



What's inside.....

Stars of Life Program Kicks Off 2

At-Large Nomination Form 4

CE Article -- Trauma Care Considerations in the Elderly.. 5

IEMSA Annual Award Nominations 8

Register Today for the Annual IEMSA Conference October 25-27 13

President's Message



ch-ch-ch-Changes

by Jeff Messerole, IEMSA President

I've given a lot of lip service to the subject of change. In a recent address to you all I spoke of change, so why should this be any different. IEMSA is in the process of changing office management. Sweet Computer Services will not be renewing their contract due to a change of ownership within their own organization. I would like to thank the staff at Sweet Computer Services for the work and effort they have put forth this last year, especially Lisa Cota Arndt and Tami Brincks. In the interim you may still reach any of your regional board members at the numbers listed in the newsletter or on the web at www.IEMSA.net. The toll free number remains the same 888-572-IEMS, and our temporary office phone and fax number have changed to 515-225-8079. Our new office address is: 1200 35th Street, Suite 206-11, West Des Moines, IA 50265. This arrangement was made in an effort to ensure our membership had a means to communicate with their association without an interruption in service. The transition should be transparent to the members until a more permanent decision can be made. Thank you for your understanding and support. In the interim questions should be directed to the board member(s) representing your region or discipline through the web page or phone numbers provided on page 15 of this newsletter. Please frequent the web site for that information. I apologize for any inconvenience this may cause during the transi-

tion. Thank you for your patience. The IEMSA Board of Directors are concerned and doing what we can to ensure a smooth transition while obtaining an Executive Director that will ensure the mission of the association continues.

We are attempting to get more members and one way is to show them what their membership entitles them to. We are mass mailing the newsletter to all certified providers in the state hoping they look the newsletter over and can see the benefits of membership.

Your financial support through your membership dues and merchandise purchases allows the association to provide a voice in EMS legislation, which affects everyone in EMS. It allows a voice for promoting Iowa EMS on all national and state committees IEMSA sits on. It provides you access to a newsletter, keeping you abreast of what is happening with EMS in Iowa. You are entitled to a reduction in the registration fee at the state convention and trade show. There is an estimated 15,000 certified EMS providers within the state and we have about 10% of them or 1,500 members. This fall we will again look at those legislative issues effecting EMS and our success is directly proportional to the amount of funds we have to work with, and just as importantly, the total number of people we represent. I challenge each of you to get at least one EMS person you know as a member this year. Our message will carry more weight with that larger percentage of EMS providers being represented.

And finally I close on a change that

will affect us all and that is the resignation of Gary Ireland, the Iowa Department of Public Health's Bureau of EMS Chief. Gary has been with the Bureau of EMS for many years. His presence and understanding of the political arena where Iowa's rules, regulations, and protocols are written will be sadly missed. He has been a tremendous asset in shaping EMS in Iowa. His legacy of Basic Care Legislation and an assembly of dedicated Bureau staff will be looked back upon fondly in EMS circles for years to come. If you get a chance, thank him for a job well done.

I hope this finds you all healthy and happy. Iowa can be proud of its EMS Systems, as they are some of the finest in the nation. Keep up the good work!

Your friend in EMS,

Jeff Messerole
President

NorthWest Region Report *by Evan Bensley*

The Emergency 2001 Conference was held in Sioux City, Iowa at the Convention Center on March 9 and 10. The final number of attendees was 674 on Friday and 604 on the Saturday session. The Conference has continued to be one of the largest EMS conferences in the State. Committees are already busy at work planning next year's conference.

Estherville Ambulance Service celebrated EMS Week by presenting the video entitled, "Make the Right Call" and giving ambulance tours to the local preschools, after school programs, and local kindergarten classes. Several other area activities are taking place

throughout the region to recognize EMS Providers who work hard at providing a valuable community service.

The Sioux-Lakes EMS Association has not met since the last newsletter. I would be interested in hearing news for the next newsletter from any EMS providers who reside in the counties of Lyon, Osceola, Dickinson, Emmet, Sioux, O'Brien, Clay, Palo Alto, Plymouth, Cherokee, Buena Vista, Pocahontas, Woodbury, Ida, Sac, and Calhoun. I can be reached at 1-800-352-4907 extension 160 or by e-mail at: ebensley@nwicc.cc.ia.us

I'm proud to serve as your northwest region representative!

Amtrak Derailment and Annual Seminar

By Kay Lucas, SW Region Representative

W"We have an Amtrak train on its side". The response by emergency responders and the general public in Adams and surrounding counties to this call at shortly before midnight on March 17, 2001 was phenomenal. The true spirit of teamwork is alive and well in Southwest Iowa.

Two major problems identified in debriefing sessions sponsored by Amtrak have been communication and access to the location.

Over 90 persons were injured and one person died that night. The victims were the best that could be wished for in a situation like this. Basically they just sat and waited for help to arrive.

Amtrak officials and passengers alike have had nothing but praise for everyone who helped that night. One passenger who frequently travels by the "California Zephyr" said it best when he remarked, "I could not believe how quickly people arrived in the middle of the night in rural Iowa. They just kept coming and coming and coming and coming. If I am ever involved in anything like this again, especially if it is more serious, I hope it happens

in Iowa".

A portion of a letter from Amtrak reads "...the derailment of Amtrak's "California Zephyr" on the morning of March 17, 2001 was a difficult time for us all. However, out of challenge, we are strengthened for the future. On behalf of Amtrak, I wish to extend to each of you our gratitude for all you have done, and to say that I was a truly a great team working together...."



Annual Seminar held in Adair

Emergency Medical Technicians from the Southwest Iowa EMS Region met in Adair on Saturday, March 24 for training focused on treating the sick child. Lectures were held in the morning and were attended by 40 EMTs. Local 4-H Clubs and Cub Scouts provided patients in the afternoon hands on training.

LEGISLATIVE NEWS – Stars of Life Program

by Mark Postma, IEMSA Legislative Representative

Stars of Life Program Kicks Off EMS Week 2001 --

The Iowa EMS Association sponsored two EMS providers the opportunity to travel to Washington D.C. to the "Stars of Life" Event on May 4-8-2001. This event, sponsored by the American Ambulance Association, traditionally kicks off EMS Week. This is a week to honor all the people that respond when someone is sick or injured. IEMSA Award Winners Kelly Freeman and David Edgar represented IEMSA. Kelly is the current Director of Monroe County Hospital EMS and also works part-time for LifeFlight, Des Moines, David was the Iowa EMS Association paramedic of the year and works as a paramedic captain at West Des Moines EMS.

The Stars of Life program honors emergency medical providers from all 50 states and allows them to meet and talk to Congressional members from their own states. They were able to personally meet Iowa Senator Tom Harkin (see photo). The chance to inform and educate the people that

represent us in Congress is very important at this point in time, as Medicare reimbursement changes have been implemented nationwide. The "Stars" also had time to tour museums, historical landmarks, and the Capital buildings as well. Both Kelly and David stated they had a great time and enjoyed their experience.

National Emergency Medical Services Week, a celebration to honor approximately 750,000 EMS providers nationwide who deliver lifesaving emergency care, was May 21-27, 2001. This year's EMS Week theme, "EMS: Caring for the Community," speaks to the difference EMS providers have made in our communities in the last century, and the countless ways they will continue to ensure our health, protection, and physical well-being in the next century.

Other "Stars of Life" representatives from Iowa EMS Services were Nadine Tice, AMR-Charles City; Keith Gilman, Lee County EMS-Donnellson; Max Maes, MEDIC EMS-Davenport; James Lange, MEDIC EMS-Davenport.



From Left: Jim Lange & Max Maes-MEDIC EMS, Nadine Tice-AMR, Iowa Senator Tom Harkin, David Edgar WDM EMS, Keith Gilman & Bill Young-Lee County EMS, Bob Gardner-AMR (Kelly Freeman not pictured)

Calendar of Events

September 22-23 -- University of Okoboji EMS Conference
Contact: Dickinson County EMS Association - 712/336-2889

September 22-23 -- CITA - Kirkwood Fire School
Kirkwood Community College
Contact: Kim Fensterman - 319/398-5678

October 20-21 - NE Iowa Fire Rescue Training
Contact: Chief Magsamen - 319/291-4459

October 25-28 -- IEMSA Annual Conference and Trade Show
Polk County Convention Center
Contact: Evan Bensley - 712/324-5061 or Lori Reeves - 800/726-2585, x-5180.

November 10-11 -- NATA EMS/Fire School
Contact: Rod Case - 515/574-6977

IEMSA By-Law Changes

There are changes to our bi-laws this year. They will be published on our website -- www.iemsa.net after our August 16th Board Meeting. To obtain a hard copy of the bi-laws, please contact the IEMSA office at 515/225-8079.

