

THE LARGEST EMS EVENT IN NORTH AMERICA

EMSWORLD EXPO

In Partnership With
NAEMT 

Where the world of EMS
converges for education
and innovation

CONFERENCE PROGRAM & EXHIBIT GUIDE

- 6 Special Events & General Info
- 12 Exhibitor Listings
- 16 NAEMT Workshops
- 18 EMS World Expo Workshops
- 20 Conference at a Glance
- 24 Conference Program

Co-located with:



Register by 9/2
and save up to \$85 w/
promo code PROGRAM
EMSWorldExpo.com

OCT. 3-7 | NEW ORLEANS
2016 | LOUISIANA

Ernest N. Morial Convention Center

Supplement to EMS World



Your first choice for **ADVANCED MEDIC TRAINING**

MOBILE INTEGRATED HEALTHCARE TECHNICIAN



Be part of a next generation delivery strategy that provides at-home integrated acute care, chronic care, preventative services and alternate destination transport.

CRITICAL CARE PARAMEDIC COURSE



Expand your education and skills training as an EMS provider to deliver advanced and prolonged care to critically ill or injured patients in an out-of-hospital environment.

REMOTE & INDUSTRIAL ADVANCED MEDIC PROGRAM



Become an advanced practitioner in paramedicine at remote mining sites, offshore installations and other isolated industry settings.

Please visit us at booth #1944

Now accepting applications
for January 2017

Apply at climb.pcc.edu/ems-expo-2016



**Portland
Community
College**

Institute for
Health Professionals

ARROW®

LMA®

RUSCH®



Products you trust.
Brands you know. When you need them.

WHEN CRITICAL CARE SITUATIONS ARISE, it's vital that your tools be ready when you are. Teleflex is your one source for airway management and vascular access solutions when time counts.



Arrow®
EZ-IO®
Intraosseous Vascular
Access System



Rusch®
TruLite Secure™
Single-use Laryngoscope



LMA® Supreme™
Airway



Rusch®
Airtraq™
Video Laryngoscope
System

FOR MORE INFORMATION OR TO PLACE AN ORDER,
CALL US AT 866.246.6990 OR VISIT MYTELEFLEXORDER.COM

Visit us at Booth #1024

Airtraq is a trademark or registered trademark of Prodol Meditec S.A.

Teleflex, the Teleflex Logo, Arrow, EZ-IO, LMA, LMA Supreme, Rusch and TruLite Secure are trademarks or registered trademarks of Teleflex Incorporated or its affiliates, in the U.S. and/or other countries.

© 2016 Teleflex Incorporated. All rights reserved. MC-001820 Rev. 2.1

Teleflex®

SPECIAL EVENTS & GENERAL INFORMATION

EMSWORLD EXPO

In Partnership With
NAEMT



- 6 Special Events & General Info
- 12 Exhibit Hall
- 14 NAEMT Annual Meeting
- 16 NAEMT Workshops
- 18 EMS World Expo Workshops
- 20 Conference at a Glance
- 24 Conference Program
- 43 Faculty
- 46 Pricing

Co-located with:



Hosted by NAEMT's PHTLS Committee and EMS World Expo

This 1-day educational event provides the latest tips, strategies and best practices attendees of all levels can use in their daily care. Get the most cutting-edge education available for EMS trauma providers, and put the latest research to work for your patients.



For more details see page 17.

CORPORATE SPONSORS



SUPPORTING ORGANIZATIONS





A MESSAGE FROM THE CONFERENCE DIRECTOR

I'm excited to welcome you to EMS World Expo, the largest EMS conference and trade show in North America, returning to the Ernest N. Morial Convention Center in New Orleans, LA.

This year's event is unprecedented. Hands-on education opportunities abound throughout the program. Our active shooter workshop features both didactic and hands-on training with professionally moulaged live patients, and our clinical skills advancement cadaver lab allows you to refresh low-frequency, high-risk skills and test the latest devices for only \$85! You can also get hands-on during the core program in our cardiac dissection lab where scalpels and scenarios will be paired with step-by-step video.

New this year, we are partnering with the International Association of Flight & Critical Care Paramedics (IAFCCP) and the International Board of Specialty Certification (IBSC) to offer additional CE opportunities for critical care practitioners and community paramedics. See page 23 for more details. We are also debuting a core program track specifically designed for practicing community paramedics.

During this 5-day event, you'll meet with top industry experts and EMS providers from all over the world to share best practices and add to your list of key contacts. You won't want to miss this year's "after hours" networking opportunities, which include the opening night reception, the ever-popular ZOLL-sponsored Shockfest and the Warehouse District Pub Crawl.

Did you know that EMS World Expo draws over 5,100 EMS professionals from across the nation and around the world? Last year 38 countries were represented!

I invite you to browse through the workshops and conference sessions, special events and exhibiting companies on the following pages and encourage you to register today at EMSWorldExpo.com. Register by Sept. 2 to receive the Early Bird savings of \$85 on the 3-day conference program or, to receive the best deal possible, register with a group of 6 or more and save \$255 each!

—Nancy Perry, EMS World Expo Conference Director

P.S. Don't miss the chance to win one of several all-expenses paid trips to EMS World Expo courtesy of our National EMS Awards of Excellence program and Childress Institute Education Scholarship. See EMSWorld.com/awards for more information.

EVENT SCHEDULE

Workshops

Monday, October 3
8 a.m.–5 p.m.

Tuesday, October 4
7:30 a.m.–5 p.m.

Conference Program

Tuesday, October 4
5:30–6:30 p.m.

Wednesday, October 5
8 a.m.–4:45 p.m.

Thursday, October 6
8 a.m.–6 p.m.

Friday, October 7
8 a.m.–2:30 p.m.

Opening Ceremonies & Keynote

Wednesday, October 5
9:30 a.m.–11 a.m.

Exhibit Hall

Wednesday, October 5
11 a.m.–6 p.m.

Thursday, October 6
11 a.m.–4:30 p.m.

Friday, October 7
10:30 a.m.–1:30 p.m.



SPECIAL EVENTS & GENERAL INFORMATION



Opening Ceremonies & Keynote Presentation

Wednesday, October 5
9:30 a.m.–11 a.m.

Join us for award presentations followed by our keynote presentation. New this year, EMS World Expo will feature multiple presentations as part of the opening keynote. Check EMSWorldExpo.com for the latest details.

The Internet of Lifesaving Things

TJ Kennedy, President, FirstNet

EMS is on the cusp of a revolution. Are you ready for communication technologies that will turn the back of your ambulance into a remote emergency room? Soon the glasses you are wearing and the ultrasound machine you are using will live stream what you see to the hospital as you are en route with your patient. The newest generation of EMS practitioners will hold high-definition, two-way video dialogues with physicians and specialists. This real-time relay of information will allow hospitals to see what is coming in from the field ahead of time. TJ Kennedy, president of FirstNet, will discuss how technology and connectivity will bring about the "Internet of Lifesaving Things," making a monumental difference in the field and improving the continuum of care.



Recasting the Vision: The Way Ahead for EMS

Ed Racht, MD, AMR

It's been 50 years since the publication of *Accidental Death and Disability: The Neglected Disease of Modern Society*, otherwise known as the EMS White Paper. The EMS profession has made great strides over the past five decades, but to be successful in our evolving role in the continuum of care, we must be willing to set aside our preconceptions of who we are and recast a new vision of who we can be. As the clinical care we deliver continues to advance and developments in technology improve our operations, we are being propelled into a future that will be a rebirth for out-of-hospital medicine. Join Dr. Ed Racht on this inspirational journey into the EMS of tomorrow.



SimLab

Wednesday, October 5
Noon–3 p.m.

Thursday, October 6
Noon–3 p.m.

Friday, October 7
11 a.m.–1 p.m.

Put your clinical skills to the test in the exclusive EMS World Expo Simulation Lab located in the exhibit hall. Using the most advanced products and simulators on the market, you'll work through various scenarios given by the instructor while receiving feedback on your performance. Don't forget to grab your free t-shirt for participating!

Live Active Shooter Simulation

Back by popular demand! Due to the increasing nature of active shooter incidents, EMS World Expo has invited New Orleans EMS tactical medics to share best practices and components of the agency's all hazard plan, including active shooter, school shootings and tactical SWAT response.

Participants will have the opportunity to first observe proper sift-and-sort procedures with a focus on force protection, then practice those procedures and improve skills in hemorrhage control and tourniquet use, pressure dressings, needle decompression and other wound care methods encountered in this type of environment. The session will conclude with a short debrief to discuss challenges encountered while participating in the simulation.



Sponsored by:



Gauguard
Simulators for Health Care Education



NIGHTWATCH



EMS World invites you to Meet the Nightwatch Crew

Where: EMS World Expo 2016

When: October 5TH and 6TH

Why: Get autographs from your favorite cast members!

With Support From

BoundTree
medical

 **curaplex**
by Bound Tree

SSCOR

UCapIt

ST/PACKS

 **Pulmodyne**[®]

2nd  **Life**
biomedical

 **Laerdal**[™]
helping save lives

SPECIAL EVENTS & GENERAL INFORMATION

Free CE in the Learning Center!

Enhance your educational experience and earn **free CE** when you attend classes in the EMS World Expo Learning Center located in the exhibit hall. Classes are open to all core program and exhibit hall attendees. See page 22 for the current class schedule.

New Orleans EMS Ridealongs

Ridealongs add another exciting element to your education experience at EMS World Expo. Limited slots are available, so schedule today at emsworldexpo.com/ridealong.



Shockfest

Wednesday, October 5
7 p.m.–11 p.m.

Food, drinks, networking and live music! Stop by ZOLL booth #1215 to pick up your two free drink tickets for this year's ZOLL-sponsored networking party. All EMS World Expo attendees receive free admittance with their Expo badge at Manning's, 519 Fulton St., New Orleans. See ad on page 9.

Sponsored by: **ZOLL**



Nightwatch Meet & Greet

Wednesday, October 5
1 p.m.–2 p.m.

Thursday, October 6
1 p.m.–2 p.m.

Meet the New Orleans EMS crew—Dan, Holly, Nick & Titus—from the popular A&E TV series *Nightwatch*. Free photo signing in the exhibit hall.

Continuing Education Credit/Certificates of Attendance

This continuing education activity is approved by SouthComm, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

CECBEMS-approved classes are accepted by the National Registry of EMTs (NREMT) for recertification requirements. One CE is given per one-hour class. 1.25 credits are given per 75-minute class. Attendees can earn 4 credits while taking the half-day workshops and 8 credits for the full-day workshops. There is no limit to how many CE credits attendees can earn at EMS World Expo.



If you have questions or concerns, call 800/827-8009, or e-mail certificate@publicsafetyevents.com.

For information on CE for NAEMT preconference sessions, please contact NAEMT at 800/346-2368.

To obtain credit, you must have your badge scanned upon entering your session, spend the required time in each class, and turn in a completed course evaluation for each class. After the conference, you will be notified by e-mail when your certificate is available online at EMSWorldExpo.com for download. Safeguard the certificate for future use.

For questions regarding CECBEMS, please contact Jay Scott at 972/247-4442, or e-mail jscott@cecbems.org.

Nursing CE

CE has been applied for with the Air & Surface Transport Nurses Association (ASTNA) for the World Trauma Symposium and select EMS World Expo core program sessions. Visit EMSWorldExpo.com for more information.



Live Podcast Studio by the ProMed Network and MedicCast

Celebrate the MedicCast's 10th anniversary and join your favorite EMS bloggers and podcasters in the live podcast studio at booth #1355 in the exhibit hall.



