Continuing Education 8 | 2005 Awards 12
Conference Highlights 15

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION
2600 VINE STREET, SUITE 400
WEST DES MOINES, IA 50265

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**HONORING OUR OWN.... AGAIN 2006**

**TOM SUMMITT, COMMITTEE CHAIRMAN**

Thank you to all of you who have given us photos of your EMS co-workers and loved ones who have passed away to feature in our DVD presentation at the IEMSA Annual Conference. We have been honored and proud to present some of the finest individuals across Iowa who have represented EMS at its finest and woodiest at a very hefty price — their life. A very special "THANKS" to Burlington Fire Dept, Davenport Fire Dept, Clinton Fire Dept, Medic EMS, Muscatine Fire Dept, and to Gene Wilkerson for their past efforts and contributions to this presentation. We welcome any other honor guard, fire dept, or ambulance service to assist us. Please note the contact information below.

We will again offer you another chance to submit a picture of someone you have known, loved and lost who gave their life to Emergency Medical Services. Please submit decedent's full name, year of birth known, loved and lost who gave their life to be included in the presentation. We welcome any photo to submit a picture of someone you have known, loved and lost who gave their life to the way you work...and get vital advantages you can see, feel and hear.

**NEWS to SHARE**

Are you working on an exciting program that needs to be shared with IEMSA? Do you want to honor a special member of your staff or of the community? If so, we can submit an article to be published in the IEMSA newsletter! In order to do this, just prepare a press release (and pictures, if appropriate) and e-mail it to iemsa911@netins.net by the following dates: February 1 (to be mailed February 21), May 2 (to be mailed May 23), August 1 (to be mailed by August 18), November 17 (to be mailed by December 15).

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

**Think Safe, Inc. Joins IEMSA as Corporate Sponsor.**

Michelle LeCompte, Vice President of Think Safe, Inc. accepts the plaque commemorating Think Safe’s Corporate Sponsorship from IEMSA President, Jeff Dumermuth. President Dumermuth is pleased to welcome this Hiawatha, Iowa business to IEMSA’s membership.

**NCCIEMS Develops First Aid Brochure**

Procedures For Emergency Care – a multi-color brochure/flip chart is available for $0.50 each, plus shipping and handling. This Flip Chart includes basic First Aid procedures organized in a very practical, user-friendly format and would be handy for homes, schools and businesses. Order by calling Thomas Craighton at Franklin General Hospital 641-456-5015. You can also email him at craightt@mercyhealth.com.
2006 LEGISLATIVE AGENDA
BY RIC JONES, EMT-PS, LEGISLATIVE COMMITTEE CHAIRMAN

The Iowa Emergency Medical Services Association unanimously approved the following agenda for 2006:

1. Provide for equity of pensions for public employees in EMS. Currently fire fighters and law enforcement officers under the Iowa Public Employment Retirement System (IPERS) receive a higher retirement benefit earned with fewer years of service than EMS providers.

2. Protection of any and all current language on scope of practice and area of practice for EMS providers.

3. Provide a permanent funding stream for the provision of emergency medical services for all Iowans. This includes fully funding the Bureau of EMS as well as providing money for training and equipment for individual EMS services in the State.

4. Provide a system to reward volunteerism in public safety. This might take the form of an Iowa income tax credit or Iowa Public Employment enforcement officers under the Iowa Public Employment Retirement System (IPERS) receiving a higher retirement benefit earned with fewer years of service than EMS providers. This includes fully fund- ing the Bureau of EMS as well as providing money for training and equipment for individual EMS services in the State.

5. Provide support for other initiatives and organizations working to improve the health and safety of Iowans.

6. Require that township trustees provide for EMS in their townships.

7. Allow the EMS Bureau and EMS Service Directors access to any and all criminal records of any EMS student or provider.

8. Mandate that Automatic External Defibrillators and trained staff be available at fitness centers and similar facilities in the State of Iowa.

9. Provide liability protection for volunteers in medical directors.

10. Make it unlawful to tamper with medical devices such as public access defibrillators.

11. Allow EMS service directors to sign off on eligibility for EMS license plates.

What a fabulous job our conference committee did this year. I would like to personally recognize Chairman Brad Madsen and his group for a job very well done. As many of you know, we, again, set attendance records and continue to be the largest EMS conference in the State for you, the EMS providers. What a great opportunity to network; sharing best practices from your communities as well as receiving some excellent education.