West Des Moines EMS
3421 Ashworth Road
West Des Moines, Iowa

Present: Brent Bredman, Melissa Sally-Mueller, John Copper, Julie Lang, Connie Leicher, Dana Sechler, Gary Ireland, Ric Jones, Dave Cole, Billy Elkins, Cindy Hewitt, Lori Reeves, Jeff Messerole, Evan Bensley, Steve Noland, Jeff Dumermuth

Call To Order: 10:13

Determination of Quorum/Proxies: Jeff Dumermuth has the proxy for Mark Postma and Rosemary Adams. John Copper has the proxy for Bruce Thomas. Jerry Johnston is out of town. Quorum was determined.

Approval of February minutes: February minutes were approved. Jeff Dumermuth made the motion and was seconded by Dana Sechler.

Treasurer's Report: The 2000 convention figures are included in the packets of information. Tami include the budget vs actual for next month. We need to watch the 2001 expense for the convention. We need to stay within the budget. We need to make sure that the speakers are making the arrangements with the best prices. 2000 is the first year that we paid for the board member rooms. Cindy is trying to work a deal with the Gas Company to schedule a break for the 2001 convention. Jeff Dumermuth made the motion to approve the Treasurer's Report and was seconded by Brett Bredman.

Bureau of EMS Report: The system development grant went out a couple of weeks ago. Three of the counties didn't send in an RFP. 17 of the counties did receive money. At this time Gary thinks that this money will be available next year also.

House File 23:33 - Gary put together an amendment. This was handed out at the meeting and will be posted on the website. Jeff Dumermuth suggested that they put all of the information on the web page, this may save some questions. Gary feels that IEMSA needs to step up on this issue. The medical personnel will need to stay in their scope of practice. Some companies feel that this will be helpful in the end because they will know exactly what each person is able to do within their scope of practice. At first this may cause a few problems, but it will work out in the end. We need to put something in the newsletter, regarding the positive issues at this will bring.

Training Fund Money - The questions was asked if the money is going to change after the Census? Gary will need to

look into this and report back. Public Safety - The Bureau of EMS is trying to work jointly on a couple of issues with them.

Committee Reports:

1. Legislative: DNR: Ric Jones gave us an update on the DNR. Ric was been talking with different groups to explain the DNR issues.

House file 590: This has passed both houses. This will allow Dispatchers to notify of HIV status without the use of names.

Death Benefit and Tax Credit are two issues that they are working on. No one is picking up on the EMS License Plate. Cindy gave Dave Cole a list of House files that he will check into for us.

The House File that talks about being able to leave a child without question has a statement regarding that they can use any 911 station. This has some concern with the rural areas that don't have someone at the station at all times.

The question was asked if we had a stand on the English Bill? We don't feel that we want to be involved with this. AAA: They are pushing to get a hold of our State and Federal reps about the HICAA issues.

2. By-Laws: No Report

3. PI&E/Membership: Ginny had stated that the PI&E group has not met and that nothing has been done at this time. This will be tabled until we hear something from the state. In the next newsletter we will put it an article stating that we are looking for someone to head to PI&E.

4. Newsletter/Web Page: The next newsletter is at Mailtech. Maybe it is time to do two newsletters per year. We are not getting the information for the newsletters. Maybe do a newsletter after the legislative issues and the other the conference brochure and newsletter together. We need to ask for information from the members. Maybe we need to do a form for ideas from our members in the next newsletter. Jeff Dumermuth will work with Cindy to come up with a survey on how our members feel about our newsletter. The next deadline will be May 15 instead of June 1.

Web Page : Bill from E-Compass did a presentation to compare our old site to the new site. We will add a counter to the site to see how many hits we are getting. If you would like to send anything to Bill to add to the website or change you can e-mail it to iemsa@encompassdigital.com. We may want to add a member list with their expiration dates so those members can look up their expiration dates. He has currently spent 90 hours on our site. We

would like to have Bill come up with an estimate of how much time it will take for each event. Any pictures need to be approved before posted on the site. Jeff Dumermuth made a motion for them to use the remaining \$500.00 to continue the development of our web. Evan Bensley seconded it. Bill will need to let us know the next stage that he will use this money for.

5. Booth: We need to put together some booth boxes. The shipping for the patches will be \$1.00 per order and not per patch. The booth committee will set the prices for the other merchandise. We also need to send bags to the shows. We need to discuss how to handle covering the State Fair. We need to figure out how the association is going benefit by having a booth at the state fair. The association pays for the state fair tickets for the members helping out. Do we ask services to be responsible of certain days? The State Fair is August 9 - 19. The booth needs to be interactive with the people walking by. If we can't do it right then we shouldn't do it all. We will ask the member in the newsletter survey how they feel about this.

6. State Fire Service and Emergency Response Council:

Ann was not at the last meeting. Jeff sent the letter to Kathy. The new Fire Marshall would like to get the fire and EMS to work together. Ann's term is for two years.

7. Service Directors/Providers:

They will be meeting today.

8. Nominating/Elections:

Nothing new to report.

9. Convention: Evan handed out a speaker list for what is confirmed for the 2001 convention. Do we want to have a Pre-Conference section for the management and educators? At this time there are no details planned, they were just wondering if we would be interested in adding it to our convention. The 2002 convention may be easier because we have the whole convention center. In 2001 we are working around other reservations already made. One of our speakers had an article published in the EMS magazine March issues.

10. 911/Telecommunications:

No Report

11. Advisory Council: Jeff handed out some information.

12. State Medical Examiner Advisory Council:

Jeff Dumermuth handed out the minutes from the last meeting

Other Reports:

Jeff Dumermuth handed out the Trauma Systems Advisory Council minutes from the last meeting.

Old Business:

Patch Update: Jeff should have received yesterday, but hasn't received them yet.

Stars of Life : Everything is arranged. We didn't have any volunteer provider nominations, so both professional nominations will be attending.

New Business:

Fire Issues: The mid-year fire meeting had about 200 attendees and the meeting lasted from 1:00 - 5:00. We need to invite Randy Novak to our conference.

Hotel Options: The Holiday Inn Downtown is giving us a deal. This is no cost for the association.

Barn Raising: The governor's conference of Public Health is going to be at Drake University. They are asking us for a donation from us. This is a two-day conference. Steve made a motion for \$250.00 and Dana seconded.

Sweet Computer Services:

Sweet Computer Services have given notice that they will not be renewing their contract ending June 30. They have given us a 75-day notice instead of the 30 stated in the contract. They have brought the association it a new level of professionalism. The executive board will meet following this meeting.

Color Guard: We will add this to the next agenda.

Adjournment: 12:55

Treasurers Report
by Steve Noland, Treasurer

March 31, 2001	
Checking	26,846.89
Sweep Account	70,267.35
Investment	16,536.81
Savings	6,402.66
Total Balance	120,053.71
Income	1,980.69
Expenses	8,554.86

April 30, 2001	
Checking	25,303.48
Sweep Account	143.45
Investment	16,499.65
Total Balance	6,411.80
Income	48,358.38
Expenses	73,221.76*

*Paid the invoice that was being negotiated for \$69,933.79

May 31, 2001	
Checking	19,513.64
Sweep Account	0.00
Investment	16,580.68
Savings	6,421.25
Total Balance	42,515.57
Income	2,294.48
Expenses	8,117.29

IEMSA Board of Directors Meeting Minutes for February 15, 2001 @ 10 am

West Des Moines Station #1
 Present: Ric Jones – Larry Cruchelow – Dave Cole – Gary Ireland – Mike Holcomb – Lori Reeves – Cindy Hewitt – Brian Jacobson – Steve Noland – Rosemary Adam – Brett Bredman – Dana Sechler – Melissa Sally-Mueller – Evan Bensley – Jeff Dumermuth – Jerry Johnston – Mark Postma – John Copper – Brent Blume – Jeff Messerole

Call To Order: 10:10

Determination of Quorum/Proxies: Quorum determined.

Approval of January Minutes: Tami will e-mail everyone the minutes when they are completed. Rosemary Adam made the motion for approval and was seconded by Dana Sechler.

Treasurer's Report: We will be changing the 2000 conference charges to the 2000 budget instead of the 2001 budget. Marriott is not working returning our calls, so that we can get our bill paid. Tami will include a report next meeting on the 2000 conference expenses and income. Jeff Dumermuth made to motion to approve the Treasurer's report. Brett Bredman seconded the motion.

Bureau of EMS Report
 —Rule – House 23:33 – March 14th it will be in affect.
 —System Development – The 20 county meetings are over. All 20 counties have requested RFP's but Gary has only received 9 back. The services will receive the first

half of the money and will receive the second half when their project is completed.