FOOD ■ DRINKS ■ NETWORKING ■ LIVE MUSIC

ZOLL SHOCKFEST

LIVE ON STAGE
CLASSIC ROCK
COVER BAND

U.S.

www.uscanus.com

WEDNESDAY, OCTOBER 5TH, 7 PM
MANNINGS, 519 FULTON ST., NEW ORLEANS

ZOLL
1 DRINK

ZOLL
1 DRINK

Stop by ZOLL
Booth #1215
to pick up
your two free
drink tickets.

SPECIAL EVENTS & GENERAL INFORMATION



Warehouse District Pub Crawl

Thursday, October 6

5 p.m.–8 p.m.

Join your fellow attendees for a night of networking fun as we hit New Orleans's historic Warehouse District for a pub crawl—EMS World Expo style! Receive discounted beverages and food at participating establishments.



Discounted Hotel Rates

We've negotiated travel discounts and secured a limited number of reduced-rate hotel rooms to make your trip to New Orleans as affordable as possible. Through onPeak, rooms at the group rate are limited and available on a first-come, first-served basis. Book early for best selection and price at EMSWorldexpo.com/hotel-travel.



Parking

The public entrance side of lot F, which is located directly across the street from the convention center, will be open and available for parking as early as one hour prior to the event opening and will close as late as one hour after the event ends.
\$10 per vehicle
\$20 for oversize vehicle



Free Wi-Fi

Enjoy free Wi-Fi in the Exhibit Hall and common areas of the convention center Lobby.

WEARABLE technology clinically proven to INCREASE VEIN VISUALIZATION¹

veinsite[®]

Redefining Vascular Imaging - Because You Care



Booth 1156

Critical Delays – Vascular Access Challenges – ACT Fast Using Veinsite



Portable, Hands-Free Operation – Little To No Ambient Light Required

VueTek
SCIENTIFIC

1. Chiao FB, Resta-Flarer F, Lesser J, Ng J, Ganz A, Pino-Luey D, Bennett H, Perkins Jr C, Wittek B, Br.J. Anaesth. Vein visualization: patient characteristic factors and efficacy of a new infrared vein finder technology. Br.J. Anaesth. 2013; doi:10.1093/bja/aet003.

VueTek Scientific • 22 Shaker Rd., PO Box 934 • Gray, ME 04039 • (207) 657-6565 • www.vuetekscientific.com

VueTek Scientific and Veinsite names, logos and tag lines are trademarks of VueTek Scientific, LLC. Made in USA

ARE YOU PREPARED?

Trauma • Casualty Care • Active Shooter • Disaster • CBRNe • Transport

TRAUMA HAL[®]

Trauma HAL is a state-of-the-art patient simulator designed for training in real world emergency care scenarios. Our proven wireless design and lifelike physiology lets you train, care, triage, and transport without interruptions. This improves response time and teamwork. Give your team the experience needed outside the classroom to perform in real situations.

GET PREPARED AT BOOTH #1949



- Rugged full-body adult
- Active eyes, seizures, and programmable secretions
- Difficult airway with surgical access
- Splash proof for spray decontamination
- Bleeding trauma limbs (quadruple amputee) with tourniquet sensors
- Pressure sensitive bleeding wounds and arterial sites
- 1.5 Liter internal blood reservoir
- eCPRTM Real-time CPR effectiveness and defibrillation monitoring
- Wireless and tetherless up to 900 ft.
- Up to 10 hour battery life

Toll Free USA | 800.882.6655
Worldwide | 305.971.3790
Sales | sales@gaumard.com



Gaumard[®]
Simulators for Health Care Education

DISCOVER, TEST AND EVALUATE THE LATEST PRODUCTS & TECHNOLOGY ON THE MARKET

Featuring the largest exhibit hall in North America, EMS World Expo is THE place to explore state-of-the-art technologies, products and services that are transforming EMS operations and improving patient outcomes. Boasting over 350 exhibitors covering 85,000 sq. feet of space, the exhibit hall offers you the opportunity to meet one-on-one and discuss with expert vendors the solutions you need to make your job easier and more effective.

Your exhibit hall admission also includes:

- ✓ Opening Ceremonies & Keynote Presentation
- ✓ Free CE in the Exhibit Hall Learning Center
- ✓ EMS World Expo's exclusive SimLab
- ✓ Active Shooter Simulation
- ✓ Happy Hour Networking Reception, ZOLL-sponsored Shockfest & the Warehouse District Pub Crawl.
- ✓ Live Podcast Studio by the ProMed Network & MediCast



Companies already signed up to exhibit include:

Exhibitor List as of 4/11/16

COMPANY	BOOTH#
5.11	632
911 Billing Services & Consultant Inc.	1646
Abbott Point of Care	1252
Abform Workwear	1750
Acadian Ambulance Service	1740
Action Training Systems, Inc.	1822
Activtek	1727
Actwell Technology Inc.	1941
Advanced Battery Systems, Inc.	1833
AEV	1029
Airon Corporation	1738
Airspace Monitoring Systems Inc.	1257
Akron Brass Company	1430
Aladtec, Inc.	600
AllCare, Inc.	424
Allied Healthcare Products, Inc.	2022
Alternative Support Apparatus (ASAP)	1654
Ambu, Inc.	1914
Ambulance Insurance Brokers	1925
Ambulance Medical Billing	1356
American 3B Scientific	2033
American Heart Association	325, 331
American Heart Association	323
AMSUS - Society of Federal Health Professionals	529
ARGO	1739
Asia Connection Co., Ltd.	1945
B. Braun Medical, Inc.	2047
Backsafe Systems Inc.	2122
Benchmade Knife Company	429
Binder Lift, LLC	1235
Biomedix, Inc.	1038
Bioquell, Inc.	1844
Bound Tree Medical, LLC	723
Brady Publishing	1826
Braun Industries, Inc.	515
Bridgestone Americas	443

COMPANY	BOOTH#
BURL Concepts, Inc.	1334
Cambridge Sensors USA	746
Cardiac Science	310
Cardionics, Inc.	1948
Carey & Company, Ltd.	1251
CECBEMS - Continuing Education Coordinating Board for EMS	1830
Celox North America	630
Center for Domestic Preparedness	2150
Channing Bete Company, Inc.	1744
Cindy Elbert Insurance Services, Inc.	533
City of Baton Rouge	425
ClorDiSys Solutions Inc.	544
Code3 CME / CareerStep	2049
Columbia Southern University	1057
CompX Security Products	418
Crestline Coach Ltd.	738
Cypress Creek EMS	1233
DanSun Photo Art	324
Data911	1044
Defense Logistics Agency	1733
Demers Ambulances	1423
Digital Ally, Inc.	1345
Digitech Computer, Inc.	1048
Distance CME, LLC	1845
DOD Domestic Preparedness Support Initiative (DPSI)	1735
Dynarex Corporation	1446
eCore Software Inc.	1250
Emergency Medical Products, Inc.	1438
Emergency Products & Research	433
Emergency Reporting	507
Emergent	422
Emergent Respiratory Products	1930
EMS Academy - University of New Mexico	1152
EMS Redline Association	1042
EMS Safety Foundation	133
EMS World	1439

COMPANY	BOOTH#
EMSAR, Inc.	847
emsCharts, Inc.	1246
Enovative Technologies	708
Epilepsy Foundation	342
ESO Solutions	1325
EVS, Ltd	729
Excellence, Inc.	1431
FareTec Inc.	1146
Federal Signal Corporation	1823
Ferno	1415
Fieldtex Products Inc.	957
Firefighter Behavioral Health Alliance	238
First Line Technology	839
First Tactical	110
Fisdap	1150
FlightBridgeED, LLC	1651
Ford Fleet Service Operations	1641
Foremost Medical Equipment, LLC	426
Frazer, Ltd.	339
Gaumard Scientific Co., Inc.	1949
GD	1339
Genlantis	1047
Georgia Association of EMS (GAEMS)	240
Gerber Outerwear	1249
Graham Medical	948
Guardian Tracking	312
GW Medical Faculty Associates	1828
Haix North America, Inc.	946
Hale / Class 1	1348
Halyard Health	952
Hartwell Medical, LLC	1239
Health & Safety Institute	939
Health Care Logistics	631
HealthCall, LLC	1330
Henry Schein	211
HERSILL S.L.	1448
Horizon Medical Products	1546
Horton Emergency Vehicles	1125

COMPANY	BOOTH#
HoverTech International	1340
IFSTA / Fire Protection Publications	945
ImageTrend, Inc.	707
Indiana EMS Association (IEMSA)	227
Infor	2015
Innovative Communications, LLC	1643
Innovative Healthcare Corporation	1825
Innovative Products, Inc.	338
Innovative Tactical Training Solutions	2215
INTEC Video Systems, Inc.	1729
Integrated Rental Services	1934
Intermedix	825
Intersurgical	1851
Intubrite, LLC	524
IPMBA - International Police Mountain Bike Association	1347
iSimulate	1030
iTEC Manufacturing, LLC	1333
Jones & Bartlett Learning	1139
Journal of Special Operations Medicine	322
KARL STORZ Endoscopy-America, Inc.	747
Katadyn North America	535
Kelderman Mfg.	609
Kemp USA	623
Knox Company	439
Koronis Revenue Solutions LLC	1231
Kussmaul Electronics	1835
Laerdal Medical Corporation	1014
Leader Ambulance	1025
Lenco Industries, Inc.	801
Life-Assist, Inc.	733
LiquidSpring LLC	420
Louisiana Ambulance Alliance (LAA)	1
Louisiana Association of Nationally Registered EMT's (LANREMT)	2
Luna	2044
Mac's Lift Gate, Inc.	1342
Mangar International	2024
Masimo	1625
Max Life	1923
McCoy Miller	1019
McKesson Business Performance Services	1351
Med-Tech Resource LLC	233
Med-Trans Corp.	1827
MedaPoint, Inc.	1926
Medic-CE.com, LLC	930
MedicCast Productions, LLC	1355
Medix Specialty Vehicles, Inc.	1615
Medtronic	326
Mercury Medical	1020
MERET Products	1245

COMPANY	BOOTH#
Microflex / Ansell	1535
Miller Coach Co. Inc.	1931
Minto Research & Development, Inc.	1630
Mist Pharmaceuticals	531
MMS - A Medical Supply Company	1531
MonuMedical LLC	239
Moore Medical, LLC	1225
MorTan, Inc., The Morgan Lens	626
Moulage Concepts	1256
NAEMT	1631
National Creative Enterprises (NCE)	1442
National Domestic Preparedness Consortium	1927
National EMS Memorial Bike Ride, Inc.	706
National Registry of EMTs	1731
National Safety Council	1832
New Orleans EMS	355
Nonin Medical, Inc.	1639
North American Rescue, LLC	311
Ohio Association of EMS (OAEMS)	222
One Beat CPR+ AED	1943
Onspot Automatic Tire Chains	646
Operative IQ	906
Optimo Electronics	1338
Original S.W.A.T.	1147
Osage Industries, Inc.	1915
Oxygen Generating Systems Int'l	647
Panorama Antennas, Inc.	956
Paramedic Association of Canada	1151
PCC CLIMB Center - Health Professionals	1944
Pediatric Emergency Standards Inc.	827
PerSys Medical	1432
PH&S Products, LLC	1834
Philips Healthcare	1238
Physio-Control, Inc.	715
Plano Synergy	523
Platinum Educational Group, LLC	1157
Pocket Nurse	809
PointResponse	1349
Polar Freeze	1751
Protean LLC	218
Pulmodyne	949
Pulsara	648
Quantum EMS	1632
QuikClot	527
REI Corporate Sales	1831
Remote Medical International	1056
Res-Q-Jack, Inc.	1939
Responsive Respiratory, Inc.	229
Retractable Technologies, Inc.	1343
Road Rescue	1015

COMPANY	BOOTH#
rose plastic USA, L.L.L.P.	807
RX Fabrication	538
S&S Medical Products, LLC	1447
Safety Vision LLC	829
SAM Medical Products	833
Sensata Technologies	1745
Simulaids / NASCO	2039
Simulator Solutions	2146
Skedco, Inc.	1824
SonoSite FujiFilm	831
South Carolina EMS Association	1932
Southeastern Emergency Equipment	1715
Southern Illinois University Carbondale	943
SSCOR, Inc.	1331
Stryker EMS	415
Swymed	2115
Tactical Medical Solutions, Inc.	2134
TargetSolutions	547
Taylor Healthcare Products, Inc.	622
TCF Equipment Finance	1051
Tecniq, Inc.	2023
Teleflex, Inc.	1024
TelrepcO	346
Tennessee Ambulance Service Association (TASA)	220
Terason	1645
The Activity Group	1850
The Code Green Campaign	1748
The ToolKit Group	1922
TransLite, LLC	928
Trividia Health	219
University of Florida, FES Program	1829
USSC Group	924
Utility Inc.	555
Vanner Inc.	846
VB-Airsuspension	628
VBM Medical, Inc.	210
VFIS	1649
Vivid Medical, Inc.	1547
ViziTech USA	1549
VizuCop	407
Vuetek Scientific	1156
Vygon USA	1444
WARD Diesel Filter Systems	2038
Water-Jel Technologies	751
Wheeled Coach Industries	1115
Whelen Engineering Company, Inc.	1839
Wise Co., Inc.	932
Ziamatic Corporation	1723
ZOLL Medical Corporation	1215
ZOLL Medical Corporation	757

For the most current listing of exhibitors, visit EMSWorldExpo.com.