We have already evaluated the surveys and have come up with some great ideas to improve your experience next year. Amazingly, as I write this article, our vendor hall for next year has already nearly been sold out. What a great problem to have.

There were several high points during the conference and over the last year as president of this great organization, but the low point for me was at the conference when one of the attendees told me that their boss had stated that he felt IEMSA was an "organization without a cause." I can’t even imagine such a statement from an EMS professional. My initial reaction would be to tell that person to pull his head out of the sand, but then, after I thought about it, decided that instead, it is a great opportunity for me to remind everyone what YOUR association has done and is committed to continue to do for EMS in Iowa and to challenge our board members to continue to get the word out over the next year.

IEMSA is committed to be the “Voice” for EMS in Iowa. We are committed to continual representation of both volunteer and career EMS providers in Iowa. Through representation, at many levels, your Board of Directors and other active Association members strongly advocate for EMS issues locally, in our state and nationally. The number of hours volunteered through our Association without a cause.” I can’t even imagine such a statement from an EMS professional. My initial reaction would be to tell that person to pull his head out of the sand, but then, after I thought about it, decided that instead, it is a great opportunity for me to remind everyone what YOUR association has done and is committed to continue to do for EMS in Iowa and to challenge our board members to continue to get the word out over the next year.

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Welcome New IEMSA Members

**AUGUST 2005 – OCTOBER 2005**

Corporate Sponsors: Think, Inc.

**AFFILIATES:**
- Ankeny Fire Department
- Cherokee Regional Medical Center
- Clutter 1st Responders
- Danbury Ambulance Service
- Earline & Earl Evans Ambulance
- Farley Fire Department
- Gravina Emergency Medical Services, Inc.
- Griswold Rescue
- Harley Ambulance
- Holy Cross Volunteer Fire Department
- Iowa Western Community College
- Kirszbaul Ambulance, QRS
- Maynard Fire Department
- Meservey Fire & Rescue
- Nolato Fire & Rescue
- Northeast Iowa College
- Oskaloosa Senior Services
- Walnut Fire & Rescue
- Westphalia Volunteer Fire Department
- Williamsburg QRS
- Wolf River Fire Department

**ORLANDO FIRST RESPONDERS**
- Crye Fire & Rescue
- Pacific Junction Emergency Services
- Solon Ambulance Service
- Tabor Rescue
- Waldo Fire & Rescue
- Westphalia Volunteer Fire Department
- Williamsburg QRS

**OCTOBER 2005**
- Oklahoma First Responders
- Pacific Junction Emergency Services
- Solon Ambulance Service
- Tabor Rescue
- Waldo Fire & Rescue
- Westphalia Volunteer Fire Department
- Williamsburg QRS

**GROUP PURCHASING:**
- Don’t forget to check out the discounts provided by our group purchasing program through the IEMSA Group Purchasing page at www.iemsa.net.

**MEMBERSHIP CARDS**
- We are accepting a new growing partnership with our membership software system. If you have renewed your membership or become a new member and have not received your membership card, please contact Karen at the IEMSA office – 765-255-7077.

**MEMBERSHIP DATABASE**
- Occasionally, we make our membership list available to carefully screened companies and organizations whose products or services may interest you, as well as board candidates who wish to solicit your vote. Many members find these mailing valuable. However, if you do not wish to receive these mailings via postal service or e-mail, please let us know by replying “Do not release my name for mailings” to the IEMSA office via fax (315-225-9080) or e-mail (Newsletter@iemsa.net).

**Important Note:** We will not release your name for mailings to the IEMSA office via fax (315-225-9080) or e-mail (Newsletter@iemsa.net) unless you specifically request by replying “Do not release my name for mailings” to the IEMSA office via fax (315-225-9080) or e-mail (Newsletter@iemsa.net).
OBJECTIVES:
Upon completion of this reading assignment, each participant will be able to:
• discuss viral and bacterial pathogens and methods to avoid acquiring viral illnesses
• discuss how the influenza virus is structured, transmitted from animal to animal, and named
• list common antimicrobial management techniques
• discuss public health policies on the control and quarantine of disease
• attain an 80% score on a 10-question quiz associated with the above objectives within the reading.

Case Study:
Your volunteer ambulance service has responded to a residence during the Thanksgiving holiday for an out-of-state visitor who is in respiratory distress. He reports that he developed a low-grade fever and cough as he flew into Iowa 24-hours ago. He is now complaining of severe dyspnea, cough and high fever.