Committee Reports

1. Legislative – We got hit hard in the JEMS magazine regarding the Paramedic Specialist. Trauma – Gary feels that the Service Directors should meet on the non-emergency transports. Special Teams are only tracking billing information, nothing on the patient information. We will invite Dick to the next Service Director meeting. Mark will chair the legislative team with the help from Dave Cole and Ric Jones. We had a good turnout this morning for the EMS Day on Hill. HIPAA – They are in the comment section and everyone should send letters. Mark Postma has a sample letter if you would like to use it.
2. By-Laws – No Report
3. PI&E/Membership – Connie will keep an ear out if they are still meeting.
4. Newsletter/Web Page – If an article is not in we will go ahead without the article. We need to revisit the ad prices. At this time is someone was to purchase a full page, it would not cover our costs. Sweets will gather information and bring it back. The CE article will go on the web page instead of the newsletter. We will put an article in the newsletter to explain that they need to access it on the web. The next newsletter will be sent out April 15th. Tami and Lisa will get prices together to send one newsletter out to all register EMTs in the state. Web page – Reviewed what

- changes that we will have the developer do. He is charging us \$30.00 per hour. The board approved that he can use up to 500.00 to make these changes. Need to add a CE page.
5. Booth – Tami has bought items down for the next four shows.
 6. State Fire Service and Emergency Response Council – Jeff talked with Kathy from the state fire. She is taking full responsibility for appointing Ann as our representative. Kathy said that we could ask Ann to work with us, by attending the meetings. Ann said that she would be happy to send us the minutes. This group is meeting once or twice a month. We need to monitor this very careful and make sure that we get the minutes and are being kept informed. Jeff will be sending a letter to Ann and CC to Kathy to state our expectations. This is not against Ann, but the way that she was appointed. The letter should go to Kathy. House file 24:92 is the code that we need to follow. Mark Postma made the motioned and John Copper seconded the motion to follow the rules of the House File 24:92 and ask Kathy to appoint one of the representatives that we had sent in.
 7. Service Directors/Providers – No Report – They are meeting in April.
 8. Nominating/Elections - No Report
 9. Convention – Meeting after the board meeting today. In 2002 we will have the whole convention center.
 10. 911/Telecommunications – Thomas Craighton will be resign-

ing from his position, as the 911 IEMSA representative. Dave Cole will contact Dennis Bachman to see if he would be interested in being our representative.

11. Advisory Council – No Report – They will be meeting in April.
12. State Medical Examiner Advisory Council – No Report

Other Reports

Old Business

1. Patch Update – They are ordered and we should have a sample by the first week of March.
2. Budget for 2001 – We changed the lobbyist title to legislative and changed the amount to 8,000. Next year the board would like to send a postcard for EMS Day on the Hill. Cal has been our lobbyist for 8-9 years and has done a wonderful job. We will budget an extra \$500 for the lobbyist salary. Steve Noland made the motion and Dana seconded the motion.

New Business

1. Heartland EMS Coalition Meeting Schedule/Bill Meyers Award – Each state is going to nominate for the Bill Meyers Award.
- Heartland Meetings: They will be having a meeting in KS in August and in IA in October.

Star of Life – Tami will make the arrangements for the Star of Life. The dates for the Star of Life are May 6-7-8.

Adjournment: 12:17

AT-LARGE NOMINATION FORM Deadline: August 31, 2001

It is time to consider your At-Large Representative to IEMSA Board of Directors. This is a two year term. This position is presently held by Rosemary Adam a Nurse Instructor at the University of Iowa Health Care Learning Resources Center. The following are guidelines for this process. Please note the deadline.
Nomination Requirements: Active Member of IEMSA two years or more. Request are made with this form. Nominations must be postmarked before August 31, 2001.

- Ballots will be mailed out prior to the annual meeting.
1. Mailing labels will be placed such that it can be removed and placed as a return address label for ballot. Must have member name and number.
 2. Self Addressed stamped envelope will be enclosed with the ballot.

Upon return to the association office, they will be checked for active member status, stamped valid/invalid, and held for nomination/election committee to count/log number per date.

All ballots will be counted and tally sheet of valid/invalid made. Exact date for ballot deadlines will be published on ballot.

Nominee Name

Company/Service *City*

Phone Number of Nominated Individual

Nominator Name

Address

City/State/Zip: *Phone Number*

Iowa EMS Association Membership Number

Mail to: IEMSA AT-Large, 1200 35th Street, Suite 206-11, West Des Moines, IA 50266, postmarked no later than August 31, 2001.

Trauma Care Considerations in the Elderly: An Older Fragile Package

by

Most EMS patients, especially in Iowa, are above the age of 30 - Just as our bodies begin the decline in function we call aging. Very little time and effort has occurred in the EMS community in the initial or continuing education towards understanding the aging process and how we need to adapt our procedures for care of our older fragile package.

In this article, each reader will be able to:

- 1) Discuss the demographics of the aging population.
- 2) Define ageism, senescence, presbyopia, and presbycusis
- 3) Discuss the normal aging process of body systems and how we need to adapt our EMS trauma care with consideration towards these differences.
- 4) Complete a post test at 80% success, based upon these objectives.

According to US Census Bureau statistics in 1997, the median age in this country was 35.

Further, in 1990 the proportion of those aged 0-14 was the same as those aged greater than 60. It is predicted that by the year 2030, if current trends continue, the death rate will be greater than the birth rate.

What is old age? If you were to ask this author's parents, (both in their 80's), their answer to that question would be - someone else. Some other 80-year-old, not them. Even though both have had heart problems, have hypertension, and one has had a stroke, they feel as though old age is not a description of them.

From the perspective of youth and middle age, old age seems a remote, and, to some, an undesirable period of life. Many of our concerns and fears arise from misconceptions about what happens to our bodies, our minds, our status in society, and our social lives as we reach our seventies, eighties, and beyond. These attitudes are sometimes identified as manifestations of ageism, a term that describes stereotypes about old age. Ageism is one prejudice that we are all likely to encounter sooner or later, regardless of our gender, ethnic minority, status, social class, or sexual orientation. A common example of how ageism is expressed in EMS is how we yell at (because we think all are deaf) and talk over the top of (because

we think they are all senile)older adults during calls.

SO, our population is getting older and older. What does this mean? Our peers just entering the field of EMS who are now in their 20's will be taking care of mostly "old" patients, including those of us who are well outside our 20's. This author believes a lot more education is needed for those just entering the EMS field in the care of the elderly population.

Let's distinguish the realities of aging from the social stereotypes surrounding this process of aging. Aging can be described as a phase of growth and development - a universal biological phenomenon. We age and develop through adolescence. Additional changes occur after age 30 that reflect normal decline. There is a difference between normal aging and pathological aging.

Trauma Case Study

Leo, a 78-year-old independent and seemingly healthy retired widower has the resources available to him to appreciate his "golden years". His only medical history includes some arthritis and well-controlled hypertension. He is driving his well-kept Buick to his family farm at about 50 mph when a nearly head-on collision occurs.

What physiologic changes of aging make Leo at higher risk for severe trauma?

What changes in Leo's body should we take into account when dealing with him as a trauma patient?

Skin and Tissues: The most overt signs of biological aging, or senescence, are in our appearance. The skin wrinkles that develop are due to decreasing cell replacement in the epidermis and decreasing collagen in the dermis. This makes for lack of elasticity in the skin with subsequent increased risk of tearing and slow wound healing. Additionally, the subcutaneous layer loses fat and water, making it more difficult for older people to regulate their internal temperature.

Bottom Line for EMS: There is a greater chance for lacerations with subsequent poor wound healing and a much greater chance for environmental temperature injury. Please be careful applying straps across bare tissue and cinching them down. Kerlix or Kling may

be better for securing I.V.s than tape. Use extreme caution when applying heavy tape to tissues of older patients. Please keep these patients warm and dry. Cold trauma patients don't clot.

Musculoskeletal: Maximum body size and strength reach a peak at age 25. After 25, size and strength begin to decline. Over time, the spine may become more curved and the shoulders may stoop. Bone cells loss occurs, especially in the jaw where there are no teeth. Loss of cartilage in the joints can cause arthritic stiffness. Body composition changes, with decreased proportions of water and lean muscle and an increased proportion of fat.

Bottom Line for EMS: Adaptations must be made for spinal immobilization. The EMS provider needs to fill gaps with smooth blankets and towels between the spine board and the older patient. Using towel rolls or other devices instead of inappropriately-sized c-collars is also warranted. Padding under bony prominences while the patient is on the spineboard is also helpful in preventing severe tissue breakdown and subsequent problems with tissue healing. The older patient also has an increased propensity for fractures.

Respiration and Oxygenation: Maximum breathing capacity declines, along with the loss of thoracic muscle mass, diminished airway and lung compliance, and increased airway resistance. Ventilatory drive decreases, reflecting a loss of chemoreceptor sensitivity to high levels of CO₂ and low levels of oxygen. Changes in the shape of the thorax because of skeletal aging and decreased lung elasticity contribute to a decline in respiratory functional reserves. Changes in elastic recoil of the lungs cause the airway closing volume to increase. These changes all combine to increase the metabolic cost of breathing and contribute to respiratory insufficiency and failure when the older patient is challenged by disease or trauma. Cilia in the airways are reduced which makes it harder to clear pollutants and irritants from the inhaled air. By age 90, most people are likely to have some symptoms of emphysema with some dyspnea and prolonged expiratory times.