JOIN US FOR THE ANNUAL MEETING AND NATIONAL EMS AWARDS OF EXCELLENCE



Join us in New Orleans for the NAEMT Annual Meeting, October 3–6, 2016. The Big Easy provides the perfect setting in which to enjoy old friends, build new relationships and, above all, become more involved in your professional association. The four-day Annual Meeting—held in conjunction with EMS World Expo—is an exclusive event and free of charge to NAEMT members.

At the NAEMT Annual Meeting, it's easy to find opportunities for member involvement, such as NAEMT committee meetings and the General Membership Meeting, which includes National EMS Awards Presentations and concludes with a social reception. See the Annual Meeting schedule for dates and times.

NAEMT committee meetings are open to all NAEMT members, and you are invited and encouraged to attend. Committee meetings include Advocacy, Education, EMS Data, EMS Preparedness, EMS Workforce, Membership, MIH-CP and Military Relations. Meetings of the NAEMT Board of Directors, Affiliate Advisory Council, NAEMT Foundation and NAEMT Faculty will also be held. Visit our website at www.naemt.org and follow us on Facebook and Twitter for the latest updates.

NAEMT MEMBERS RECEIVE A \$125 EMS WORLD EXPO DISCOUNT!

NAEMT Members: Provide your membership number after selecting the "Three-Day Core Program NAEMT Member Rate" on the EMS World Expo registration form.

Not Yet a Member of NAEMT?

Join NAEMT when you register for EMS World Expo and receive the \$125 discount (a value of more than three times the cost of membership)—along with the more than 30 product and service benefits that are included with NAEMT membership. Don't forget about the unbelievable time you'll have with friends in New Orleans! EMS World Expo features educational, professional and networking opportunities...all in one place...which makes this a real show stopper!

*NOTE: The discount applies to the Three-Day Core Program individual registration fee only. The discount cannot be used with the Agency or Military Discount Rate, or toward workshop registration fees.



EVENT SCHEDULE

NAEMT General Membership Meeting and Awards Presentations

Tuesday, October 4
5:30 p.m.–6:45 p.m.

The General Membership Meeting and Awards Presentations bring our association family together for a recap from President Conrad "Chuck" Kearns on the programs, activities and successes of our association, as well as our goals for the coming year. This meeting serves as a forum to introduce and thank the NAEMT Board and committees, recognize our corporate partners and volunteers, and honor the outstanding efforts of EMS professionals with the presentation of the National EMS Awards of Excellence.

NAEMT Member Reception Sponsored by the National Registry of EMTs

Tuesday, October 4
6:45 p.m.–8:30 p.m.





Jazz it up at the NAEMT Member Reception! NAEMT members are invited to attend the NAEMT Member Reception and enjoy the company of fellow NAEMT members, friends, colleagues and EMS leaders from across the world—N'awlins style!

Annual NAEMT Faculty Meeting and Reception

Wednesday, October 5
2 p.m.–6 p.m.

All NAEMT instructors are encouraged to attend the fourth annual gathering of NAEMT educators. The meeting will include NAEMT education program updates, recognition of outstanding faculty achievements, and an open forum. The meeting will be immediately followed by a wine and cheese (and beer) reception for all NAEMT Faculty.

NAEMT ANNUAL MEETING SCHEDULE

TIME		EVENT
Mon, Oct. 3	NAEMT Preconference Courses	
	8 a.m.–5 p.m.	All Hazards Disaster Response Beta Course*
	8 a.m.–5 p.m.	 AMLS Course Day 1*
	8 a.m.–5 p.m.	 TECC Course Day 1*
	Meetings and Events	
9 a.m.–12 p.m.	NAEMT Board of Directors Meeting	
1 p.m.–2:30 p.m.	Advocacy Committee Meeting	
3 p.m.–4:30 p.m.	EMS Workforce Committee Meeting	
3 p.m.–4:30 p.m.	NAEMT Foundation Meeting	
Tues, Oct. 4	NAEMT Preconference Courses	
	7:30 a.m.–5 p.m.	 World Trauma Symposium* (7:30 a.m. breakfast with program to follow at 8 a.m.)
	8 a.m.–5 p.m.	 AMLS Course Day 2*
	8 a.m.–5 p.m.	 TECC Course Day 2*
	8 a.m.–5 p.m.	 GEMS Advanced Beta Course*
Meetings and Events		
11 a.m.–2:30 p.m.	Affiliate Advisory Council Meeting and Luncheon	
5:30 p.m.–6:45 p.m.	NAEMT General Membership Meeting and Awards Presentation	
6:45 p.m.–8:30 p.m.	NAEMT Member Reception	
Wed., Oct. 5	Meetings and Events	
	8 a.m.–9:30 a.m.	MIH-CP Committee
	8 a.m.–9:30 a.m.	EMS Preparedness Committee
	1 p.m.–2:30 p.m.	Membership Committee
2 p.m.–6 p.m.	NAEMT Faculty Meeting and Reception	
Thurs., Oct. 6	Meetings and Events	
	8 a.m.–9:30 a.m.	Education Committee
	8 a.m.–9:30 a.m.	Military Relations Committee
1 p.m.–2:30 p.m.	EMS Data Committee	

* Sponsored by NAEMT. Registration required through EMS World Expo.

Dates and times are subject to change.

NAEMT WORKSHOPS

1-DAY WORKSHOP: OCTOBER 3, 2016

8 a.m.–5 p.m.

All Hazards Disaster Response (AHDR) Beta course

Be a part of field testing an exciting new NAEMT course! AHDR is for prehospital providers who care for patients in a disaster or mass casualty event. The course empowers all prehospital practitioners with knowledge and skills to manage patients during the initial timeframe of a disaster or mass casualty event.

The content is presented in the context of realistic scenarios and the course culminates with a large-scale mass casualty event. The course highlights a team-based strategy to approaching the most common MCIs. Interactive learning modules make for a highly engaging and practical course with imperative skills.

Participants will receive 8 hours of CECBEMS-approved credit.

1-DAY WORKSHOP: OCTOBER 4, 2016

8 a.m.–5 p.m.

Geriatric Education for Emergency Medical Services (GEMS) Advanced Beta course

Be a part of field testing a new NAEMT course! Building on NAEMT's Geriatric Education for EMS (GEMS) Core course, the Advanced course is highly interactive and empowers practitioners with enhanced skills and knowledge they need to take care of geriatric patients' unique medical, social and environmental challenges. This immersive educational format focuses on the integration of critical thinking into real-world application. Designed as an 8-hour course for both EMTs and paramedics, the Advanced course highlights key skills such as the transport of patients with tracheostomies, feeding tubes, PICC lines, home ventilators, LVADs and much more.

Don't miss the opportunity to participate in this beta course and provide feedback on this important new course before its official launch at the end of 2016.

Participants will receive 8 hours of CECBEMS-approved credit and the textbook.



2-DAY WORKSHOPS: OCTOBER 3–4, 2016

8 a.m.–5 p.m.

Advanced Medical Life Support (AMLS), 2e course

Experience the 2nd edition of NAEMT's AMLS course—new, current medical content, challenging critical thinking scenarios, and an updated AMLS Patient Assessment Pathway.

AMLS is a 16-hour course that provides a solid knowledge base to enable beginning and experienced prehospital care providers to diagnose medical patients with urgent accuracy. Practitioners at all levels of practice will enjoy this interactive course that emphasizes the AMLS Patient Assessment Pathway, an important guide for assessing patients with medical conditions.

Participants will receive 16 hours of CECBEMS-approved credit. The textbook, ebook and AMLS Mobile Reference Guide are included.



8 a.m.–5 p.m.

Tactical Emergency Casualty Care (TECC) course

Tactical Emergency Casualty Care is NAEMT's 16-hour civilian tactical care course. The TECC course takes the lessons learned from the TCCC military program and adapts them to the civilian environment. While this course does not teach operational tactics, it serves as the foundation for medical support in austere environments. While the course has a tactical slant, it takes an all-hazards approach to providing care outside the normal operating conditions of most EMS agencies.

NAEMT's TECC course is endorsed by the American College of Surgeons and meets the Committee on TECC guidelines.

Participants will receive 16 hours of CECBEMS-approved credit and the textbook.



Workshops sponsored by Jones & Bartlett Learning & Markel



On the Frontlines of Trauma Care



World trauma SYMPOSIUM

Hosted by NAEMT's PHTLS Committee and EMS World Expo

OCTOBER 4, 2016
NEW ORLEANS, LA
ERNEST N. MORIAL
CONVENTION CENTER

Presenting the latest research and information on prehospital trauma care from internationally recognized experts around the globe, the 5th annual World Trauma Symposium will expand your medical knowledge and improve your clinical care, ultimately improving your patients' outcomes. A 1-day educational event that will change the way you practice.

All attendees will receive 8 hours of CECBEMS-accredited CE, CME or nursing CE.

This year's symposium will examine several topics, including:

- Future directions in prehospital trauma care: ultrasounds, lactate measurement, REBOA, injectable hemostatic agents
- TXA and thrombolysis in the trauma patient
- The impact of legalized marijuana on Colorado trauma
- Crime scene preservation for the medic
- The EMS role in handling chemical weapons
- Compelling case studies in trauma care

**The premier education event for
ALL providers of out-of-hospital
trauma care.**

WorldTraumaSymposium.com

#WorldTrauma16

Learn about PHTLS at naemt.org

**Register by 9/2 and
save \$50 w/ Promo
Code EARLYREG**

WORKSHOPS

MONDAY & TUESDAY OCTOBER 3–4 1½-DAY WORKSHOP

Day One: 10 a.m.–5 p.m.
Day Two: 7:30 a.m.–12 p.m.



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION

NREMT Scenario Development Workshop

Faculty: Senior Facilitator David
Page, MS, NREMT-P, and Paul

Rosenberger, MPA, EdD, NRP,
along with program directors and educators
from across the nation who have experience
using formative and summative scenarios in
the classroom are helping to facilitate this
workshop.

