin</td>
<td>2.5-5 mg IM</td>
<td>3-10 min</td>
<td>30 min</td>
<td>2-4 hrs</td>
</tr>
<tr>
<td>Valium</td>
<td>2.5 mg IV / IM</td>
<td>&lt;2 min</td>
<td>3-4 min</td>
<td>15-60 min</td>
</tr>
<tr>
<td>Ativan</td>
<td>1-3 mg IV / IM</td>
<td>1-5 min IV</td>
<td>15-20 min IV</td>
<td>6-24 hrs</td>
</tr>
<tr>
<td>Versed</td>
<td>1-3 mg IV / IM</td>
<td>1-5 min IV</td>
<td>5-30 min IV</td>
<td>2-6 hrs</td>
</tr>
<tr>
<td>Midazolam</td>
<td>1-3 mg IV / IM</td>
<td>1-5 min IV</td>
<td>15-20 min IV</td>
<td>6-24 hrs</td>
</tr>
</tbody>
</table>

* Haldol 2.5 mg and Ativan 2 mg = B52 or Halivan, commonly used for sedation and control
2008 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 your ambulance service? Did an EMS instructor have an extraordinary ability to shape your career through his or her teaching? Do you know someone in your community who supports EMS activities in a meaningful way? If so, now is your chance to recognize their outstanding EMS providers by nominating them for an annual IEMSA Award. Read on for a description of each award, which is given at the annual IEMSA Conference and Trade show annually in 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 (PIKE), maintain a positive and outstanding relationship with the community it serves and take visible and meaningful steps to assure the profession- alism of its personnel and the quality of patient care. Two awards in this service 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 (PIKE), maintain a positive and outstanding relationship with the community it serves and take visible and meaningful steps to assure the profession- alism of its personnel and the quality of patient care. Two awards in this service category will be presented – volunteer and career.

Hall of Fame

Any individual who has made outstanding contribution(s), which enhance the quality of EMS at the local, regional or state level, shall be eligible for this award. The nominee must be currently certified by the State of Iowa, have made outstanding con- tribution(s) to EMS during longevity in the field (10+ years). This award recognizes individuals who support EMS activities in a meaningful way.

2008 IEMSA Award Nomination Form

Nominator’s Name: ________________________________
City/State/Zip: ________________________________________
Day Telephone: _______________________________________
Evening Telephone: ___________________________________
Mail Nomination Form and Letter of Recognition/Nomination to:
IEMSA Awards
2030 First Street, Suite 400
West Des Moines, IA 50265
Or Fax to 515-225-9080
Deadline: September 19, 2008

Any individual who has made outstanding

contribution(s), which enhance the quality of EMS at the local,
regional or state level, shall be eligible for this award. 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 (PIKE), maintain
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it serves and take visible and meaningful steps to assure
the professionalism of its personnel and the quality of
patient care. Two awards in this service category will be
presented – volunteer and career.

Anyone who has ever gone to an EMS conference, CE class, or meeting
and has noticed that the office had new and amazing things you could
possibly relate to this situation. Over on the
table next to the coffee and juice is a fresh,
unopened box of donuts! You have eaten boats loads of donuts
down with your co-workers and, well you couldn’t say no.
If you were the one to make sure the donuts were
uptown and you were fast-tracking them to the floor. Did you become complacent and lay in your assumption of the doughnut?

Do not notice the absence of drug ingestion

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 19, 2008.

Don’t miss this opportunity to recognize excellence in EMS.
It is time to consider your At-Large and Regional representatives to the IEMSA Board of Directors. The regional representatives elected will serve two-year terms beginning in January, 2009. Those board members, whose terms expire in December, 2008, are as follows: Thomas Craighton, NC region, Rick Morgan, NE region, Terry Stecker, NW region, Jon Peterson, SC region, Tom Summitt, SE region, Bill Fish, SW region, Jan Beach-Sickels, SW region, Dan Glandon At-Large.

Nomination Process Requirements & Guidelines

The nominee must be an active member of IEMSA. Nominations can be submitted by using the format provided (see page 18). Nominations must be received in the IEMSA office by September 17, 2008 at noon. Upon receipt at the IEMSA office, the nominations will be checked to ensure compliance with the nomination process. The nominee’s membership status within the association will also be verified. Successful nominations will comprise the final ballot, which will be made available on the IEMSA web site (Members Only Section) on October 1, 2008. Voting will close on October 31, 2008. Detailed instructions will be provided on the ballot. Should you require a paper ballot, please contact the IEMSA office by calling Angie at 515-225-8079.