Bottom Line for EMS: There is no respiratory reserve - a relatively minor injury to the chest wall of an older patient may cause long-term and catastrophic problems.

There is increased risk of pneumonia and high risk of aspiration pneumonia if airway is not protected from secretions and vomitus while laying flat on a backboard. Early NG or OG tube insertion is quite helpful. It is not unusual to hear crackles in the lung bases of the oldest older patient.

Cardiovascular: Heart and blood vessels lose elasticity and are lined with some atherosclerosis. The blood pressure therefore must increase with age. The heart undergoes gradual cellular and chemical changes as aging continues. Resting cardiac output decreases at a rate of approximately 1% per year after 30 years of age. Maximum output, or cardiac reserve, declines as well. These age-related changes ultimately result in decreased blood flow and oxygen delivery to all organ systems both at rest and especially with the stress of exercise, work, or serious illness/injury.

Cardiac output and reserve decline with age, reflecting a decline in ventricular contractility, compliance, and distensibility. There are more arrhythmias, especially from failure in the sinus node. Many of our older patients use beta blockers or calcium-channel blockers, alone or in combination, which may precipitate congestive heart failure. The use of these drugs fixes the patient's heart rate.

As related to earlier, blood vessels lose their elasticity. Hypertension is common. Characteristically, systolic blood pressure rises to a higher extent that does diastolic.

There is an increased frequency of position-related hypotension, especially orthostatic hypotension. Using postural or orthostatic tests as a means of assessing for volume loss in these patients is unreliable.

Bottom Line for EMS: 180/90 may be a perfectly normal BP in someone at age 80 or so. To that, a BP of 110/50 in that same patient may be a reflection of hypotension. The dependable early sign of shock: tachycardia, may not be apparent in the older patient due to fixed heart rates. Use skin vitals, mechanism of injury and field impression to find shock in the older patients.

Kidney, Fluids & Electrolytes: Total body water declines with aging. Abnormalities in fluid and electrolyte balance commonly occur in the face of acute illness or physiologic stress in the older patient. Although the reason is unclear, it is well documented that older persons have a diminished thirst response to water deprivation, placing them at risk of dehydration under a variety of circumstances. The release of renal and

CE Article - *continued*

or physiologic stress in the older patient. Although the reason is unclear, it is well documented that older persons have a diminished thirst response to water deprivation, placing them at risk of dehydration under a variety of circumstances. The release of renal and adrenal chemicals in response to hypovolemia occur in the older patient but the kidney cannot respond by concentrating urine. Therefore, compensatory mechanisms that normally prolong a trauma patient's life in shock, is not effective in the older patient.

The older patient has increased likelihood of sodium and potassium alterations due to renal insufficiency and use of antihypertensive and other medications.

Bottom Line for EMS: The older patient cannot compensate in hypovolemic shock. Additionally, IV fluid resuscitation must be accomplished with extreme caution. Judicious use of IV fluid boluses must be employed.

Eyes and Ears: With aging, there is a loss of orbital fat, gradually displacing the eye backward into the orbit. Thus, sunken eyes are not a reliable indicator of dehydration in elderly patients. Age-related changes in vision include a thickening and flattening of the cornea, decrease in size of the pupil, and slower shift from rods to cones, with a decreased supply of oxygen to the retina and decreased response time of the pupil in changing light conditions. This makes it hard to see in low-light conditions and difficulties in differentiating certain colors.

The lens is less elastic and the muscles that control this lens deteriorate. This causes presbyopia (problems with close vision) which is correctable. Yellowing and a gradual opaque appearance occurs in the lens, also. This causes a reduced depth and distance perception with a decrease in peripheral vision.

Supporting walls of the external ear canals deteriorate with joint and cochlear changes. Occupational life-span exposure to noises may damage the ear. Presbycusis, (age-related hearing loss), one loses ability to distinguish background and relevant noise and decreased ability to hear high frequency sounds.

Bottom Line for EMS: Allow for prolonged pupil changes with light stimulation—look for equality. If the patient has had cataract surgery, the pupil may be irregularly shaped.

Self-administered medication errors may be common due to inability to read certain labels and warnings on medication bottles. Tripping and falling over changes in

the floor or environment may occur due to depth perception difficulties.

In the loud environment of trauma care, it is imperative that someone place their face over top of the immobilized older patient's face so that eye contact may be established. This makes communication much better. It helps the patient focus on one communicator and allows them the opportunity to follow commands.

Neurologic Changes: The weight of the brain declines with age, with some loss of neurons. There is such an enormous reserve of neurons that this loss does not create a decrease in mental functioning. Brain function remains intact, along with language skills, memory, attention, and general intelligence. The smaller size of the brain allows for more space between the protective coverings and the skull. Bridging veins from the inner lining of the skull to the brain are stretched and allow for easier trauma.

Dementia should not be thought of as a natural consequence of aging.

Bottom Line for EMS: Mental status changes should always be considered to be acute head trauma. EMS should think subdural hematoma more often with falls and MVC in the older patient.

Case Study Revisited

Upon EMS arrival to Leo's side in this collision, he is awake, pale and anxious. He has some lacerations and some extremity fractures. Oxygen is applied and EMS provides spinal immobilization by applying towel rolls to either side of Leo's head and one rolled around his neck as all of the c-collars supplied to them do not fit him. The EMS crew has one of the new inflatable mini-mattresses that they slip between the board and Leo's torso. This provides the needed stabilization and prevents skin breakdown.

Once inside the ambulance, Leo has the following vital signs: BP 100/60, pulse 78, resp. 24, pulse oximetry: 95%, GCS 14, (he keeps his eyes closed but rouses easily and is oriented, follows commands). Leo has a history of hypertension, is on Lopressor.

Due to short transport time, the EMS crew gets one IV in place and infuses a 300cc fluid bolus then allows the IV to run TKO until a full evaluation can be done in the ER. The EMS crew fully understands the physiologic differences in Leo's 78-year-old body and respects Leo's social independence and mental capacities. They speak to him with eye contact, explain all procedures and treat him with the respect he deserves.

Leo is found to have a femur fracture, Stage II shock, along with a perforated bowel, some lacerations and a fractured arm. He undergoes abdominal surgery and femur repair and does well. He is discharged to go to his daughter's home for continued recovery.

Conclusion

Getting older is not a disease. There is a great variance in the rate at which older adults age. There is agreement among experts that individual aging is based on genetic inheritance but is greatly influenced by lifestyle and environment. Most normal aging does not threaten health but some changes put older adults at higher risk.

Please invest some time in getting to know our older adults physiologically and socially. Review techniques of spinal immobilization on those with unique bodies that have undergone some life. Pass this information along to our younger EMS peers so that they can do a good job on you.

CE Directions:

- Read over the article
- Complete the post-test on page 5 & 6 with an 80% or greater success rate.
- Legibly enter your name, address, certification level, and phone number, along with your IEMSA member number, (or attach your IEMSA Newsletter address tag in the space indicated -- subject to audit)
- Only IEMSA Members will receive a FREE 1-hour of continuing education for EMS at the basic and advanced levels through The University of Iowa Health Care's EMS Learning Resources Center in Iowa City, EMS Provider #18. For all NON-IEMSA Members you MUST enclose \$10 with your completed test to receive the CE credits.

■ Mail the post test by September 15, 2001 to:
Rosemary Adam,
Nurse Instructor
University of Iowa
Health Care
200 Hawkins Drive,
EMSLRC South 608 GH
Iowa City, IA 52242-1009

If you have questions, please call (319) 356-2597 or email: adamr@uihc.uiowa.edu

Did you know,

as a member of the Iowa EMS Association,
you are entitled to 1.0 hours of FREE
continuing education within this newsletter?
It's true. All Non-Members must pay \$10.

Simply, read over the CE article, complete the 10-question post-test, return post-marked by September 15, 2001, achieve a post test final score of 80% or higher and we will grant you 1.0 hours of EMS continuing education through -- The EMS Learning Resources Center of the University of Iowa Health Care.

Just one of the many benefits offered to IEMSA Members. Join IEMSA today and receive at total of 4.0 CE's for only the \$25 Membership fee.

Call 1-888-592-IEMS or visit www.iemsa.net



CE Article POST-TEST..

Trauma Care Considerations in the Elderly: An Older Fragile Package

80% must be achieved and only IEMSA members may received 1 hour of credit. Non-IEMSA Members must include a check for \$10 to receive the credit. Please choose the best answer.

1. Senescence may be described as:

- A. the gradual senility that occurs in all persons as they age.
- B. loss of hearing that is enhanced when there is increased background noises.
- C. biologic aging of the body.
- D. osteoarthritis of the joints in older patients.