Limit 60 students

In coordination with the National Association of EMS Educators, the National Registry of EMTs is offering this workshop to provide paramedic program directors and educators with hands-on experience developing formative and summative scenarios for use in their classroom.

During this workshop we will discuss how formative scenarios reinforce the skills learned in the skills lab, and how summative scenarios evaluate the ability of your students to manage a simulated patient.

Attendees will integrate these ideas to create formative and summative scenarios in small groups. These scenarios will then be performed using paramedic students as the team leader so attendees can further revise them.

During a group debrief, we will discuss how to integrate scenarios into your classroom.

At the end of the workshop, the NREMT will provide an update on the inclusion of scenarios in its psychomotor exam.

Please Note: Registration for this workshop is being handled by the National Association of EMS Educators. Visit <http://naemse.org/events/Event-Details.aspx?id=804640&group=> for more information and to register.



TUESDAY, OCTOBER 4, FULL-DAY WORKSHOPS

8 a.m.–5 p.m.

Creating an Evidence-Based Practice for EMS in Integrated Healthcare: A workshop for clinicians and leaders who want to use science to prove their worth

Scott Bourn, PhD, RN, EMT-P, Baxter Larmon, PhD, MICP, Dan Swayze, DrPH, MBA, MEMS

“Despite high expectations for mobile integrated health care and community paramedicine programs, we largely lack rigorous data on their performance.”

—*New England Journal of Medicine*, 2016

Over the past few years, we have seen a proliferation of mobile integrated healthcare and community paramedicine (MIH-CP) programs launched by EMS agencies as a way to deal with increasing call volumes amid shrinking resources while also providing patient-centric care and offering added value to our stakeholders in a healthcare system that is undergoing an unprecedented transformation.

Many programs that were initially funded by grant monies now need to find ways to be financially sustainable. In addition, EMS agencies need to prove the clinical value of the patient care they are delivering within the community paramedic model. Part of this process involves developing evidence-based practice for EMS in the integrated healthcare environment. This workshop will outline research methods, data capture and useful metrics related to program funding and patient outcomes.

Objectives will include: research methodologies; data retrieval strategies and informatics; outcome measurements; development of an integrative healthcare research agenda for EMS programs.

Who should attend this workshop? Community paramedics; nurse practitioners; EMS and fire chiefs; EMS medical directors; state EMS officials.

This workshop has been developed by the Prehospital Care Research Forum (PCRF) at UCLA. The PCRF has educated more than 500 individuals in prehospital care research over the last 15 years. The faculty have extensive experience in research and integrated health and community paramedicine delivery systems in EMS. The format will be lectures with interactive participation by attendees.

Sponsored by



Supervisor Leadership Academy

Ryan Greenberg, MBA, NREMT-P, Rob Farmer

Limit 40 students

This one-day workshop based on the Lee County (FL) Public Safety Leadership Academy provides aspiring and new supervisors with several critical skills they need to perform in their new role. The class is broken up into seven parts, each part related to one of the “Seven Pillars of EMS Officer Competencies–Supervisor Officer” from the National EMS Management Association (NEMSMA). Each section uses an activity that is based on a competency/competencies needed to perform well as a new supervising officer.

The course is based on a series of videos and activities that get the class to work together in small groups and solve problems based on real-life experiences. The academy will cover a wide array of leadership topics including: communications skills and techniques; conflict management; public speaking; process improvement; and ethics.

This hands-on experience allows students to learn by doing and hear how leaders from across the country have different ways to solve problems while ending up with similar results.

This workshop is being sponsored by the National EMS Management Association. For more information on NEMSMA’s EMS Supervisor Officer credentialing program, visit nemsma.org.

Sponsored by



TUESDAY, OCTOBER 4, HALF-DAY WORKSHOPS

8 a.m.–12 p.m. & 1–5 p.m.

Active Shooter Response

Fire Captain Michael D. Wright

EMS providers, firefighters and other emergency responders are being called to situations involving an active assailant with alarming frequency. During this hands-on, scenario-based workshop, participants will learn how to respond to these incidents, learning not only the “how,” but the “what” to do.

This 4-hour course provides an introduction to Rescue Task Force (RTF) training for an active shooter mass casualty incident (AS/MCI), providing rapid medical treatment and extraction. The course is designed to show how responders can work together to implement survivor care and removal from an incident scene using RTF principles.

The course will feature both didactic and hands-on training. Students will receive an in-depth explanation and demo of RTF and EVAC team movement prior to breakouts. Students will then break into teams and rotate through the following stations:

- » Station 1 (Patient care/self care/buddy aid) classroom;
- » Station 2 (RTF/EVAC) room-to-room evolution;
- » Station 3 (RTF/EVAC) stairwell evolution;
- » Station 4 (The role and importance of triage) classroom;
- » Station 5 (RTF/EVAC) room to open area to include common area evolution.

Realism will be imparted by professionally moulaged live patients that will give the students an upfront and first-hand experience of the urgent nature of this environment.

After attending this workshop, the participant will:

- » Understand the concepts surrounding the “Rescue Task Force” mode and the advent of the “Evacuation Team.”
- » Know how to utilize standard triage concepts and understand their value in the AS/MCI environment.
- » Know how to safely function in the “warm zone” as part of a joint law enforcement/fire/EMS team.
- » Understand the necessity of “unified command” in the AS/MCI environment.
- » Be able to employ the methods and knowledge of FEMA mandates in the active shooter/MCI environment.
- » Be proficient in the use of the Combat Application Tourniquet (CAT) in self and buddy aid.

8 a.m.–12 p.m. & 1–5 p.m.

Cadaver Lab: Hands-On Clinical Skills Advancement

Refresh low-frequency, high-risk skills and test the latest devices in our hands-on cadaver lab for only \$85!

Limit 80 students each session

Current evidence suggests that increased experience with ETI attempts leads to more successful intubations. Are you comfortable with the number of intubations you’ve performed over the last 12 months or are your skills degrading? Attend this 4-hour workshop to get clinical “hands-on” training of the most up-to-date best practices for prehospital skills and airway adjunct management utilizing a cadaver.

Under expert instruction, participants will have the opportunity to practice several procedural skills including direct and video laryngoscope intubation, surgical cricothyroidotomy, intraosseous access and needle thoracostomy.

NEW THIS YEAR! Hemorrhage control: practice tourniquet application.

1–5 p.m.

Controversy, Clinical Relevance and Critical Thinking: Education That Matters

Dan Limmer, AS, EMT-P

If you asked educators to list the most difficult topics to teach, controversy, clinical relevance and critical thinking always rise to the top. The ability to bring your education above the classic traps (rote information, teaching to the test) is the key to your success and the success of your students. It is challenging for even the most experienced educators to move to more dynamic, clinically focused education.

This 4-hour workshop reviews how to:

- » Embrace change and differences in clinical medicine beginning in EMT class;
- » Implement student-centered learning methods to stimulate thought and application;
- » Develop and use dynamic exercises in traditional and hybrid classrooms;
- » Write challenging exam items to stimulate thinking and integrate concepts.

Through lecture and practical exercises, this workshop will help educators integrate controversy and normal variations in practice into the classroom, then prepare the educator to apply a higher degree of clinical relevance through classroom presentation, exercises and exams.

PR Boot Camp: An Exercise in Positive Press

Robert Lawrence, MCMI, Robert Luckritz, Esq., Carissa Caramanis O'Brien, EMT-B, Matt Zavadsky, MS-HSA, EMT

Your city manager just called. He read an article in the ICMA newsletter about a study by the Center for Public Safety Management that says cities can save millions of dollars by eliminating fire-based medical first response and he wants to pursue it. How do you, as a local EMS leader, and we, as the EMS profession, respond to inquiries like these? What public affairs strategies have we implemented to deal with the hard questions when they come?

Learn from top public relations experts in EMS about how to position your agency to deal with these kinds of issues, as well as how to promote your agency’s achievements in regard to excellence in patient care, community education and resource deployment. EMS faculty will be joined by members of the media who will provide their perspective on effective messaging and how to build winning relationships with the press.

Attend this workshop to learn how to: interpret how national and local issues that may impact your agency; stay informed about issues impacting EMS and healthcare; create newsworthy stories for positive press coverage; develop key message points; build effective relationships with local stakeholders; conduct an interview with helpful and hostile reporters; and create a positive social media presence.

Sponsored by

Teleflex®

CONFERENCE PROGRAM

TUESDAY EVENING SESSIONS 5:30-6:30 PM

Preventing Invisible Wounds: Introducing Psychological Care into Prehospital Care
Christine Alvarez, BS, EMT-P David Brenner, MS, EMT-P

NREMT 2016 Update and National Continued Competency Overview
Jeremy D. Miller, MED, NRP

ALS Track sponsored by



Educator Track sponsored by



MIH-CP Track sponsored by



WEDNESDAY, OCTOBER 5

	BLS	ALS	CRITICAL CARE	PEDIATRICS	EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
--	-----	-----	---------------	------------	----------	--------	------------	------------

8-9 AM	<p>Scuba Diving Injuries: Evaluation and Treatment Protocols Scott H. Smith, EMT-P</p> <p>Breathe Easier Knowing Respiratory Pharmacology Heather Davis, EdD, NREMT-P</p>	<p>What's Hot and What's Not in EMS in 2016 Baxter Larmon, PhD, MICP, David Page, MS, NREMT-P</p> <p>Blast Lung Injury Ronna Miller, MD</p>	<p>Tactical Damage Control Resuscitation Speaker TBA</p>	<p>Why EMS Should Start Treating Kids Like Adults: A Major Paradigm Shift in Pediatrics Peter Antevy, MD</p>	<p>Creating a Recipe for Success: Instructional Techniques, Measurement and Evaluation in the EMS Classroom Doug Smith</p>	<p>Medical Direction for MIH-CP Programs Neal Richmond, MD</p>	<p>Evidence-Based Hiring: How to Build the EMS Workforce of the Future Joel Lavender, Kurt Steward, PhD</p> <p>I Like More Data and I Cannot Lie: A Collaborative Effort with Mutual Success Paul Bollinger, MPH, Chris Hamper, NRP, Louisa Partain, EMT-P</p>	<p>Federal Innovations in EMS Management and Operations Ed Gabriel</p> <p>Air Medical Safety Standards Applied to Ground Critical Care David Ellis, BS, CCEMT-P, FP-C, CMTC</p>
---------------	---	---	---	---	---	---	--	---

9:30 AM-11 AM

Opening Ceremonies & Keynote Presentation The Internet of Lifesaving Things

TJ Kennedy, President, FirstNet



Recasting the Vision: The Way Ahead for EMS

Ed Racht, MD, American Medical Response



2-3:15 PM	<p>Lessons from Snowdonia Mountain Medicine Project Dr Linda Dykes</p> <p>No to O2: Debunking (Maybe) the Myth of "More is Better" Ronna Miller, MD</p>	<p>Pulmonary Embolism Screening Paul Banerjee, MD</p> <p>Ask the Docs: EMS Medical Directors Panel Discussion Part 1 Moderated by Paul Pepe, MD, MPH, FACEP</p>	<p>The Trouble with Tubes: Transporting Patients with Chest Tubes Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C</p>	<p>The 2015 PALS Guidelines: A Behind-the-Scenes Look at the New Recommendations Peter Antevy, MD</p>	<p>Evidence-Based EMS Education Is Not an Oxymoron Heather Davis, EdD, NREMT-P, Baxter Larmon, PhD, MICP, David Page, MS, NREMT-P</p>	<p>Frequent User Management 101 Anne Jensen, EMT-P, BS</p>	<p>Leadership Lightning Rounds: Operational Excellence Ryan Greenberg, MBA, Rob Lawrence, MCMI</p>	<p>The Journey to a Zero-Minute Response Time Robert Luckritz, Esq.</p> <p>The FirstNet Effect: How Change Is Coming to EMS Comms Kevin McGinnis, Brent Williams</p>
------------------	---	---	--	--	--	---	---	--