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Please complete and return the At-Large/Regional Nomination Form by September 17, 2008.

Your involvement truly makes a difference!

Just Around the Corner

With summertime in full bloom, it's hard to imagine that the annual IEMSA conference and trade show is just around the corner. Too soon, the long, hot summer days will turn into the cool fall. We hope that many of you will make the trip back to Des Moines for what promises to be another great opportunity to get some high-quality pre-hospital education, network with other EMTs and Paramedics, and have some well deserved fun.

We have a great line up of speakers this year, bringing back Baxter Larmon at your request. We also are excited to have John Politis back to Central Iowa for his dynamic lectures. Several other national and regional speakers have also been contracted for the event. Dr. Keith Wisley – WI, Brian Donaldson – NE, and Melissa Sally-Muller – FL.

Six pre-conference sessions are bound to offer something for everyone. We will bring back our popular CCP track, Management track, Physician Track, Education Track, a 12-Lead course, and an Iowa Stroke Task Force Train-the-Trainer Course. In addition, Central Iowa Service Directors will present a Volunteer/Paid On Call Management track. Again this year, we will offer our participants the option of whether they purchase their meals or not with their conference registration. Food is by far the largest expense for this conference and by doing this we reduced costs by $10,000 dollars last year. Several other enhancements have been made for this year, so review your registration brochure very closely.

Rooms fill up quickly at our host hotels; consider making your registration today.

The entertainment committee is working hard to assure you have a good time while in Des Moines. Watch for the details of our EMS Parties both Thursday and Friday evening.

Enjoy the rest of summer and we look forward to seeing you very soon.

HONORING OUR OWN 2008

TOM SUMMITT, COMMITTEE CHAIRMAN

Please join us for Honoring Our Own 2008, a moving service honoring volunteer and career EMS/Fire personnel from Iowa who are no longer with us. If you know of someone who has died within the last 10 years and was part of our “family,” please plan to include them in this year’s presentation. Please indicate whether or not the death was in the line of duty. Please remember, it does not have to be line of duty death to be featured on this presentation. Any service wishing to be featured in the Honoring Our Own video can also email Tom to discuss the details. Please mail a photo and this information to Tom Summitt, Honoring Our Own, 1718 Timbeline Drive, Muscatine, Iowa 52761. You may also scan and email the photo to: tsummitt@machlink.com. Please note “Honor Our Own” in subject line. If you have any questions, please contact Tom at 1-563-506-0103.

If you have never seen our presentation at the Iowa EMS Conference, please plan to attend the next one at the 2008 Annual Conference. It is a beautiful remembrance of a precious life that once served Iowa EMS.

Please note that due to a computer crash anyone who has already submitted information to Tom Summitt will need to send the information again.

Managing Violent Patients

By James A. Temple, BA, NREMT-P, CCP

CROSSWORD SOLUTIONS

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Found in 1986 by Larry Dahl in Russellville Missouri, AllMed® has grown steadily over the past 22 years. Since then, AllMed has evolved from a one-room operation to become a major national distributor of EMS and rescue equipment, uniforms, and supplies. As AllMed, you’ll find a staff comprised of several trained Paramedics, EMTs, First Responders, and Public Service professionals. They pride themselves on an educated, knowledgeable customer care and sales team that can provide the highest levels of customer service.

In July of 2008 AllMed opened a brand new, state of the art distribution center in Jefferson City, Missouri. This new facility enables them to operate even more efficiently, giving customers more accurate and faster shipments. AllMed has always encouraged the development of strong statewide and local associations. These people are out there, so ask the prospective candidate regarding your interest in this project. If he does not respond, then you should explore opportunities to replace him or her. An adequate medical director can greatly harm an EMS service.

Medical Director Duties
Ask your medical director to ride along on a scheduled basis, review charts on a scheduled basis, and attend training on a scheduled basis. The key word is scheduled because if left up to “as needed” scheduling, then the involvement of the medical director deteriorates. It does not have to be a very rigorous schedule, but by having some type of schedule, this will make it more of a job and less of a hobby.

Medical Director Education
Just like any other job, being a medical director requires some formal training. Make sure that you have attended the Bivona of EMS medical director workshop as well as any medical director events offered through IEMSA or other professional organizations. Encourage your medical director to network with other medical directors in your area and across the state. There are plenty of resources out there!