2. Choose the best statement regarding spinal immobilization in the older patient.

- A. Straps should be cinched down tightly and the patient should be forced to lay flat on the spine board with any size of c-collar, as long as it's on.
- B. Padding should be placed between the patient's bony prominences and the spine board.
- C. If a c-collar doesn't fit, use rolled towels, blankets or a small vacuum splint.
- D. Use caution when applying tape – place something between the skin and the tape.
- E. B, C, and D are all correct statements regarding spinal immobilization.

3. One or two fractured ribs may cause respiratory failure in the older patient due to poor respiratory reserve.

- A. True
- B. False

4. 120/80 is a normal blood pressure for all ages of patients over the age of eight.

- A. True
- B. False

5. Choose the incorrect statement regarding shock in the older patient.

- A. The older patient will have the same compensatory signs and symptoms of shock as the younger patient.
- B. For many older patients taking antihypertensive or cardiac meds, tachycardia will not be present as a compensatory sign of shock.
- C. An 80-year-old with a normal BP of 180/90 will exhibit hypotension possibly by displaying a BP of 110/50.
- D. The older patient will not be able to concentrate urine in order to compensate for shock.

6. All older patients exhibit presbycusis.

- A. True
- B. False

7. All older patients exhibit presbycusis.

- A. True
- B. False

8. An older patient with signs and symptoms of traumatic, hemorrhagic shock should receive the following treatment from EMS:

- A. Low-flow oxygen, 10-minute scene times, 3cc of IV fluid for every 1cc estimated as lost (an average of 3000cc).
- B. High-flow oxygen, 10-minute scene times, 3cc of IV fluid for every 1cc estimated as lost (an average of 3000cc).
- C. Low-flow oxygen, cardiac monitoring and 12-lead ECG, full and prolonged immobilization of all extremities on scene.
- D. High-flow oxygen, 10-minute scene times, 2 large-bore I.V.s but with limited fluid administration.

9. The definition of Ageism may be exemplified by:

- A. treating all older patients with respect.
- B. communicating with eye contact.
- C. assuming that all older patients are senile and deaf.
- D. (none of the above provide an example of Ageism).

10. We can assist the patient with presbyopia by presenting forms to them very close to their eyes.

- A. True
- B. False

11. Older patients are at higher risk for subdural hematomas (especially delayed ones) because:

- A. they fall more often.
- B. The blood vessels in their brains are more brittle.
- C. The bridging veins between the skull and the dura are further apart due to decreased brain size.
- D. deterioration of the neurons cause blood tumors to occur.

Complete and mail to address on Page 6.

Name

Address:

City/State/Zip:

EMS Level:

EMS Certification Number

Iowa EMS Association Membership Number

IEMSA Membership Expiration Date

Place your mailing label here

Call for IEMSA AWARDS NOMINATIONS!

The IEMSA Annual Emergency Medical Services Recognition will be held at the 2001 conference. This time is dedicated to the recognition of EMS leaders in the State of Iowa. The nomination criteria are listed below. Then write a letter of recognition and return it to IEMSA with your completed nomination form postmarked by September 12, 2001.

CRITERIA FOR NOMINATION

You may nominate yourself.

Individual:

Must be currently certified by the State of Iowa, have strong and consistent clinical skills at his/her certification level; and have made an outstanding contribution to the EMS system either within or outside of his/her squad or service. Award recipients in this category will be the Iowa EMS Association candidates for the Star of Life program held in Washington, DC, expenses paid by IEMSA. Award recipients and Star of Life winners MUST be (or become) an active Iowa EMS Association member.

Service:

Must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to PI&E; maintain positive and outstanding relationship with the community (ies) it serves; and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care.

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.

- | | | |
|-----------------------|---------------------------------|---------------------------------|
| <u>Individual:</u> | <input type="radio"/> Volunteer | <input type="radio"/> Career |
| <u>Service:</u> | <input type="radio"/> Volunteer | <input type="radio"/> Career |
| <u>Friend of EMS:</u> | <input type="radio"/> | |
| <u>Hall of Fame:</u> | <input type="radio"/> | |
| <u>Instructor:</u> | <input type="radio"/> Full-Time | <input type="radio"/> Part-Time |

Nominee's Name

Address

City/State/Zip

Certification Level & Number

Nominator's Name

Address

City/State/Zip

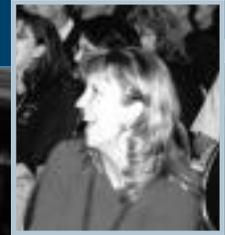
Day Telephone

Evening Telephone

Mail to: IEMSA Awards
1200 35th St, Suite 206-11, West Des Moines, IA 50266
Deadline: September 12, 2001

12th Annual IEMSA Conference and Trade Show- October 25-27, 2001 Register Today!

by Lori Reeves, IEMSA Conference Co-Chair



New Location - Polk Co. Convention Complex

The IEMSA Annual 2001 Conference is right around the corner!

If you attended last year's conference you are probably already aware that we had a record attendance, largely in part due to on-site registrations. Because of this we have really exceeded the capacity of the Marriott as a host location. This necessitated moving this year's conference to the Polk County Convention Center. Because of this change and in response to your suggestions to have the conference earlier in the fall, the conference was moved to October 25-27. Additionally, this move has allowed for more room in the vendor hall to have space to visit the vendor's booths and have access to the refreshments on the breaks. This was also a concern voiced by last year's attendees. Blocks of rooms have been reserved for conference attendees at the Marriott and the Hotel Savery. Because the conference ends on Saturday this year, the discounted room rates run through Friday night only.

Please remember that conference activities actually start on Thursday evening with the annual IEMSA Board of Director's meeting. Everyone is strongly encouraged to attend this meeting, not only to receive continuing education but more importantly to meet the board members and get a better idea of what IEMSA is all about. There will be a reception following the board meeting with refreshments served.

Conference sessions will begin Friday morning and continue on Saturday. The Sunday morning conference session has been eliminated. A host of excellent speakers have been lined up for this year's sessions. Both days begin and end with a general session keynote speaker. Mid-day sessions will offer you three choices of presentations, and we are not requiring attendees to pick one

track for the entire day as previously. You are free to choose one of three sessions to select from in each time slot. We do ask however, that on your conference reservation form that you accurately indicate which sessions you plan to attend so that we may plan accordingly for session sizes.

Lunch Friday will be on your own and offer you an opportunity to visit the skywalk vendors for lunch. Saturday's lunch will be a buffet provided as part of the conference.

On Friday evening a social hour will be held from 5:00 pm to 6:30 pm followed by the IEMSA Awards presentations. The volunteer and paid EMS providers, EMS Instructor, Hall of Fame, and EMS Service of the Year awards will be presented. Nominations for all of these awards are needed and keep in mind that recipients of the volunteer and paid EMS provider of the year awards receive an all expenses paid trip to Washington D.C. to attend the annual AAA "Stars of Life" Meeting. Last year, no nominations were received for a volunteer of the year! This year's Halloween dance will follow the awards presentation. Come in costume and bring your camera! Door prizes will be given for the best costumes.

We considered the evaluations and suggestions from last year in order to respond to the needs of the membership. As a result we think you will find many of the ideas have been implemented to make this the best conference ever!

Conference Registration Form in this newsletter on Page 13 & 14!



Dawn Bidwell, EMT-P

Dawn Bidwell, a paramedic since 1979, currently works in Minnesota as a Coordinator, North EMS Education- Alexandria Division. In addition to being an EMS educator, Ms. Bidwell has been a deputy coroner/investigator, LPN and a respiratory technician.

Roberta Baldus, RN, BSN, EMT-P

Roberta "Bert" Baldus RN, BSN has worked as a flight nurse, EMS educator, and field paramedic for many years. She is currently a second year PA student at Des Moines University.

Terry Braverman

Terry Braverman is a professional speaker, humorist, consultant, seminar leader entrepreneur, and author of the book, *When the Going Gets Tough, the Tough Lighten Up!* He's been featured on AP Radio Network, USA Radio Network, NPR and in respected publications nationwide, including the magazines *Training and Development*, *Think and Grow Rich*, and *Professional Speaking*. Mr. Braverman has presented at many healthcare organizations around the country to provide uplifting yet practical ways of dealing with change in the healthcare environment.

Dr. Ken Cheyne

Dr. Cheyne is presently the Director of Pediatric Education at Blank Children's Hospital in Des Moines and Assistant Clinical Professor of Pediatrics at the University of Iowa College of Medicine. Dr. Cheyne practices adolescent medicine in Des Moines. Prior to this he was in the private practice of adolescent medicine for 10 years in Dubuque.

J D Fellows, RN, EMT-A

Joseph Darrell "JD" Fellows currently works as a personal scrub nurse and assistant to Dr. Lynn Nelson, an orthopedic spine surgeon. JD is also a flight nurse with Iowa Methodist Medical Center's Life Flight and has also worked as a nurse in the emergency room at IMMC.