2-5 PM	<p>Evolving Trends in MIH-CP</p> <p>MIH-CP Economics: What's Working? Matt Zavadsky, MS-HSA, EMT</p> <p>MIH-CP Medical Control: Who's In Charge? Neal Richmond, MD</p>		<p>MIH-CP Continuing Education: Carving a Path Ahead John R. Clark, JD, MBA, NRP, FP-C, CCP-C, CMTE, Anne Robinson-Montera, RN, BSN</p> <p>MIH-CP Technology: The Transformation of Patient Care and Operations Panel discussion moderated by Matt Zavadsky, MS-HSA, EMT</p>					
---------------	---	--	--	--	--	--	--	--

3:30-4:45 PM	<p>Best Evidence, Best Practice or Best Guess? Baxter Larmon, PhD, MICP, David Page, MS, NREMT-P</p> <p>Managing Patients in Behavioral Crisis David Glendenning, EMT-P</p>	<p>Medical Emergencies in Patients with VADs Kristopher Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C</p> <p>Ask the Docs: EMS Medical Directors Panel Discussion Part 2 Moderated by Paul Pepe, MD, MPH, FACEP</p> <p>Ketamine in EMS Speaker TBA</p>	<p>Beyond the Neb David Ellis, BS, CCEMT-P, FP-C, CMTC</p>	<p>Successful Pediatric Pain Control Matthew Ozanovich, MHHS, NRP</p>	<p>Applying the Science of Learning to EMS Classrooms Heather Davis, EdD, NREMT-P</p>	<p>MI in Community Paramedicine: An Introduction to Motivational Interviewing Dan Swayze, DrPH, MBA, MEM</p> <p>HIPAA Policy Development in Community Paramedicine Anne Jensen, EMT-P, BS</p>	<p>Leadership Lightning Rounds: Transforming Operations Through Technology Rob Farmer, Rob Lawrence, MCMI, James Woodson, MD</p>	<p>What's Trending in Ambulance Design and Safety? Panel discussion</p>
---------------------	---	--	---	--	--	---	---	--

THURSDAY, OCTOBER 6

	BLS	ALS	CRITICAL CARE	PEDIATRICS	EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
8-9 AM	<p>You're Not from Around Here: Considerations for Out-of-Town Patients Dr Linda Dykes</p> <p>Compassion, Commitment and a Clinical Clue: The Three Cs of a Successful EMS Provider Dan Limmer, EMT-P</p>	<p>Methamphetamine: From the Streets to the ER Ken Bouvier, NREMT-P</p> <p>Common Prehospital Pitfalls and How to Avoid Them Kenneth A. Scheppke, MD, FAAEM</p>	<p>Nonsurvivable Neurological Injuries: When Tragedy Turns to Hope Robert Girardeau, BS, NREMT-P, FP-C</p>	<p>Pediatric Lifespan Development Matthew Ozanovich, MHHS, NRP</p>	<p>Breakfast & Learn: EMS Educator Update on National Simulation Issues David Page, MS, NREMT-P</p>	<p>Cultural Considerations in Homelessness and Poverty Anne Jensen, EMT-P, BS</p>	<p>Curbstone Consulting Jay Fitch, Anthony Minge, MBA, Todd Sheridan</p> <p>What's the Right Role for EMS in Healthcare 3.0? Matt Zavadosky, MS-HSA, EMT</p>	<p>Body-Worn Cameras Improve EMS Documentation Accuracy Jeffrey Ho, MD, FACEP, FAAEM</p> <p>Not If, But When: EMS Threat Preparation and Response Panel discussion</p>
9:15-10:30	<p>Prehospital Management of Less Lethal Use of Force Jeffrey Ho, MD, FACEP, FAAEM</p> <p>BLS Treatment of Anaphylaxis: The End of the Autoinjector Michael W. Dailey, MD</p>	<p>I'm Not Dead Yet! Pushing ROSC Rates Higher Using Advanced Resuscitation Techniques Kenneth A. Scheppke, MD, FAAEM</p> <p>Submersion Medicine: The Epidemiology, Physiology and Management of Drowning Paul Pepe, MD, MPH, FACEP</p>	<p>It's All About the Information: How Prehospital Ultrasound Will Transform Trauma Care Howie Mell, MD, MPH, CPE, FACEP</p>	<p>Youth Suicide: A Growing Problem Kirk Mittleman, BS, NREMT-P</p>	<p>Validating Competency via Simulation Kevin Collopy, BA, FP-C, CCEMT-P, NR-P, CMTE</p>	<p>Best Practices and Lessons Learned in Community Paramedic Mental Health Care Panel moderated by Dan Swayze, DrPH, MBA, MEM</p>	<p>Leadership Lightning Rounds: Theories of Leadership Jason Clark, CCEMT-P, FP-C, NPT, CMTE, Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C, Robert Girardeau, BS, NREMT-P, FP-C</p> <p>Defining Value in EMS 3.0: Perspectives from the Payers, Hospital, Skilled Nursing, Home Health and Hospice Panel discussion</p>	<p>The Nightwatch Learning Experience Dan Flynn, Nick Manning, Holly Monteleone, Titus Tero</p> <p>A Multi-Disciplinary Approach to Tactical Training and Community Response Chris Wistrom, DO</p>
10:45-12	<p>Concussion Pathophysiology and Care Jeff Myers, DO</p> <p>Non-Coronary Chest Pain Gustavo Flores, MD, EMT-P</p> <p>15-Minute Pharmacology: Drug Interactions Matthew Ozanovich, MHHS, NRP</p>	<p>Hands-On Guided Cardiac Dissections Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P</p> <p>Demystifying the Surgical Airway Kevin Collopy, BA, FP-C, CCEMT-P, NR-P, CMTE</p> <p>Mechanical Ventilation Made Simple Robert Girardeau, BS, NREMT-P, FP-C</p>	<p>Salt Water: What Difference Does the Fluid Make? Charles W. Sheppard, MD, FACEP</p>	<p>Trachs and Tubes and Shunts: Technology for Special Needs Children Chris Ebright, BED, NRP</p>	<p>Teaching Pharmacology Heather Davis, EdD, NREMT-P</p>	<p>Home Health Infection Control Practices Applicable to MIH-CP Katherine West, BSN, MSED</p> <p>Medication Reconciliation for the Community Paramedic Jonah Thompson</p>	<p>Protecting the Mental and Physical Well-Being of Providers: A Panel Discussion (2-hour session) Moderated by Vincent Robbins</p> <p>EMS Educational Gaps: The Chicken or the Egg? Baxter Larmon, PhD, MICP</p>	<p>Physicians in EMS: Tool in the Toolbox or Just a Tool? Michael Dailey, MD, Dr Linda Dykes, Chris Wistrom, DO</p> <p>EMS Ops Lightning Rounds: Threat Management and Response Shannon Daniel, Raphael Barishansky, MPH, MS, CPM, Kenneth A. Scheppke, MD, FAAEM</p>

SPECIAL EDUCATIONAL OPPORTUNITIES

ESO Lunch & Learn
WEDNESDAY, OCTOBER 5
1 PM-2:15 PM

5 Clinical Benchmarks You Should Be Measuring Today

Presented by Jeffrey L. Jarvis, MD, MS, EMT-P, Medical Director, Williamson County EMS, TX

A separate \$10 registration is required.



Laerdal Breakfast & Learn
THURSDAY, OCTOBER 6
7:30 AM-9 AM

EMS Educator Update on National Simulation Issues

Presented by David Page, MS, NREMT-P

While this session is open to all conference attendees, a separate \$10 registration is required for breakfast, which is from 7:30-8 a.m. Registration funds will be donated to the Citizen CPR Foundation.



Medtronic Lunch & Learn
THURSDAY, OCTOBER 6
12:30 PM-1:45 PM

Respiratory Compromise in EMS

Speaker to be announced

A separate \$10 registration is required.

Medtronic
Further. Together

CONFERENCE PROGRAM

THURSDAY, OCTOBER 6 continued


1:30–5:45 PM	EMS Safety Officer Workshop Sponsored by the 								
	How Lack of Sleep Is Making Us Slow, Stupid and Dangerous Heather Davis, EDD, NREMT-P		Improving Safety Through Just Culture Lee Varner		Turning Mistakes Into Learning: Self-Reporting In Action Rob Lawrence, MCMI		How To Create a Successful Behavioral Health Program Jeff Dill		
						What Should Be Presented in Annual OSHA/Infection Control Training Katherine H. West, BSN, MSED		Putting The Right Person In the Left Seat Ryan Pietzsch	
						Utilizing Safety Stories as Tools for Change Lee Varner			
BLS		ALS		CRITICAL CARE		PEDIATRICS		EDUCATOR	
3:15–4:30	Hooked on Heroin Ken Bouvier, NREMT-P	Hands-On Guided Cardiac Dissections Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P	Pressing Your Luck: Evidence Based Approach to Medical Therapies for Hypoperfusion Robert Girardeau, BS, NREMT-P, FP-C	Status Asthmaticus in Children Christopher Ebright, BEd, NRP	Student-Centered Education in the Digital Age: A Focus on Student Performance and Patient Outcome Rommie Duckworth	MIH Situational Awareness and Conflict Prevention Jonah Thompson	Leadership Lightning Rounds: Risk Management Carissa Caramanis O'Brien, EMT-B, Gary Ludwig, Ryan Pietzsch	Applying The Joint Rescue Task Force Program Ofer Lichtman, NREMT-P	
	Cracking Ourselves Up Before We Crack Steve Berry, BA, NREMT-P	EKGs to Know and Fear Charles W. Sheppard, MD, FACEP			Introduction to Educational Podcasting Jeff Myers, DO		International Models of EMS Dr Linda Dykes, Rob Lawrence, MCMI		
4:45–6	Unmasking CPAP Steve LeCroy	Hands-On Guided Cardiac Dissections Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P	Intubation: What Can Go Wrong? Charles W. Sheppard, MD, FACEP		How to Build and Sustain a First-Class Education Program Jason Clark, CCEMT-P, FP-C, NPT, CMTE	How to Collaborate with Physicians and Other Practitioners to Develop and Implement a Care Plan for Your Patient Anne Robinson-Montera, RN, BSN	When You Fail to Plan, You Plan to Fail: How a Strategic Plan Will Safeguard Your Agency's Future Raphael Barishansky, MPH, MS, CPM	Combating Violent Crime and the ATF Tactical Medic Program: Lessons Learned Hank Meyer	
	What Were You Thinking? Kirk Mittleman, BS, NREMT-P	Sepsis & Septic Shock 2016: The Death of "Severe Sepsis" Kevin Collopy, BA, FP-C, CCEMT-P, NR-P, CMTE, Sean Kivlehan, MD, MPH				EMS Economics 3.0: How to Cost and Value Your Service Asbel Montes	Recover, Rebuild, Rebirth: Lessons Learned from Hurricane Katrina Carl Flores		

EXHIBIT HALL LEARNING CENTER

Enhance your educational experience and earn **free CE** when you attend classes in the EMS World Expo Learning Center located in the exhibit hall. Classes are open to all core program and exhibit hall attendees.

WEDNESDAY, OCTOBER 5

11:15–11:45 AM

Are You Ready to Respond to "Wake-Up Stroke"?