Headlines
One hot topic on the wire services and cable news channels is the new initiative cable news channels is the new initiative

Pathogens
Not all organisms in our environment are bad. In order to remain healthy, the body must have a normal “flora” of organisms in order to carry out biologic functions. For instance, digestion cannot take place without certain organisms in the bowel. Some organisms however, produce disease. These organisms are called pathogens. How do we know if a patient has a viral or a bacterial pathogen causing their disease when they dial 911? It is clinically difficult to appreciate the difference between a viral and a bacterial illness in a pre-hospital environment. It depends upon the quantity of pathogens present, what tissue they are accumulated in and the strength of the immune system in the host as to whether a disease develops once a pathogen is introduced in the body. A bacteria is a living organism which is relatively small and, depending on the type, can grow in an environment with (aerobic) or without oxygen (anaerobic) and can be mobile or immobile. There are various shaped bacteria which can be identified in a lab, using culture medium and a test called gram staining. Bacteria survive and grow, depending on the host’s defenses and the bacterium’s ability to resist these defenses. Some bacteria have a coating or capsule that surrounds it for special protection. Antibiotics in the right doses and for the correct tissue can kill off bacteria because of its structured cell wall. Antibiotics cannot cure a virus in that nature because the virus has no structured cell wall. A virus is actually a non-living parasite. It resembles a cluster of DNA inside a protein coat. The virus attacks living cells like a syringe — stuck into the host cell. The virus injects its genetic material inside the host cell and feeds the cell into have the genetic trade marks to do so. The virus exchanges genetic material with the new H-5 and mutates itself. A few days later, as you are running through the park, you fall into some duck droppings — aerosolized in a bird flu outbreak — — bingos. Cross over may occur — from the duck to the human. And, because this new virus has developed the ability to transmit from human to human — the virus may then begin a new epidemic.

Mutation and Naming the Influenza Virus
Each type of the influenza virus has 2 proteins on the surface: Hemagglutinin (HA) and Neuraminidase (NA).

Viral diseases are the most common affections of humans and range from common cold to several types of cancers.

Avian Flu (H5, N1)
Bird flu occurs naturally amongst wild birds as it is carried in their intestines. The virus is very contagious amongst domesticated birds. Since 1997, this new bird flu has had some limited spread to humans — mostly in those who work in large flocks of birds. Infected birds shed this virus through their saliva, nasal secretions and feces. Susceptible domesticated birds pick it up on contaminated surfaces and then humans can get it from contact with infected poultry or contaminated surfaces. The risk is relatively low in the US right now but during outbreak — the world becomes very small.

H5, N1 has still not learned how to mutate enough to allow strong human-to-human contamination but a few cases of human transmission have already appeared.

History of Avian Flu
The first case of bird flu was identified in Hong Kong in 1997, where 18 humans were infected and 6 of those people died. All of these first cases were in humans that cared for large populations of birds. In late 2005, early 2004, H5N1 was in 8 southeast Asian countries. 100 million birds were destroyed. By March of 2004, China reported that the pandemic was under control and no longer a threat. In June of 2004, new outbreaks were identified in the same area.

In their investigation, the World Health Organization (WHO), found that most bird to human infection occurred through butchering fowl, plucking and preparing of diseased birds, playing with poultry and handling unprepared or raw poultry. This transmission to other animals has occurred in world zoos where raw poultry has been fed to lions and other carnivorous species.

Human-to-human transmission has been suggested in several household clusters where intimate contact was found. No transmission has occurred through social contact. Only one case of a hospital-acquired, human-to-human transmission has occurred in a nurse exposed to an infected patient in Vietnam. In the United States, no cases have been reported as yet. The Centers for Disease Control (CDC) is quite concerned about this developing disease and the Health Alert Network (HAN) (www.phppo.cdc.gov/han/) issues warnings to health care communities in the US. Our Veterinarian Health Services are assisting us in this surveillance, watching for large populations of bird illness and death. This is an historical venture — animal doctors and human doctors watching for the development of the new human flu epidemic.

Let’s Revisit our Case Study
As your EMS crew walks into this house for this patient with cough, fever and respiratory distress... Are you wearing a mask? While reading this piece, you say, “sure, I’d wear a mask.” Would you really?