Diana Fendya, RN, MSN (R)

Diana has over 20 years Trauma Nurse Specialist and is currently the Trauma/Acute Care Specialist for the Emergency Medical Services for Children National Resource Center in Washington DC. There she provides consultation, develops resources and assistance to state grantees regarding pediatric emergency and pediatric trauma care in the acute care setting, regionalized care, and facility categorization, patient safety in the emergency setting and evidence based guidelines. She also works with federal agencies and National Organizations concerned with regionalization of pediatric emergency medical services and trauma care.

John Hansen, EMT-B

John has been an EMT for Granville for 10 years and a farmer for 25 years. He has also

been through the ERT and Firefighter II classes. He teaches EMT-B classes at NCC in Sheldon. John has been a commercial chemical applicator for 20 years. He specializes in agriculture emergencies of all types. John and his wife run a cattle, hog and sheep operation with about 900 acres of crops.

Bernard Heilicser, DO, MS, FACEP

Dr. Heilicser received his D.O. degree from the College of Osteopathic Medicine and Surgery, Des Moines, and his M.S. (Neuroanatomy) from the Hahnemann Medical College, Philadelphia. He completed a Fellowship in Clinical Medical Ethics at the MacLean Center emergency physician at Ingalls Hospital and Medial Director of the South Cook County EMS System. He is on the Executive Council of the Illinois Mobile Emergency response Team. Bernie is the Director of the Medical Ethics Program, Chairperson of the Hospital Ethics Committee and Hospital Ethics Consultant at Ingalls.

Paul L. Hillers, EMT-P, ERT, EMSI

Paul is the founder of Rescue Concepts, a training and consulting firm and a paramedic, ERT, EMT instructor, with many years in the fire service as firefighter and Chief, he also served as a First Responder for many years. Director of a unique all volunteer "tiering only" service also gave Paul the challenge and the pleasure of serving 28 Community Ambulance services, while managing over 80 Paramedics and EMTs. He is also an author and lecturer. During his years as a private contractor constructing grain bins, later farming on the family farm, he was instrumental in developing many area EMS organizations.

Paul Hudson, EMT-P

Paul began his EMS career as a paramedic for Mary Greeley Medical Center in Ames in 1980. An accomplished educator, Paul has worked extensively in administration and management of healthcare systems and corporate physician groups. Paul currently is a flight paramedic for Life Flight; Iowa Methodist Medical Center, Des Moines.

Jane F. Knapp, MD FAAP, FACEP

Dr. Knapp is a recognized national leader and expert in the emergency care of children. She has served many task force organizations, associations and Academic committees, on a national, state and regional level, that work towards the protection and care of children. She has received many awards, most recently, the Missouri Health Care Communicator of the year award and is also the year 2000 recipient of the Citation of Merit, awarded by the University of Missouri-Columbia School of Medicine Alumni Assoc. In January 2001, she was recognized through a City Council Resolution by the Mayor and City Council of Kansas City for her devotion to the children of Kansas City.

Frank W. Nagorka, JD, EMT-P

Mr. Nagorka is a lawyer in private practice in Chicago. Besides his legal qualifications, Mr. Nagorka is a licensed, practicing paramedic. Mr. Nagorka represents many ambulance companies around the state of Illinois and has represented various ambulance trade associations in transactional matters and litigation. For more than 15 years Mr. Nagorka has spoken throughout the United States on medical/legal issues involving pre-hospital care.

Stephen M. Murphy, FF/EMT-P

"Murph" has been a paramedic, speaker, educator for over twenty years. His experience in the EMS community is extremely diverse, working in both the rural and urban settings. He has served as a flight paramedic in Colorado, an EMS supervisor and manager in the private ambulance sector, and as an EMS educator. He currently works as a EMT-P/FF for the University Place Fire Department, near Tacoma, Washington. He is the President of Murphee and Associates, a medical education and consulting firm. He continues to serve as an American Heart Association Affiliate Faculty Member for both ACLS and PALS. He speaks regularly at many state and national conferences.

Charly D. Miller

Ms. Miller is a nationally-known Emergency Care Author, EMS Instructor and Consultant, currently living in Lincoln, Nebraska. A paramedic since 1985 (nine years as a "Denver General" Paramedic), Charly is a seasoned pre-hospital emergency care provider. With her additional experience as a Psychiatric Medical Technician and an Army National Guard Helicopter Medic, Charly is one of the country's most exciting and entertaining EMS educators.

Pam Normandin

Currently Pam works as a Clinical Research Coordinator III for the Central Iowa Health System of IMMC, Blank's Children's Hospital and Iowa Lutheran. Prior to becoming a research coordinator, she had been an Education Specialist for Iowa Health System for several years. She also currently serves as an adjunct Assistant Professor of Physical Therapy for Des Moines University. Pam has extensive experience teaching in critical care areas.

Mark T. Postma

Mark Postma is currently the Executive Director for MEDIC EMS in Davenport, Iowa. He is the Chairman of the Board to the Commission of Accreditation of Ambulance Services (CAAS) since 1998. Mark has worked for

MEDIC since 1982 serving as assistant director, training coordinator, and Paramedic Supervisor. Mark Postma is an At-Large Board Member for the Iowa EMS Association.

Lee Ridge, EMT-PS, Flight Paramedic

Lee has been in EMS for almost twenty years. He started his career as an EMT-A on a volunteer service and soon joined a hospital based service serving initially as a dispatcher, then a paramedic and shift supervisor. In 1988 Lee joined Air Care as a flight paramedic. Lee has taught various EMS courses from first responder to critical care paramedic and has been associated with PHTLS courses for over 15 years.

Dana Sechler, EMT-PS, FFII

Dana is currently the Coordinator of Emergency Services for Eastern Iowa Community College in Davenport. He has served as a Firefighter/Paramedic for the Asbury, Centralia, and is currently a Lieutenant with the Bettendorf Fire Departments. Dana is Co-owner and Vice President of Heartland Regional Paramedic Services. Dana Sechler is an NE Region Board Member for the Iowa EMS Association.

James A. Temple, NREMT-P, BS

Mr. Temple resides in Eldridge, Iowa and has been a paramedic for the Quad Cities Medic EMS for 10 years. While at Medic EMS, he worked extensively with students as a Field Training Officer. His instructor experience is as an EMS Instructor for EICCD for seven years with the last four years as the lead Paramedic Instructor, lectured at numerous CE lectures in the Quad Cities area and is a partner in a safety training company -- "Staff Development". He also serves as the Coordinator for the Quad Cities Regional CISM Team.

Judy R. Walker, MD

Dr. Walker served as an Associate Director of Pediatric Critical Care Medicine at Rockford Memorial Hospital in Rockford, IL for five years. Relocated to Ohio as Director of PICU at Tod Children's Hospital. In 1999 relocated to Des Moines as a Pediatric Intensivist at Blank Children's Hospital. Presently serving as Director of Pediatric Transport and Chairman of the Pain Interest Group at Blank Children's Hospital.

Friday, October 26, 2001

8:05-9:40 Keynote

"The Magic Behind the Medicine"

Stephen M. Murphy, FF/EMT-P
 –This is a class in affective care and it discusses the personal attributes common to all of us who make helping people our business. This program takes a historical look at what makes people feel better when they don't feel good. Bedside manner and the art of effectively touching the patient, their family and all those around us is a skill that is always evaluated and never taught....until now! This program is designed to teach a variety of psychomotor and affective skills that are missing from the standard EMS curriculums. It is a must for anyone involved in the delivery of direct patient care. It continues to be one of the most requested programs and receives consistently outstanding reviews.

10:10-11:00 -

Track 1: "Grain Bin Rescue"

Paul Hillars –
 Grain Bin Rescue
 Agriculture is a nation wide industry that presents medical and rescue personnel with numerous emergency situations. Products used in many industries are stored similarly to grains in bin like structures where hundreds of lives are lost every year. Flowing grain suffocation can present a rescue crew with many different challenges during the same incident. The problem presented to the student in this program is how to provide timely emergency rescue techniques and treatment of victims of stored grain suffocations.

Track 2: "Traumatic Brain Injury"

- Judy Walker, MD --
- Structure of the Cranium and Brain
 - Normal Physiology of Cerebral Spinal Fluid and Cerebral Blood Flow
 - Pathophysiology of Diffuse Axonal Injury
 - The Good and the Bad of the Various Therapies
 - Secondary impact syndrome

- Assessment and Management of Minor Head Injury
- Longterm Prognosis of Traumatic Brain Injury

Track 3:

"What's new at the Bureau"
 EMS Bureau Staff –A representative from the Bureau of EMS will review the changes over the past year.