Paul Banerjee, MD

12–12:30 PM

Saving Those Who Save Others

Jeff Dill

12:45–1:15 PM

Managing Fatigue in EMS: An Evidence-Based Approach

P. Daniel Patterson, PhD, MPH, MS, NREMT-P

1:30–2 PM

Nonfatal Work-Related Injuries Among EMS Personnel

Audrey Reichard

THURSDAY, OCTOBER 6

12:15–12:45 PM

Management of Acute Pain in Emergency Medicine: The Sufentanil Sublingual 30mcg Tablet

Karen DiDonato, BSN, MSN

1–1:30 PM

How Low Can You Go? Managing Hypotension in the Field

Sean Kivlehan, MD, MPH

1:45–2:15 PM

Preoxygenation: "More Than High-Flow O₂"

Jason Clark, CCEMT-P, FP-C, C-NPT, CMTE

2:30–3 PM

The EMS Officer Competencies and Credentialing Program

Vincent Robbins



FRIDAY, OCTOBER 7

10:45–11:15 AM

Developing a Nationwide Prehospital Outcomes Measures Program

Oren Wacht, PhD, EMT-P

11:30 AM–12 PM

From Paramedic to Pediatric President: EMS Entrepreneurs, Inventions & Innovations


Lisa DeBoer

12:15–1 PM

Q&A with Dan, Holly, Nick & Titus

Dan Flynn, Nick Manning, Holly Monteleone, Titus Tero

FRIDAY, OCTOBER 7

	BLS	ALS	CRITICAL CARE	PEDIATRICS	EDUCATOR	MIH-CP	LEADERSHIP	OPERATIONS
8-9 AM	Chasing Death: A Personal Journey Kirk Mittleman, BS, NREMT-P Gray Areas: How Our Seniors Slip Through the Clinical Cracks Dan Limmer, AS, EMT-P	Are You Up on the New Tox LINGO? Lipids, Insulin, Naloxone & Glucagon Michael Gooch, MSN, ACNP, FNP Vertigo: Not Just an Inner Ear Infection Lafe Bush	I'm Already Sick, Please Don't Hurt Me! Jason Clark, CCEMT-P, FP-C, NPT, CMTE	Super Sick Kids: The Surprising Truth about Pediatric Septic Shock Rommie Duckworth	Developing Effective Oral Board Cases Jeff Myers, DO	Chronic Pain and Substance Abuse Dan Swayze, DrPH, MBA, MEM	Gap Analysis: Using Business Principles to Bridge the Communication Gap Nathaniel Metz	Emerging Infectious Diseases 2016 Katherine West Operation Protective Edge: A Unique Challenge for a Civilian EMS Agency Oren Wacht, PhD, EMT-P
8-11 AM	 Profiles in High-Performance EMS Dan Fellows, Rob Lawrence, MCMI, Jonathan Washko, MBA, NREMT-P, AEMS, Matt Zavadsky, MS-HSA, EMT Investing in Your Most Valuable Asset: The People of EMS Managing Your Organization's Public Image Fleet 101: Fleet Management for High-Performance EMS Systems							
9:15-10:30	Caring for Panhandlers, Transients & Homeless Patients Ken Bouvier, NREMT-P Extrication and EMS: Coordinating Team Delivery of Critical Care Rommie Duckworth What We Have Here Is a Failure to Communicate Steve Berry, BA, NREMT-P	Busting Top Trauma Myths Lafe Bush Kevin Collopy, BA, FP-C, CCEMT-P, NR-P, CMTE EtCO₂ Monitoring, for More Than Intubation Lafe Bush	Mechanical Ventilation: Current Research and Clinical Application Eric Bauer, BS, FP-C, CCP-C, C-NPT	Pediatric TRAUMA Tales & Jeopardy Jewels Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P	Using High-Fidelity Simulation as a Disruptive Innovation in EMS Education Christopher Boyer, MPA, NRP, FP-C	MIH-CP Programs in Action (3-hour session) (3-hour session) Panel moderated by Dan Swayze, DrPH, MBA, MEM, with Kevin Creek, Robin Johnson, MD, Kevin Mackey, MD, FACEP, Nathaniel Metz	Strategies for Survival: Leading Like Sun Tzu Raphael Barishansky, MPH, MS, CPM	When "The Way You've Always Done It" No Longer Works: Is It Time to Redesign Volunteer EMS? (2-hour session) Nancy McGee
1:30-2:30	Strengthen the Core: Life-Saving Trauma Essentials Sean Kivlehan, MD, MPH	Riding the Wave: A Discussion on Pulse Oximetry Christopher Boyer, MPA, NRP, FP-C	Making the Positives and Negatives Add Up: Fluid, Electrolytes and Acid-Base Michael Gooch, MSN, ACNP, FNP	Pediatric MEDICAL Tales & Jeopardy Jewels Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P	Teaching, Mentoring and Stewardship: Can We Teach Our Students the Right Attitude? Kelly Grayson			Preparing Your Community to Survive An Active Shooter Event Ofer Lichtman, NREMT-P

NEW THIS YEAR! Critical Care/Community Paramedic CE Credit/Certificates of Attendance

Workshops and Core Program CE

Certain workshops and core program sessions have been approved by the International Association of Flight & Critical Care Paramedics (IAFCCP) for continuing education activity appropriate for renewal of the Certified Flight Paramedic (FP-C®) and/or Certified Critical Care Paramedic (CCP-C®) credential, from the International Board of Specialty Certification (IBSC).

To make FP-C® and/or CCP-C® recertification credit identification easier, attend and participate in the sessions in the Critical Care track marked with the IAFCCP logo and the MIH-CP track marked with the IBSC and IAFCCP logo. Your attendance at these classes will be documented on the CE certificate you receive after EMS World Expo.

Attendees can earn 13.5 hours of critical care CE appropriate for FP-C® for the 3-day core program and 16 hours for the TRACER course being hosted by IAFCCP on Oct 3-4. For that course, register online at www.astna.org.



or www.flightparamedic.org. Attendees can earn 13.5 hours of community paramedic CE appropriate for CCP-C® recertification for the 3-day core program and 8 hours for the Creating an Evidence-Based Practice for EMS in Integrated Healthcare workshop.

Exhibit Hall CE

Additional critical care and community paramedic CE activities can be obtained from identified vendors in the exhibit hall. Attendees will be required to visit vendors for an educational presentation and then complete a post test. To participate, visit the IAFCCP booth in the EMS World Expo exhibit hall for specific instructions. This activity is offered in association with Limmer Creative in the EMS World Expo exhibit hall.

Exhibit hall CE will earn between 0.1 and 0.5 credits per activity depending upon the complexity of the material and the time required. After the conference, you will receive a CE certificate issued by the IAFCCP as a PDF file to your e-mail with a summary of your exhibit hall CE ac-

tivity. Submit this certificate, along with the EMS World Expo CE certificate and other necessary CE materials to the IBSC when your credential needs to be renewed. If you have questions or concerns, call 770/979-6372, or e-mail info@iafccp.org.

Certified Community Paramedic (CP-C) Exam

This exam will be offered at EMS World Expo. The expectation for the CP-C exam candidate is competency in mobile integrated healthcare and expanded EMS services in rural and urban settings, including various healthcare, mental health, and housing and social service needs. This examination is not meant to test entry-level knowledge, but rather to validate competency of those paramedics providing services beyond the roles of traditional emergency care and transport. For more, visit ibscertifications.org.



CONFERENCE PROGRAM

Conference sessions are 75 minutes in length, unless otherwise noted. Program subject to change. Please check EMSWorldExpo.com for updates and class/faculty additions and changes. Once you register, admission to most sessions on-site is on a first-come, first-seated basis.

TUESDAY, OCTOBER 4

5:30–6:30 p.m.

BLS

Preventing Invisible Wounds: Introducing Psychological Care into Prehospital Care

Christine Alvarez, BS, EMT-P, David Brenner, MS, EMT-P

As EMS responders we know our patients not only suffer from their physical injuries but also from invisible wounds—traumatic psychological wounds—and they may suffer from these long after their physical wounds have healed. The quality of psychological care we provide at the time of a trauma has a huge impact on whether or not an individual develops enduring symptoms. As prehospital care providers, we are in an extraordinary position to prevent psychological trauma in the patients we serve. Our strategies reduce adrenaline levels so that the sympathetic nervous system will be calmed and better organized. As a result, the risk of psychological trauma can be significantly reduced. Attend this session to learn four easy-to-apply principles that can protect patients from developing psychological trauma symptoms.

EDUCATOR

NREMT 2016 Update and National Continued Competency Overview

Jeremy D. Miller, MEd, NRP

National Registry of EMTs (NREMT) faculty provide an update on current initiatives including the change to the paramedic psychomotor examination. The National Continued Competency Program (NCCP) will also be discussed, which is the new recertification model that streamlines the recertification process into three strategic categories of continuing education (CE): National, Local and Individual. As a result, the NCCP has new total CE requirements that will begin in 2016.

WEDNESDAY, OCTOBER 5

8–9 a.m.

BLS

Scuba Diving Injuries: Evaluation and Treatment Protocols

Scott H. Smith, EMT-P

The Divers Alert Network (DAN) has a set of protocols that can easily be worked into existing state, regional and local protocols. This session reviews those protocols along with a discussion covering common and uncommon diving maladies, while encouraging the provider to maintain differential diagnosis of the many conditions that can also mimic decompression illness.

Breathe Easier Knowing Respiratory Pharmacology

Heather Davis, EdD, NREMT-P

Did you know that allowing a patient to use one of their own inhalers during an asthma attack can actually hurt them? Shortness of breath calls are among the most common and lethal! Most providers are used to using one or two medications as bronchodilators, but emergency respiratory pharmacology can be easily divided into three mechanisms for optimal treatment. Learn which medications correct specific respiratory pathology and which combinations can be deadly if you don't know about them. At the conclusion of this

session you will be able to list the three most common pathologies occurring during a shortness of breath call; describe why each of the three classes of respiratory medications is used in prehospital medicine compared to one another; and differentiate between mucolytics, antitussives and expectorants.

ALS

Blast Lung Injury

Ronna Miller, MD

Explosives remain the No. 1 choice of terrorists. Accidental industrial and transportation explosions are also very common. Blast Lung Injury (BLI) is unique to high-explosives detonations. It causes a characteristic injury pattern that is least familiar to civilian EMS and other healthcare providers. Survival for BLI victims depends upon prompt recognition and appropriate treatment. This session describes the physics, pathophysiology, presentation, BLS/ALS treatment and prognosis for BLI, as well as a discussion of experimental treatments.

What's Hot and What's Not in EMS in 2016

Baxter Larmon, PhD, MICP, David Page, MS, NREMT-P

Baxter Larmon and David Page present the most current and controversial clinical research in EMS in 2016. Come be informed of what is on the horizon in regard to EMS clinical care and understand the evidence behind current controversies.

CRITICAL CARE

Tactical Damage Control Resuscitation

Speaker to be announced

See EMSWorldExpo.com for information.



PEDIATRICS

Why EMS Should Start Treating Kids Like Adults: A Major Paradigm Shift in Pediatrics

Peter Antevy, MD

How many times have you heard the statement "Kids are NOT just little adults!"? Where did this originate and why has it been ingrained in our minds? Join Dr. Peter Antevy, a pediatric emergency medicine physician turned EMS medical director, as he attempts to convince you that first responders should be treating children and adults the same. He will take you on a ride into the human psyche to unlock critical decision-making patterns and highlight where prior teachings have been flawed.

EDUCATOR

Creating a Recipe for Success: How to Implement Instructional Techniques, Measurement and Evaluation in the EMS Classroom

Doug Smith

Get a step-by-step process to utilize evaluation and remediation of students to create the greatest likelihood for success in any educational environment. Learn how to identify learning preferences and develop seating charts based on this assessment; understand reading challenges and implement methods to improve reading levels and correct dyslexia; describe and implement a progressive testing schedule; and utilize appropriate summative and formative evaluation tools.