Let’s say that your crew forgets to wear a mask while taking care of this sick visitor who, just 24 hours ago, flew into Iowa from Thailand for a visit with his family. Your crew treats the patient appropriately and transports him to a local hospital. 24-hours later, all 3 of the personnel who had close contact with this patient are sick with cough and fever. 2 members of the EMS workers’ families are also sick.

Within 3 days, 15 people are sick in your community. Some are from the house where the first victim was visiting but, 7 are EMS workers who have been transporting those sick people all over Iowa. Now — your community has no EMS workers for the ambulances. Neighboring communities are trying to help out by cross responding. Now — everyone is wearing masks.

Smart EMS Practice
EMS providers are such hard-working and proud health care workers that we practice our skills and chastise ourselves when we “miss” an IV. We have become complacent in our infection control practices, however.

Complacency in these skills not only places us at risk — it places our family and our community at risk. Remember our case study?

Simple handwashing is the single most important skill that we learn and religiously use in our patient care practice. For droplet infections, like the flu, EMS providers need to mask when within 3 feet of the victim and whenever suctioning or providing airway management. Simple glove use while caring for the victim also provides a barrier against contaminated surfaces but the EMS provider MUST wash hands immediately after taking the gloves off. Yes, I know. No running water in an ambulance. No excuses anymore! These new hand cleansers are touted to be even better than running water. You should have a hand cleaner in the back of each ambulance.

Flu viruses spread in respiratory droplets caused by coughing and sneezing. Person-to-person spread is common but remember that you may also pick up the flu virus through a contaminated object — like a Kleenex or a surface, and then touch your mucous membranes (nose, mouth, eyes). Most healthy adults may be able to infect others beginning 1 day BEFORE symptoms appear and up to 5 days AFTER becoming sick. This vulnerable time span noted above is an incubation period. An incubation period is the interval between exposure to infection and the appearance of the first symptoms. Recent reports indicate that the Avian Flu

(Continued to page 10)
may actually have a longer incubation period — up to 8 days.

Initial Symptoms and Course
H5N1 (Avian A) Influenza creates initial symptoms of high fever (typically >38 deg. C or 100.4 deg. F) and an influenza-like illness with flu-like respiratory symptoms. Patients with H5N1 rarely have the upper respiratory symptoms of red eyes, cough, phlegm, sore throat, Diarrhea, vomiting, abdominal pain, pleuritic pain, and bleeding from the nose and gums have also been reported early in the illness. This illness goes on to develop shortness of breath about 5 days into the disease. Respiratory distress, tachypnea and inspiratory cracks are common. But spontaneous pneumonitis is sometimes bloody. Chest x-rays appear as a pneumonia with patchy infiltrates. Progression to respiratory failure may occur as Acute Respiratory Distress Syndrome (ARDS) develops. The median time from onset to ARDS is 6 days.

The fatality rate among hospitalized patients is high with the highest rates in infants and children and death at approximately 9 to 10 days after symptom onset. Laboratories are working furiously to develop a quick test for the identification of this new flu. The current nasal swabs used in this country may pick up this disease at anywhere from 4-8 days once symptoms begin. Most Avian Flu patients have become ventilator-dependent within 48 hours after admission to hospitals. EMS providers must be vigilant about differentiating between those flu-like patients with respiratory distress vs. those with impending respiratory failure.

Containment and Treatment
No influenza A(H5) vaccines are currently commercially available for human use. Many drug companies and researchers are close to developing a vaccine for injection and nasal administration. Once a case of Avian Flu is identified, the WHO and the CDC have outlined guidelines for household contacts and healthcare workers who may be exposed to the infected human. These include rigorous surveillance for symptoms, including checking for temperature twice daily and immediate isolation in the home. Those with high-risk exposures should receive an Antiviral agent.

Isolation is separation and restricted movement of ILL persons with contagious disease, often in a hospital setting. This is usually for individuals. What happens when the human population develops a new infectious disease without previous immunity (like Avian Flu)? Quarantine may then be enforced as needed. Quarantine is the separation and restricted movement of WELL patients presumed exposed to the infectious disease, often at home, and can be applied to a household or an entire community. This may be voluntary or mandated by public health law. Complete quarantine is a legal withdrawal from freedom of movement of healthy persons or domestic animals, exposed for the incubation period of the disease. Check with your town or county quarantine laws. Once quarantine has been instituted, there is passive or active monitoring of the patients within. Passive monitoring means that the exposed patients voluntarily report any symptoms to the public health officers. Active monitoring means that health care workers routinely examine those quarantined for signs of the disease. Certain Avian Antiviral agents may be given to patients suspected of having H5N1 in order to reduce the risk of exposure to the disease. Two drugs are on the market at this time that might combat the bird flu virus: Oseltamivir (Tamiflu®) and Zanamivir (Relenza®). Three doses of this drug are given every day and with every patient. Make it routine to put a mask on yourself whenever you are taking care of a patient with cough and fever and wash and wash hands (water or chemical) as you’ve been taught by your mother and by your EMS Instructor.