11:10-12:00

Track 1: "Recreational Pharmaceuticals"

Stephen M. Murphy, FF/EMT-P
 –Everyday hundreds of people will die from an overdose of drugs. There are a variety of new drugs that have hit the street, and a lot of the "old reliables" are back. This presentation will enlighten all those who attend about the drugs they can expect to find in their own backyards. We will discuss how patients may present to the healthcare provider and what kinds of treatment modalities are most appropriate.

Track 2: "Making Trauma Systems Work for Injured Children"

- Diana Fendya --
- Identify Critical elements of care for the injured child
 - Assess the current strengths and weaknesses of the Pediatric Trauma System in Iowa
 - Discuss strategies for the integration of pediatric trauma care into a statewide trauma system development.

Track 3:

"EMS Instructor Update"
 Steve Mercer –This session will discuss the current legislative goals, educational goals, and rules of practice that affect Iowa EMS Instructors.

13:00-13:50

Track 1: "Rotating Trauma"

Paul Hillers, EMT-P–
 Augers, shafts, and power take off shafts "Oh my"! They are everywhere, on farms, in factories, machine shops, maybe your own home, and they are spinning to get you. Aggressive components, no

matter were they are found can kill or injury in the blink of an eye. Different machines will be compared and evaluated to aid in the successful rescue of entrapped victims of rotating objects.

The victims of these machines can suffer primary, secondary, and in some cases multi – system trauma. The injuries and treatments will be matched with actual injuries founded in the field. Therefore, trauma junkies are welcome.

Track 2: "Controversies in Chest & Abdominal Trauma"

Jane F. Knapp, MD, FAAP, FACEP --After this presentation, you'll be able to name three ways that children differ anatomically or physiologically from adults. And describe age related principals of assessment in children. In addition, you will also have an understanding of patterns of injury in children.

Track 3: "Policy and Procedure: Words and Their Power"

Frank Nagorka –In this session, Mr. Nagorka will use his practical and legal experience to allow the audience to gain a deeper and more complete understanding of how to write a policy and procedure manual. Remember that no matter how good a job that we do, others can only learn about it if the ideas are written down. Regardless of your level of training, this session will be fun and informative. Every EMS provider should have an awareness of what should be in a policy and procedure manual. Do you?

13:00 - 15:00

1/2 Day Workshop Track 4 "Medical & Service Director Workshop"

EMS Bureau Staff – This interactive workshop is designed to assist physicians who act as medical directors for EMS services within Iowa. The staff members of the Iowa Department of Public Health's Bureau of EMS will conduct this workshop. The Service Director's workshop will be included in the same session to encompass the requirements

for a director of an EMS service in Iowa.

14:00-14:50

Track 1: "One Man and a Baby – OB/GYN and Childbirth"

Stephen M. Murphy, FF/EMT-P
 –Delivering a baby is something that really excites you, or it scares you to death. This presentation will cover the anatomy and physiology of the female reproductive system, early and last complications of obstetrics, and vaginal deliveries with a variety of complications. There is a huge surprise in store for the attendees of this program – it is fast paced, interactive, and funny!

Track 2: "SIDS: A Little Life Lost"

Dawn Bidwell –This is an important and sensitive presentation looking at SIDS using case studies. We will discuss what we can do to help the family, the coroner, and ourselves.

Track 3: "When, Where, Why and How of RSI Assisted Intubation"

Lee Ridge –A look at RSI in the pre-hospital setting -- this session will discuss when RSI is appropriate, who should be doing RSI and the steps involved including medications, back-ups, and airway assessment prior to RSI.

15:20 - 17:00

Keynote: "EMS: The Law and You"

Frank Nagorka–In this highly acclaimed session, Mr. Nagorka will provide an overview of the legal system. He will take you through a trial. You will gain a deep understanding of the tort of negligence and learn how to protect yourself from baseless claims.

**If you have a specific question, please let us know when you return your reservation form. We will forward those questions to Mr. Nagorka and he will answer them at the conference.

Course Descriptions

2001

Saturday, October 27, 2001

8:45-10:00

Keynote:

“When the Going Gets Tough, the Tough Lighten Up”

Terry Braverman –This keynote is the busy person’s guide to success in handling life’s toughest challenges, this session will show you how to:

Lighten Up and Revitalize Your Spirit

- Boost Your “Amuse” System
- Make Mirth with Your Mate
- Put More Glee in the Family
- Get Funny with your Money Travel “Lightly”
- Succeed in Business without Really Frying
- Change Negative Patterns of Behavior Immediately

10:30-11:20

Track 1:

“Medical Documentation & Charting”

Charly D. Miller–The best protection from liability is good patient care. The best protection in a malpractice proceeding is good documentation. (“If it wasn’t written, it wasn’t done.”) Improving documentation skills requires personal effort and practice, practice, practice. However, Charly Miller’s exciting presentation style helps providers discover enjoyment in charting, and inspires self esteem by excelling at something previously considered tedious or mundane.

Track 2:

“Emergent Care of the Head Injured Patient”

Pam Normandin –In this informative session participants will examine the clinical presentations as well as treatment implications for the patient with acute head trauma.

Track 3:

“Baby- it’s cold out there”

Dawn Bidwell– Hypothermia affects both the patient and the EMS worker. Stages of hypothermia, the treatment and prevention of hypothermia in both the patient and EMS personnel is examined.

11:30-12:20

Track1:

“Tractor Rollovers and Entrapment”

John Hansen, EMT-B

- The Importance of Scene Safety
- Tier with ACLS
- The Golden Hour and Long Extrication Times
- Methods of Extrication
- Know Your Extrication Tools

Track 2:

“Step Away from the Light”

James A. Temple, NREMT-P, BS–As EMS providers, we can all say we have been present at a cardiac arrest at some point in time. Very few, if any of us, can say we were actually the one in cardiac arrest. That’s right, James Temple is that Cardiac Arrest Patient! There are many lessons to learn from the “other side” of the defibrillator. We will discuss many of the dynamics involved, some you may not even know exist. You’ll enjoy this candid discussion, and unique perspective as it’s presented from a man who’s been on the “other side”.

Track3:

“EMS Lessons from EMS Legends”

Roberta Baldus –After 25 years of listening to, reading about and debating with the greatest legends of patient care, Bert has compiled the best from the best. From communication techniques to specific patient care, let Bert show you the difference between “Black and White” pearls in EMS

13:30-14:20

Track 1

“Interview and Assessment”

Charly D. Miller –Everyone is familiar with the SAMPLE interview mnemonic. It’s a good mnemonic and a reasonably complete system for obtaining patient information.

- Signs/Symptoms reported by the patient.
- Allergies

- Medications
- Past Medical History
- Last Oral Intake
- Events leading to this episode of injury or illness.

But, obtaining a complete and accurate SAMPLE history requires very specific questioning techniques. This entertaining eye-opening presentation begins by a thorough explanation of the genesis and rationale for her “THREE GOLDEN RULES” of interviewing patients.

Track 2:

“Resolving the Declination of Volunteerism”

Mark Postma & Dana Sechler This session is perfect for the rural volunteer ambulance service that is struggling to find volunteers to fill their 24-hour a day call schedule. Full time staffing of rural departments are nearing crisis proportions in many areas of the State. Dana and Mark have developed a few unique approaches to attract and recruit volunteers into the volunteer system. They have had success with their programs and will share their public relations techniques that may work for your department.

Track 3:

“R-E-S-P-E-C-T”

Dawn Bidwell–First responders, EMT’s, paramedics, flight teams, dispatchers, police and firefighters- we can all work together as a team. Fun, helpful ideas to put the TEAM in teamwork.

14:30-15:20

Track 1:

“A Whole New Ballgame: Innovations and Controversies in EMS”

Paul Hudson –This session will explore and explain how the science of emergency medicine is calling into question “the way we’ve always done it” and how evidence based medicine is being used to develop new guidelines for pre-hospital care. Some of the issues included in this interactive discussion will

be: pediatric endtracheal intubation, amiodarone vs. lidocaine, epinephrine vs., vasopressin, prehospital thrombolytics, laryngeal mask airways, clearing C-spines in the field, no ventilation CPR, permissive hypoperfusion, capillary refill, lay public AEDs, AEDs for kids and family presence in resuscitations.

Track 2:

“New Street Drugs”

Dr. Ken Cheyne–In this informative and timely session Dr. Cheyne will discuss recent trends in adolescent substance abuse. Emphasis will be on the use and of club drugs such as Ecstasy. The initial evaluation of an adolescent who may be under the influence of drugs will be presented.

Track 3:

“Spinal Trauma”

J D Fellows –In this revealing session participants will explore the assessment and treatment of patients with spinal injuries.

15:20-17:00

Keynote:

“Ethical Dilemmas in EMS”

Bernard Heilicser, DO, MS, FACEP –An interactive approach will be used to discuss the most challenging and ethical dilemmas which confront us in EMS. Using true cases we will address the principles which should guide us in prehospital ethics, and how they apply to emergency care. We will attempt to answer “How do we resolve the apparently unsolvable without violating our own conscience?”