MIH-CP

Medical Direction for MIH-CP Programs

Neal Richmond, MD

One of the goals of many MIH-CP programs is to help enrolled patients establish quality relationships with their own physicians. For this reason, mobile healthcare providers are generally encouraged to coordinate care with the patient's physicians. This could create a quandary for the field community paramedic. How are the desires of the EMS medical director coordinated with the patient's physician? Who authorizes patient care protocols? Whom do you call for orders to implement protocols? Who is responsible for QA? The answers to these and your questions await you in this dynamic session addressing the clinical side of MIH-CP services.

LEADERSHIP

Evidence-Based Hiring: How to Hire and Retain Millennials to Build the EMS Workforce of the Future

Joel Lavender, Kurt Steward, PhD

The EMS profession is expected to grow by more than 23% over the next decade; that's an estimated 55,000 new paramedic and EMT positions. Hiring the right candidates who possess both highly technical medical skills and dedication to the service of others can be a challenge. In addition, the new generation of paramedics and EMTs—millennials—have different expectations than Baby Boomers or even Gen Xers. And with Baby Boomers retiring in droves, will your EMS agency be ready? This session addresses the tenets of talent science (science-based hiring practices) that "take the guesswork" out of hiring. Learn how linking key attributes of successful performers to behavioral characteristics can help assess the qualifications of job candidates.

I Like More Data and I Cannot Lie: A Collaborative Effort with Mutual Success

Paul Bollinger, MPH, Chris Hamper, NRP, Louisa Partain, EMT-P

The EMS Consortium supporting the emerging community paramedicine programming in the Portland, Oregon, area identified that many of the programs were not collecting patient data in a consistent and uniform manner. Health Share of Oregon convened a task force represented by each of the area community paramedicine programs with a goal to create a regional data collection plan, a data set, supporting data dictionary and a uniform patient care report. This session will review the process used to develop consensus among a large number of provider organizations and describe the efforts used to encourage data plan agreement.

OPERATIONS

Federal Innovations in EMS Management and Operations

Ed Gabriel

HHS' office of the Assistant Secretary for Preparedness and Response (ASPR) has first-hand experience in planning, preparing, responding and assisting in the recovery from manmade and natural disasters. This session reviews how HHS

IBSC
INTERNATIONAL BOARD
OF SPECIALTY CERTIFICATION



IBSC
INTERNATIONAL BOARD
OF SPECIALTY CERTIFICATION



SAVE UP TO
\$100 OFF

Veinlite EMS PRO[®]

The Ultimate Vein Access Device
for Emergency

*Integrated
white exam light for
low-light situations*



Visit Us at Booth #928 and
Save \$100 Off Your Purchase

**Veinlite[®]**
www.veinlite.com

Patent Number US 7,874,698 B2

®Registered Trademark of TransLite, LLC Designed and manufactured in the USA.

CONFERENCE PROGRAM

ASPR maintains a forward-leaning posture in regard to its efforts to mitigate threats and thwart effects of existing disasters.

From the Air to the Ground: Air Medical Safety Standards Applied to Ground Critical Care

David Ellis, BS, CCEMT-P, FP-C, CMTE

The air medical industry, along with the airline industry and the FAA, has developed a number of safety practices that have been effective in increasing safety margins and breaking the chain of events leading up to an accident. Many of these practices are applicable to EMS and ground CCT. This presentation will introduce and describe a number of safety practices that can positively impact ground EMS vehicle and personnel safety.

1–2:15 p.m.

Lunch and Learn: 5 Clinical Benchmarks You Should be Measuring Today and Why They Matter

Sponsored by



Jeffrey L. Jarvis, MD, MS, EMT-P

How are you measuring your clinical performance? We have a great starting place with some of the published clinical benchmarks. Now it is time to put them into action. Join us as we reveal the five clinical benchmarks your organization should be measuring today. Dr. Jeff Jarvis, an EMS physician, paramedic and unabashed data geek, will illustrate the essential elements of measuring clinical performance and how to use the outcomes to improve your EMS service. *A separate \$10 registration is required.*

2–3:15 p.m.

BLS

Lessons from Snowdonia Mountain Medicine Project

Dr Linda Dykes

The Snowdonia mountain range in North West Wales, UK, is a place of spectacular natural beauty, visited by millions of tourists. Over 100 mountain casualties each year end up in the emergency department of Bangor Hospital (Ysbyty Gwynedd), whose staff have kept a detailed database since 2004. This 1300+ case database is believed to be the largest in the world that includes hospital (rather than prehospital) diagnoses. The presentation outlines the epidemiology of Snowdonia mountain casualties and explores the patterns of injury seen in mountain trauma of various types, many of which are not what people assume! Attendees gain an appreciation of the injury patterns seen in recreational mountain users in mountains up to 4000 feet, the logistical difficulties faced by mountain rescue personnel and the potential for lay first-aiders to deliver high quality casualty care in very challenging environments.

No to O₂: Debunking (Maybe) the Myth of "More Is Better"

Ronna Miller, MD

Since the early days of resuscitation medicine, high-flow O₂ has been a mainstay. It was easy to apply, cheap and apparently harmless. Accumulating science suggests that this approach needs to be re-evaluated, especially for many time-sensitive EMS conditions. This presentation provides an overview of selected current recommendations for a more nuanced EMS use of supplemental O₂ in cardiovascular, respiratory, shock and other injuries and illnesses. The session will describe the

OPENING CEREMONIES AND KEYNOTE PRESENTATION

WEDNESDAY, OCTOBER 5, 9:30 AM–11 AM

New this year, EMS World Expo will feature multiple presentations as part of the opening keynote. Check EMSWorldExpo.com for the latest details.

The Internet of Lifesaving Things

TJ Kennedy, President, FirstNet

EMS is on the cusp of a revolution. Are you ready for communication technologies that will turn the back of your ambulance into a remote emergency room? Soon the glasses you are wearing and the ultrasound machine you are using will live stream what you see to the hospital as you are en route with your patient. The newest generation of EMS practitioners will hold high-definition, two-way video dialogues with physicians and specialists. This real-time relay of information will allow hospitals to see what is coming in from the field ahead of time. TJ Kennedy, president of FirstNet, will discuss how technology and connectivity will bring about the "Internet of Lifesaving Things," making a monumental difference in the field and improving the continuum of care.



Recasting the Vision: The Way Ahead for EMS

Ed Racht, MD, American Medical Response

It's been 50 years since the publication of *Accidental Death and Disability: The Neglected Disease of Modern Society*, otherwise known as the EMS White Paper. The EMS profession has made great strides over the past five decades, but to be successful in our evolving role in the continuum of care, we must be willing to set aside our preconceptions of who we are and recast a new vision of who we can be. As the clinical care we deliver continues to advance and developments in technology improve the efficiency and effectiveness of our operations, we are being propelled into a future that will be a rebirth for out-of-hospital medicine. Join Dr. Ed Racht on this inspirational journey into the EMS of tomorrow.



historical rationale for routine use of high-flow O₂; discuss some of the adverse physiological consequences of excessive O₂ use; identify conditions where high-flow O₂ is still advised; identify conditions where routine, high-flow O₂ may be contraindicated; and describe new technologies and areas for study to develop EMS "best practices."

ALS

Ask the Docs: EMS Medical Directors Panel Discussion Part 1

Moderated by Paul E. Pepe, MD, MPH, FACEP

Join EMS medical directors from around the nation for a discussion of critical issues impacting clinical and operational practice. This panel presentation will be led by Dr. Paul Pepe, host and program coordinator of the "Gathering of Eagles" conference, which has become one of the most progressive and important EMS educational events worldwide. Dr. Pepe will provide an update of the hottest topics discussed at this year's meeting, plus discuss new trends in prehospital medicine that will impact your practice tomorrow. Bring your questions for this exclusive chance to address some of the most progressive clinical leaders in the country.

Pulmonary Embolism Screening: New Protocols for High-Risk Patients

Paul Banerjee, MD

The mortality rate associated with pulmonary embolism is underappreciated; it exceeds 15% in the first three months after diagnosis. In nearly 25% of patients with a pulmonary embolism, the initial clinical manifestation is sudden death. Quick treatment can save a life or reduce the risk of future problems. Polk County (FL) Fire Rescue has partnered with the local hospitals to screen high-risk pulmonary embolism patients from the field to early chest CTA and the aggressive use of the EKOS (MicroSonic Accelerated Thrombolysis System) in treating and lowering mortality in pulmonary embolism patients. Learn more about this partnership in this innovative session.

CRITICAL CARE

The Trouble with Tubes: Transporting Patients with Chest Tubes



Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C

Chest tubes are the most common intervention required in thoracic trauma patients, and these patients often need EMS transport to a trauma referral center. The complication rate of chest tubes may be nearly 10%. This session briefly reviews pathophysiology of simple pneumothorax, tension pneumothorax and hemothorax, as well as chest tube insertion techniques. Then, pleural and mediastinal chest tubes, chest tube drainage systems and common problems that may occur with them will be covered. Attendees will learn about the critical assessments and interventions necessary to keep patients safe during transport with a chest tube in place. Learners will be able to identify, troubleshoot and correct or otherwise intervene in potentially life-threatening conditions such as occluded chest tubes, displaced tubes, continuous air leaks, massive hemothorax, cardiac tamponade and drainage system failure.

PEDIATRICS

The 2015 PALS Guidelines: A Behind-the-Scenes Look at the New Recommendations

Peter Antevy, MD

The headlines have been published and the 2015 PALS guidelines appear to make some bold recommendations. With recommendations on fluids in sepsis, atropine for intubation and hypothermia for arrest, the pediatric guidelines are changing the way we practice...but should they? Join Dr. Peter Antevy as he takes you on a behind-the-scenes journey of these new guidelines and challenges you to rethink the headlines! EMS educators and providers alike will hear a unique perspective during this provocative talk.

GREAT BENEFITS, HUGE SAVINGS... FOR EMS & BEYOND



NAEMT Member Benefits go beyond the norm and keep pace with the way you work and live.

On-the-go access to popular brands that add significant value and may save hundreds on your low \$40 membership fee:

- **\$125-off the EMS World Expo core registration**
- Education scholarships and discounts
- Career-advancing networking opportunities
- High-quality training from the best programs and events
- Deep discounts on work and leisure perks
- AD&D Insurance, knowledge streams and more!

Check out the full member benefits package at naemt.org.

Join NAEMT to activate your benefits!



WWW.NAEMT.ORG

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS



And More!

CONFERENCE PROGRAM

EDUCATOR

Evidence-Based EMS Education Is Not an Oxymoron

Heather Davis, EDD, NREMT-P, Baxter Larmon, PhD, MICP, David Page, MS, NREMT-P

As EMS educators we teach science, but do we practice what we teach? What evidence is there in the delivery of EMS education? This session reviews what the literature describes as the best evidence in EMS education today. Don't teach the way you were taught. Learn from what has proven to be fact.

MIH-CP

Frequent User Management 101

Anne Jensen, EMT-P, BS

Community Paramedic programs addressing the needs of frequent 9-1-1 callers are faced with a number of complexities related to intervention, care coordination and behavior change. This session focuses on frequent user categories, coping behaviors of frequent 9-1-1 callers, intervention strategies, frequent user triage (identifying high risk behavior in excessive 9-1-1 use), safety and legal issues.



LEADERSHIP

Leadership Lightning Rounds: Operational Excellence

New this year: Leadership Lightning Rounds sessions offer three short presentations based on a unifying theme.

The Uber Effect: Can It Help EMS Raise the Bar on Performance?