EMS Service Provider Interactions
Treat your medical director as part of the team. I hear from other medical directors that they sometimes feel excluded from the EMS service they oversee because they are not “EMS” or paramedics” and don’t fit part of the club. Make sure you include your medical director in social events, public relations events, etc. Give them a uniform to wear. Nothing makes me feel like a part of the team like putting on a flight suit and going on a transport with my crew. It is the little things that can make the difference.

EMS Service Professionalism
Show your medical director that you mean business when it comes to EMS. By showing enthusiasm, dedication, and the desire to learn and improve, this demonstrates a high level of professionalism that everyone responds to. Your medical director will recognize your service’s desire to take it to the next level, and will hopefully respond. If he does not respond, then you must work through your chain of command to deliver the message. How you behave oftentimes influences the behavior of your medical director. For better or for worse.

Strong relationships between EMS services and their medical directors are not born overnight. They are nurtured through mutual respect, enthusiasm, and the desire to provide the best medical care possible. As I stated before, every service deserves an excellent medical director and hope is never lost.

I am happy to speak with your medical director or service director if they have any concerns. I may not have all of the answers, but I am willing to provide any information, advice or references that may prove to be helpful. Please email me at azemuden@iu.edu.

Until next time, please be safe and thank you for your service to your community and to the world of EMS.

Azzemudin Ahmed, MD, FACEP
IEMSA Medical Director

Corporate Profile
AllMed

You can provide an extension of care to families when a life is lost at the scene of an accident or a death at a home. Referring scene deaths to Iowa Donor Network is easy and fast.

Your referral gives us the opportunity to honor the decedent’s wishes via the Iowa Donor Registry or the opportunity to provide the family with donation options.

Help us save and enhance the lives of Iowans needing transplants.

Referrals are called under HIPPA and allowed by Iowa’s UAGA law.

Call 1-800-831-4131 for referrals.
A Message from the President

I would like to begin by first saying it is both humbling and an honor to be addressing the Emergency Medical Services men and women across the state of Iowa. As I attempted to gather my thoughts to write this article, I found myself reflecting on the unbelievable devastation this state has endured over the past two months. Two words kept coming to mind: Sacrifice and Heroism. Iowa’s First Responders deserve our thanks and recognition for the countless sacrifices and acts of heroism they performed. The men and women of Iowa’s EMS, Fire and Law Enforcement who answered the call for help during the recent devastation created by the flooding and multiple tornadoes throughout the state showed tremendous heroism. I don’t believe anyone would argue that over the course of the last couple months Iowans have had many opportunities to see multiple heroes. Included in these heroes are the many responders who lost their own homes and belongings, yet still responded to others’ calls for help on an ongoing basis, putting their own needs aside.

What is heroism? Webster’s dictionary defines a hero as a “mythological or legendary figure often of divine descent endowed with great strength or ability.” I would define a hero as someone who in a pure moment, has their education, ideals, and mental preparation come together and prompt them to knowingly respond to the needs of others without any consideration of personal benefit or need. The commitment of Iowa’s First Responders and countless others who are currently rebuilding the infrastructure of many of these devastated communities exemplifies the values of the people I would call heroes.

We learn again and again from our men and women in EMS how much it means to get a simple thank you from others for the work that all of you do in times of tragedy. Even though it’s part of your life’s pattern to respond to emergencies, there are only a few that share the depth, passion, and diversity as those who are Iowa’s First Responders.

There is no end to the good things you do for each other every day. Your stories about good Samaritans and Heroes warm our hearts and restore our faith in humankind. If someone has done something nice for you, do something nice for someone else.

On behalf of the Iowa EMS Board of Directors we would like to say thank you to all of Iowa’s First Responders, to those of you who responded to the recent tragedies, and to those of you who continued to serve and protect your own communities. You are what makes Iowa a safe place to live and raise our families.

God bless and stay safe!
The two AutoPulse machines used by the Algona Ambulance Service were not paid for out of its operating budget. Instead, the community raised $33,000 in less than two years to pay for the equipment.

“That’s how supportive our community is,” explained current Algona Ambulance Director Russ Pfiehl, a critical care paramedic. “We could not provide the service we do without the support of our volunteers, their employers, their families and the residents of Kossuth County.”

The service became an affiliate member of the Iowa Emergency Medical Services Association in 2003. In 1996, the service had 581 calls. In the 12 months preceding June 2008, the service responded to 866 calls. The average time from the first page to being en route to the patient is 4.3 minutes.