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NEW! Register by Session!
on the back of this form!

2001

Registration Form/Order Form

This conference is designed to encompass the entire EMS team and focus on the emergency care of the patient with regard to the rapidly changing trends in the health care industry. The program is designed for all levels of EMS personnel, Registered Nurses, Licensed Practical Nurses, Physicians, and Fire Fighters.

Special Events

October 25th, Thursday

Annual Meeting - The IEMSA Annual Meeting will be held at 7:00 pm at the Polk County Convention Center. This meeting is open to all EMS providers and those attending will receive 1.5 CEHs. Refreshments will be served following the meeting.

October 26th, Friday

1/2 Day Service & Medical

Directors Workshop - From 13:00-17:00, this interactive workshop will be held at the Savory Hotel.

Exhibitor Reception, Awards

Ceremony & Halloween Costume

Party - Come join the fun starting with an exhibitors reception from 5:00-6:30 pm followed by the Awards Ceremony and the DJ Party. There will be music, lights, sound and excitement provided by our touring DJ.

October 27th, Saturday

Buffet Luncheon

Conference attendees will enjoy a buffet luncheon and have an opportunity to visit with vendors in the exhibit hall.

Disclaimer: Northwest Iowa Community College believes all persons shall have equal access to its educational programs, services and facilities without regard to race, religion, sex, national origin, creed, age or marital status. There is no discrimination of qualified handicapped or disabled persons. IEMSA will not discriminate in its educational programs or activities on the basis of race, color, religion, sex, national origin or disability.

Mail with this form to: **IEMSA**
1200 35th Street, Ste. 206-11
West Des Moines, IA 50266
Fax to: 515/225-8079
Call: 888-592-4367

HOTEL Accommodations

Although the educational sessions, activities and the exhibit hall will be held at the Polk Co. Convention Center, due to increased attendance, IEMSA has reserved room blocks at the Marriott and the Hotel Savory. Both hotels have access to the convention center via the skywalk system. Make your reservations by October 19th and receive the IEMSA Group rate:

Des Moines Marriott

700 Grand Avenue
Des Moines, Iowa 50309
515/245-5500
800/228-9290

\$75 + tax - Sgl/DbI

Hotel Savory

401 Locust
Des Moines, Iowa 50309
515/244-2151
800/798-2151

\$59 + tax - Single
\$72 + tax - Stud King or
\$77 + tax - DbI/DbI

Other Area Hotels:

Best Western Starlite Village
515/282-5251

Hotel Fort Des Moines
515-243-1161

Holiday Inn Downtown
800-465-4329

Embassy Suites Hotels
800-362-2779

Executive Inn West Des Moines
515-225-1143 or 515-225-6463

Conference Registration

Due to limited space, to guarantee entrance to the conference, register prior to September 21, 2001. No confirmation of registration will be sent. Payment or Purchase Order must accompany the registration form. CEU/CEH Certificates will be mailed after the conference.

Cancellation /Refund Policy

The conference committee reserves the right to cancel any session or special event that does not meet the minimum registration requirements or to change the speaker. Refunds, less a \$25.00 processing fee, will be made for registration cancellations made in writing prior to September 21, 2001. No refunds for cancellation after October 20, 2000.

Required Information Marked with an *

Name* (One form per person - photo copy please)

Address*

City*

State

Zip

Daytime Phone

RN# (required)*

IEMSA Member #*

Expiration*

Social Security*

Certification #*

Course Selection:

NEW! Now you can register by the session. Please check the sessions you'll be attending on the back of this sheet. Registration fee includes tuition, handouts, refreshments, luncheon on Saturday, admission to evening events and the exhibit hall.

Type of Registration:

Member

Non-Member

1-Day (check day)

Friday (8 CEHs / 8 CEUs Available)

\$ 105.00

\$ 175.00*

\$

Saturday (7.5 CEHs / 7.5 CEUs Available)

2-Day - Friday & Saturday

\$ 125.00

\$ 200.00*

\$

(* All Non-Member Registration includes a 1-year membership to IEMSA)

RENEW my IEMSA Membership IEMSA# _____ \$ 25.00 \$ _____

Required

Non-Conference Guest Halloween Ticket \$ 15.00 ea Qty _____ \$ _____

Late Registration Fee (postmarked after 9/21) \$ 25.00 \$ 25.00 \$ _____

Conference Registration Total \$ _____

Accessories Order:

Member

Non-Member

Please indicate the color and size on clothing items

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NEW! EMT-Paramedic Patch

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NEW! EMT-Basic Patch

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Old Style - Firefighter Patch

\$ 4.00

\$ 5.00

\$

Old Style - Emergency Rescue Tech Rocker

\$ 2.00

\$ 2.50

\$

Sweatshirt Ash Navy (L XL XXL)

\$ 27.00

\$ 32.00

\$

Short Sleeve T-Shirt

Ash Navy (L XL XXL)

\$ 10.00

\$ 13.00

\$

Long Sleeve Mock T-Shirt

Ash Navy (L XL XXL)

\$ 16.00

\$ 18.00

\$

Polo Embroidery Logo Navy (L XL XXL)

\$ 25.00

\$ 28.00

\$

Denim Button Down Long Sleeve Shirts

(L XL XXL)

\$ 39.00

\$ 45.00

\$

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NEW!
Check off the Sessions You Plan to Attend!

Schedule At A Glance

2001

Friday, October 26th

Can Ed Reg: See the Registration Form for CE/CD/ CEM/ CSM totals.
 + Indicates a topic that meets one of the six topic areas for pre-hospital CE/CD
 * Indicates a topic that has been approved for Standing CE/CD

07:45 - 08:00 - Welcome Announcements/Introductions

08:05-09:40 - * **KEYNOTE: "The Magic Behind the Medicine"** - Stephen M. Murphy, FF/EMT-P

10:10-11:00 *Track One* *Track Two* *Track Three*

** ○ "Grain Bin Rescue" Paul Hillars	** ○ "Traumatic Brain Injury" Judy Walker, MD	○ "What's new at the Bureau" EMS Bureau Staff
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11:10-12:00 ○ "Recreational Pharmaceuticals" Stephen M. Murphy, FF/EMT-P	** ○ "Making Trauma Systems Work for Injured Children" Diana Fendya, RN,MSN(R)	○ "EMS Instructor Update" Steve Mercer
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12:00-13:00 - Lunch on your own

13:00-13:50 + ○ "Rotating Trauma" Paul Hillars	** ○ "Controversies in Chest & Abdominal Trauma" Jane F. Knapp, MD, FAAP, FACEP	** ○ "Policy and Procedure: Words and Their Power" Frank Nagorka
--	--	---

14:00-14:50 + ○ "One Man and a Baby - OB/GYN and Childbirth" Stephen M. Murphy, FF/EMT-P	○ "SIDS: A Little Life Lost" Dawn Bidwell	○ "When, Where, Why and How of RSI Assisted Intubation" Lee Ridge
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15:20-17:00 - ** "EMS: The Law and You" - Frank Nagorka

Track Four

O
P
E
N

No Morning Track Four Sessions

○ 1/2 DAY SERVICE & MEDICAL DIRECTOR'S WORKSHOP: Sponsored by the Bureau of EMS Held at The Savery Hotel) 13:00 - 17:00

Saturday, October 27th

08:30-08:45 - Welcome/Announcements/Introductions

08:45-10:00 - * **KEYNOTE: "When the Going Gets Tough, the Tough Lighten Up"** Terry Braverman

10:30-11:20 *Track One* *Track Two* *Track Three*

** ○ "Medical Documentation & Charting" Charly D. Miller	** ○ "Emergent Care of the Head Injured Patient" Pam Normandin	* ○ "Baby- it's cold out there" Dawn Bidwell
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11:30-12:20 + ○ "Tractor Rollovers and Entrapment" John Hansen, EMT-B	○ "Step Away from the Light" James A. Temple, NREMT-P, BS	○ "EMS Lessons from EMS Legends" Roberta Baldus
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12:20-13:30 - Lunch - (Catered)

13:30-14:20 + ○ "Interview and Assessment" Charly D. Miller	** ○ "Resolving the Declination of Volunteerism" Mark Postma & Dana Sechler	○ "R-E-S-P-E-C-T" Dawn Bidwell
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14:30-15:20 ** ○ "A Whole New Ballgame: Innovations and Controversies in EMS" Paul Hudson	○ "New Street Drugs" Dr. Ken Cheyne	○ "Spinal Trauma" J D Fellows
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15:20-17:00 - ** **KEYNOTE: "Ethical Dilemmas in EMS"** - Bernie Heilsoer, DO, MS, FACEP



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Southeast Region -

Cindy Hewitt

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● **Sign up Today!**
Conference Registration

New this year—New Member Dues Included in Non-Member Rate

● **Award Nominations**

● **At-Large Nominations**

● **CE Article - 1.0 CE**



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Conference Registration Inside!

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