REFERENCES:
2. CDC Key Facts: “Information About Avian Influenza (Bird Flu) and Avian Influenza (H5, N1) Virus” Visit: www.cdc.gov/flu
5. CDC Fact Sheet: “Information About Avian Influenza” Visit: www.cdc.gov

1) Please choose the correct statement(s) about antiviral therapy and influenza:
A) Antivirals may be used to kill viruses because of their cell wall.
B) Neuraminidase inhibitors may disrupt the H of the H5N1 virus.
C) Aviral agents are not useful in influenza.
D) A, B, and C are all correct statements.

2) Your city and county have laws on the use of quarantine. What is included in a quarantine?
A) All individuals are legally isolated within their home.
B) An exposed, but potentially healthy, person is isolated in a hospital.
C) An exposed, but potentially healthy, person is quarantined in his/her home.
D) All ill persons are quarantined within homes a minimum of 2 days.

3) Choose the correct statement(s) about Avian Flu (H5, N1):
A) All Avian Flu victims suffer from cold symptoms first.
B) This infectious disease always begins with respiratory distress.
C) Fever and cough progress to death in just 2 days.
D) Fever and cough progress to respiratory distress on about day 5.

4) An incubation period is calculated:
A) from exposure to onset of symptoms.
B) from the first moment of symptoms to the end of the disease.
C) from the onset of high fever (>38 C) to mortality of the patient.
D) The same in all infectious diseases so that incubation periods can be calculated for laws.

5) H1, N1, and H2, N2 are:
A) examples of Human Influenza A and B.
B) examples of mutated strains of different viruses.
C) both examples of the Spanish Flu.
D) unknown viruses, yet to be identified by the CDC and the WHO.

6) Pathogens are:
A) normal flora that live on and inside healthy human beings.
B) viral organisms that infect birds. C) bacterial organisms that infect both human beings and other species.

7) In order to have a pandemic:
A) a strain of an infectious disease must develop with strong human-to- human transmission traits.
B) the infectious disease must have a high morbidity and mortality.
C) the human immune system must have no previous history with the infectious disease (therefore no immunity).
D) A, B, and C must be present.

8) Choose the correct statement about preventing the spread of influenza:
A) All influenza victims must be in strict isolation: gowns, gloves, shoe covers and masks during healthcare procedures.
B) Simple handwashing is the single most important prevention method.
C) Since this is a respiratory disease (droplet spread), EMS workers only need to wear a mask.
D) Since this is a viral disease, contact isolation (gloves only) is needed.

9) How does a new strain of influenza mutated from certain animals to other species?
A) Thorough cooking and eating of an infected animal can cause crossover.
B) Social contact with the infected person.
C) That process of mutation is not possible.
D) Close contact with infected animal excretions then bloodstream mixing of viral ingredients.

10) A virus is a non-living parasite that acts like a syringe and injects living cells with genetic material for replication.
A) True
B) False

IEMSA Continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through The University of Iowa Hospitals & ERSRC Provider #208.

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

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

The deadline to submit this post test is FEBRUARY 21, 2006.
**IEMSA Award Nominations**

**BY BRUCE THOMAS, AWARDS COMMITTEE CHAIRMAN**

The awards presented at the 16th Annual Conference & Trade Show were given to those who have made significant contributions to the EMS community in Iowa. The recognition was given in various categories, including Volunteer of the Year, Part-Time EMS Instructor of the Year, and Friend of EMS. Below are highlights of the awards presented:

- **Mike DeSpain - Individual Volunteer EMS Provider of the Year**: Mike has been with the Danville Fire & Rescue since 1980 and is currently serving as Assistant Fire Chief and coordinator of the department’s EMS activities. Mike was instrumental in establishing one of the first Paramedic level services in the state. Mike currently spends his time providing ALS care, securing grants, conducting and coordinating fundraisers, expanding public awareness within the Danville community of 1000 residents. He is always willing to give of his time and talents to promote and encourage EMS providers. As a mentor and role model for others, he continues to push for excellence in pre-hospital care.