It’s not just emergency calls for the service. The ambulance volunteers assist with the Kossuth County Fair, A.B.A.T.E. Freedom Rally, Farm Safety Camp, reaching first aid and CPR classes to the community and providing infant car seat inspections. Additionally, the service has assisted parishes in or helped with several disaster drills to prepare local volunteers for real-life events, including a packed school bus accident and a gas leak/gumma situation at a local ball park. Recently, several of the service’s volunteers responded to a call for assistance by the Parkersburg ambulance service after a tornado destroyed more than half of the town in a category EF5 tornado on May 25.

As the smaller communities in Kossuth County struggle with the fact that many of the residents are aging while the younger residents needed to run the local ambulance service also need to look for work out of town, the city reimbursed nine volunteers for the cost of an Emergency Medical Technician class. Currently, all volunteers are CPR certified while the ones working directly with patients need to be at least an EMT-B. The overall result has been better patient assessment and care.

Original, the service was homeless and held its meetings at city hall while the ambulances were stored in a secured area next to the police station. In 1981 the council allotted $4,400 to build a garage. In 1985, the ambulance service had taken control of the old Algona fire station. The building, however, needed a new roof, heating system and new garage doors. These problems plagued the service until 1995 when a new, four-bay EMS facility with offices, a TV and lounge area, two sleep rooms for volunteers on call and a large conference room was constructed in collaboration with Kossuth Regional Health Center.

From the humble start as a fire station, the Algona ambulance has seen numerous equipment changes. The service currently uses four LifeLine ambulances with its newest one purchased in 2008.

In September 1986, as part of a University of Iowa study, the service purchased an Automated External Defibrillator, and each member of the crew received eight hours of training to be certified in its use. Within the first month, the AED was used to make a positive difference in someone’s life.

Now the service uses the Zoll E series biphasic defibrillator and one of the first rural services in northern Iowa to use the Zoll AutoPulse, an automatic cardio-pulmonary resuscitation machine that makes CPR during the long runs more efficient.

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“That’s how supportive our community is,” explained current Algona Ambulance Director Russ Pfiehl, a critical care paramedic. “We could not provide the service we do without the support of our volunteers, their employers, their families and the residents of Kossuth County.”

The service became an affiliate member of the Iowa Emergency Medical Services Association in 2003. In 1996, the service had 581 calls. In the 12 months preceding June 2008, the service responded to 866 calls. The average time from the first page to being en route to the patient is 4.3 minutes.

It’s not just emergency calls for the service. The ambulance volunteers assist with the Kossuth County Fair, A.B.A.T.E. Freedom Rally, Farm Safety Camp, reaching first aid and CPR classes to the community and providing infant car seat inspections. Additionally, the service has assisted parishes in or helped with several disaster drills to prepare local volunteers for real-life events, including a packed school bus accident and a gas leak/gumma situation at a local ball park. Recently, several of the service’s volunteers responded to a call for assistance by the Parkersburg ambulance service after a tornado destroyed more than half of the town in a category EF5 tornado on May 25.

As the smaller communities in Kossuth County struggle with the fact that many of the residents are aging while the younger residents needed to run the local ambulance service also need to look for work out of town, the city reimbursed nine volunteers for the cost of an Emergency Medical Technician class. Currently, all volunteers are CPR certified while the ones working directly with patients need to be at least an EMT-B. The overall result has been better patient assessment and care.

Original, the service was homeless and held its meetings at city hall while the ambulances were stored in a secured area next to the police station. In 1981 the council allotted $4,400 to build a garage. In 1985, the ambulance service had taken control of the old Algona fire station. The building, however, needed a new roof, heating system and new garage doors. These problems plagued the service until 1995 when a new, four-bay EMS facility with offices, a TV and lounge area, two sleep rooms for volunteers on call and a large conference room was constructed in collaboration with Kossuth Regional Health Center.

From the humble start as a fire station, the Algona ambulance has seen numerous equipment changes. The service currently uses four LifeLine ambulances with its newest one purchased in 2008.

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“I can’t imagine running a service without LifeQuest”

“Our ambulance service has been with LifeQuest since 2005. And for 3 years we have continued to have our revenue grow every month. We have been able to upgrade equipment, get an increase in our on-call pay, and finish paying for our ambulance. The free seminars and training are fantastic. The data management is priceless. LifeQuest has the most outstanding staff ever. Most of the staff, having been or continue to be in EMS... they are the nicest, and definitely the most helpful, EMS family. As a relatively new Ambulance Director, I can’t imagine running a service without LifeQuest. Thank you so much; I couldn’t do it without you.

As I always say ‘I LOVE LifeQuest!’”

Robyn Foster
Service Director, Osceola Area Ambulance Service
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