- **Dave Wilson - Career Individual EMS Provider of the Year**: Dave has been in EMS since 1987, working as an EMT and Paramedic for Linn County Ambulance in Coralville. He has been in numerous positions and is currently serving as the Area Ambulance Service and Lifegaurd Air Ambulance in Cedar Rapids. His dedication to the community and the citizens of Southeast Iowa has been impressive.

- **Rita Pierson - Friend of EMS**: Rita is a highly deserving candidate for the recognition bestowed upon her. She has made outstanding contributions to EMS and was influential in the establishment of a county EMS coordinator to aid all EMS providers. The list of Rita’s involvements is lengthy but includes: organized the Southwest Iowa EMS Association, served as a grant writer and assisted in the development of over 200 partners, over 100 hospitals in the area, and is currently serving as the contact person for multiple organizations. Rita’s contributions have included assisting others. During her career, she has been a witness to and an inspiration for change in EMS.

- **Dan Glandom - Part-Time Instructor of the Year**: Dan’s high standards and expectations challenge his students to be all they can be. His professional and personable approach to teaching finds a way into the hearts and minds of his students. Motivated by the successes of his students, Dan continues to bring energy and excitement to the classroom. Dan’s willingness to make personal sacrifices to assist his students makes him a logical choice for this year’s Part-Time EMS Instructor of the Year.

- **Wapello Ambulance Service - EMS Volunteer Service of the Year**: Located in Louisa County, Wapello Ambulance Service over the last 16 years, one of the few without a hospital within its borders, has evolved into a volunteer service that provides paramedic level coverage to the citizens of Southeast Iowa. As in most small towns, their presence is evident at community events, fire calls, parades, school functions and other celebrations.

- **Area Ambulance Service - Career EMS Service Provider of the Year**: Established in 1971, the Area Ambulance Service has recently set ambitious goals in performance, staffing and governance. A recently installed CAD software, monitoring geographic deployment and response time, has resulted in a 40% improvement in response time, dramatically improving patient care and survival rates. Under a cooperative agreement between Cedar Rapids hospitals and communities served by the service, a new governance structure has moved the service to a stand-alone entity managed by the interested parties. The service image and visibility has been enhanced through new standards and procedures.

- **Jerry Kohler - Hall of Fame Award**: Jerry was serving North Iowa EMS even before we knew what EMS was. For 47 and 1/2 years, Jerry has been a witness to and an inspiration for change in EMS. His adaptability was surpassed only by his willingness to assist others. During Jerry’s career, it is estimated that he worked with well over 200 partners, over 100 hospitals in the area, and is currently serving as the contact person for numerous organizations. His impact in EMS has been so great that during his early years, he was called to respond to a plane crash in Clear Lake Iowa that resulted in the death of some people you may remember: Buddy Holly, Ritchie Valens and “Big Bopper” Richardson. As a
Larry Rossman - Hall of Fame Award

Occasionally, we are each blessed to know an individual who by their actions and involvement, their enthusiasm and commitment, gives us the feeling that this is a great profession. Larry began his career in Dallas County and later moved to Mary Greeley Hospital in Ames and became the guiding force behind the development of the emergency-responder unit at the hospital. Because of his passion for life and desire to make a difference, Larry became an EMS instructor and mentor for others in the profession. Larry used his off-duty hours to champion a member of EMS health issues. As a result of the death of his daughter, Cassidy, Larry was an advocate of the SIDS Alliance promoting and educating whenever possible. Larry assisted in developing the Infant Death Scene Investigation Protocol and served on the Department of Human Services’s Major Case Review Team, addressing abuse-related child deaths. Larry’s co-workers have called him a paramedic’s paramedic, a consummate professional, admired and respected by all, a skilled and compassionate care-giver, motivated to improve his abilities and one who motivated others to improve theirs. In a letter from Governor Tom Vilsack, Larry was personally thanked on behalf of all Iowans for his caring and selflessness as an inspiration and role model, mentor, teacher and counselor, Jerry was always there at the right time to do the right thing. In January of this year, Jerry’s employer ceased needing that office, Jerry went back to school to improve his knowledge of the profession. Jerry began feeling that this is a great profession and is a role model, mentor, teacher and counselor, Jerry was always there at the right time to do the right thing. Larry Rossman - Hall of Fame Award

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