Ryan Greenberg, MBA, NREMT-P

Uber drivers strive to receive a 5-star rating as they know it will drive more business their way. Would your crews treat patients differently if they knew the patient was going to evaluate them? Hospitals

use a third-party evaluation program from Press Ganey to evaluate a patient's impression of clinical performance, the healthcare team and the overall hospital visit. If EMS is to work to a 5-star rating, we must change the way we think and treat our patients while we provide care. The session focuses on how to gain feedback on agency and provider care and how you can use that feedback to create stronger clinical providers and improve your agency's image.

Developing a Template for Excellence

Robert Lawrence, MCMI

In 2015 Virginia launched its Standards of Excellence program to encourage those agencies who do not have the "horsepower" to acquire national accreditation to demonstrate on a state level that they have considerable levels of operational, corporate and clinical governance to be identified as an "Agency of Excellence" in the Commonwealth of Virginia. State Workforce Development Committee member and COO of the Richmond Ambulance Authority Rob Lawrence talks through the process and offers top tips on improving organizations' governance for all.

How to Create (and Why You Need) a Clinical Services Department

Ryan Greenberg, MBA, NREMT-P

With a changing healthcare market and the future focus of payments based on performance rather than task, it is critical agencies put together the right teams to influence clinical outcomes. Too often on-boarding of new staff, education of current staff and quality assurance of current care provided are three different departments, each with their own goals and objectives. This session discusses how to use best practices to bring new hire orientation, staff education and quality assurance processes into one united department under "clinical services" to achieve one common goal and continually improve patient outcomes.

OPERATIONS

The Journey to a Zero-Minute Response Time

Robert Luckritz, Esq.

This presentation examines the process one agency has taken to reduce the time to first professional medical contact for life-threatening emergencies to less than three minutes. Discussion will be had on the role of "first responders" both as career rescuers and through the use of volunteers and the lay public. Topics of discussion will also include the role of system status management, predictive modeling and the use of dynamic deployment. Participants will also discuss the "uberization" of healthcare and the role crowd sourcing technology can play in reducing EMS response times.

The FirstNet Effect: How Change Is Coming to EMS Communications

Kevin McGinnis, Brent Williams

Join this engaging session to learn more about the creation, purpose and capabilities of FirstNet (the First Responder Network Authority). FirstNet is an independent government authority within the U.S. Department of Commerce tasked with building the first nationwide public safety broadband network. Topics covered include FirstNet basics, updates on the consultation process, outreach and network planning, operational examples, the State and Local Implementation Grant Program (SLIGP), and how to stay informed about FirstNet progress. A Q&A period will close the session.

3:30–4:45 p.m.

BLS

Best Evidence, Best Practice or Best Guess?

Baxter Larmon, PhD, MICP, David Page, MS, NREMT-P

Have you ever wondered what is involved in the process of developing an evidence-based practice? Attend this provocative session—which is geared toward providers of all levels and will feature guest panelists—to find out what the difference is between evidence-based and best practice and how this impacts the development of prehospital care protocols.

Managing Patients in Behavioral Crisis

David Glendenning, EMT-P

EMS providers are dealing with a new crisis in healthcare. Behavior management is quickly moving to the top as one of the most underestimated needs in our patient population and from within our own ranks. This session reviews the history of behavioral medicine, challenges EMS providers face in the field in managing and finding care sites for patients with behavioral problems, and where we need to be headed in the future.

ALS

Medical Emergencies in Patients with Ventricular Assist Devices

Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C

As technology improves, ventricular assist devices have become an increasingly popular treatment option for patients with severe heart failure. The FDA has now approved several devices for bridge-to-transplantation, bridge-to-recovery and/or destination therapy. This session provides an overview of the features of and emergency response to a number of currently approved VADs including the Thoratec Heart Mate II, Thoratec

EXPANDED FOCUS: Evolving Trends in MIH-CP

WEDNESDAY, OCTOBER 5 » 2–5 PM

MIH-CP Economics: What's Working?

Matt Zavadsky, MS-HSA, EMT

As the healthcare system evolves the definition of value and the payment methods for care delivery, economic models for MIH-CP service lines must adapt. Financial sustainability for MIH-CP services continues to be elusive for many agencies, however, several MIH-CP programs are now receiving payments for the services they are providing. Learn how to prove the value of MIH-CP services and develop the right economic model for sustainability.

MIH-CP Medical Control: Who's in Charge?

Neal Richmond, MD

Who is the right physician to be the lead medical control for MIH-CP programs? An EMS medical director, a primary care provider or a specialty care provider? Dr. Richmond has led the development of MIH-CP programs in Kentucky and is the EMS medical director for some of the most successful MIH programs at MedStar Mobile Healthcare in Ft. Worth, TX. This combination provides him with unique insight into the sometimes thorny issues of medical control for MIH-CP programs. This session discusses the role of physician leadership in MIH-CP programs.

MIH-CP Continuing Education: Carving a Path Ahead

John Clark, JD, MBA, NRP, FP-C, CCP-C, CMTE, Anne Robinson-Montera, RN, BSN

Since the national standardized education and credentialing exam for community paramedics have been developed, the next step is to create a system for continuing education. In this session, the presenters will discuss the need for ongoing public health, primary care, social service and clinical education. The need for core competencies will be addressed for initial and ongoing education along with presenting the need for accrediting educational institutions.

MIH-CP Technology: The Transformation of Patient Care and Operations Panel discussion

This panel discussion highlights how technology is working to transform MIH-CP operations and improve patient care and outcomes. Learn how data collection, point-of-care testing and telemedicine are enabling MIH-CP programs to grow and expand services.





i-gel^{O₂}

Stay focused on what matters



Independent studies*
provide evidence
that i-gel[®] offers:

- Easy and rapid insertion
- High seal pressures
- Improved safety
(gastric channel)



Three things
in one pack,
one less thing
to think about

*data relates to standard i-gel
and is available on request



INTERSURGICAL[®]
COMPLETE RESPIRATORY SYSTEMS

Quality, innovation and choice



800-828-9633
support@intersurgicalinc.com
www.intersurgical.com
www.i-gel.com

CONFERENCE PROGRAM

Paracorporeal VAD, HeartWare VAD (HVAD) and Impella catheter-based LVAD. The SynCardia temporary Total Artificial Heart (TAH-t) will also be discussed. Attendees will learn how to approach these patients in regard to differences in assessment and treatment. They will also identify considerations in transport destination decisions, early communication with the hospital VAD team, and equipment and information that is important to gather from the patient and their caregivers.

Ask the Docs: EMS Medical Directors Panel Discussion Part 2

Moderated by Paul E. Pepe, MD, MPH, FACEP
Continuation of 2 p.m. session.

Ketamine in EMS

Speaker to be announced

This session will discuss the pharmacology and safety profile of ketamine along with recent studies and programs using ketamine. Several case series will be presented on ketamine use in the hospital and prehospital setting.

CRITICAL CARE

Beyond the Neb!

David Ellis, BS, CCEMT-P, FP-C, CMTE

Attend this session for an overview and description of the use of common, innovative and new treatments for restrictive airway disease and disorders of the lower airway.



PEDIATRICS

Successful Pediatric Pain Control

Matthew Ozanich, MHHS, NRP

Pediatric patients add an entirely new level of stress to EMS providers, regardless of patient severity. Severely ill or injured pediatric patients, however, add an indescribable amount of stress. As EMS providers, we rarely deal with this type of patient and are wholly uncomfortable when it happens. One way to overcome this discomfort is to obtain proper and consistent education on the subject. This session uses standard of care and real-world examples to review the perception of pain for a child versus an adult and gives ALS providers the tools necessary to make a proper treatment plan for the child in pain.

EDUCATOR

Applying the Science of Learning to EMS Classrooms

Heather Davis, EdD, NREMT-P

Educational psychologists have determined how best to teach for maximum motivation and retention. Come learn how to apply these simple principles to your teaching of any topic at any level. We'll address concepts such as cognitive load, guided practice, scaffolding and distributed practice in a way that allows you to implement small but powerful changes in your very next class. At the conclusion of this session you will be able to determine maximum cognitive load for EMS students; create an example of generative processing; and design a graphic organizer students could use for your class material.

MIH-CP

MI in Community Paramedicine: An Introduction to Motivational Interviewing

Dan Swayze, DrPH, MBA, MEMS

Making snap judgments and problem solving are critical skills to help your patients in



traditional EMS work. Unfortunately relying on those same skills as a community paramedic may actually interfere with your ability to help patients. This session introduces participants to an evidence-based communication style known as motivational interviewing. Learn how four communication techniques can help your patients solve their own problems.

HIPAA Policy Development in Community Paramedicine

Anne Jensen, EMT-P, BS

Community paramedic programs may require privacy policies that are more comprehensive than policies related to the traditional EMS workflow. This session provides guidance on how to approach policy development for these additional policy needs. *Note: This session does not contain legal advice or interpretation of privacy laws.

LEADERSHIP

Leadership Lightning Rounds: Transforming Operations Through Technology

New this year: Leadership Lightning Rounds offers three short presentations based on a unifying theme.

Quit Using Technology for the Sake of Technology

James Woodson, MD

You've heard it before, keep it simple. Learn how common consumer technology is changing the conversation of healthcare to solve real problems, offering secure, powerful, cost-effective and endless potential.

Teeing Up Our Response Times

Rob Farmer

Learn how public safety professionals in Lee County, FL, improved the identification of patient location and decreased response times to critical calls utilizing a GIS and CAD solution to difficult-to-find patient locations on the golf course. The process—which can easily be used beyond the greens—will be reviewed step by step. Identifying access points for parks, nature preserves, waterways, large commercial complexes or warehouses will prove to be an invaluable process for your agency.

Why You Need to PDSA Your Data

Rob Lawrence, MCMJ

Many EMS information collection discussions center on statements like, "In order to manage it you have to measure it" and miss the crucial piece in the middle—turning the data into delivery. RAA COO Rob Lawrence and his team have specialized in operationalizing information to create results and improve performance for many years. Rob will navigate the cardinal points of going from analysis into action and how to Plan, Do, Study and Act to ensure performance improvement occurs.

OPERATIONS

What's Trending in Ambulance Design and Safety?

Panel discussion

This panel discussion will provide attendees with a comprehensive review of current trends and issues relating to ambulance design and safety.

THURSDAY, OCTOBER 6

8–9 a.m.

BLS

You're Not From Around Here: Considerations for Out-of-Town Patients

Dr Linda Dykes

For anyone, needing to dial 9-1-1 means they're having a bad day, but having to seek emergency help when abroad is many people's worst nightmare, and they're very likely to be extremely apprehensive. You're in a great position to be able to help prepare them for the ED (not least, reminding them to bring their travel insurance paperwork with them) and explain what happens next. Clinical presentations may catch you out; the epidemiology of foreign patients may be significantly different to what you are accustomed to seeing—and not just in regard to infectious diseases. Even if there are no language barriers, patients of unfamiliar cultures and religions can cause EMS provider anxiety if you are unaware of their social norms. And as for language? Even with English, George Bernard Shaw's utterance that "England and America are two countries separated by a common language" holds some truth!

Compassion, Commitment and a Clinical Clue: The Three Cs of a Successful EMS Provider

Dan Limmer, AS, EMT-P

The passionate delivery of healthcare is a gold standard and a concept greater than the sum of its parts. We know it when we receive it—but how do we perform it? Dan Limmer has been caring for patients for 37 years and believes it comes down to three Cs: compassion, commitment and having a clue clinically. Attend this presentation to learn about all of these concepts and, perhaps most important, remember why we care for patients.

ALS

Methamphetamine: From the Streets to the Emergency Department

Ken Bouvier, NREMT-P

Chronic meth abuse can lead to psychotic behavior including paranoia, hallucinations, rage and violence. Side effects of meth use include convulsions, dangerously high body temperature, stoke, cardiac arrhythmia, heart attacks, bone and tooth loss, stomach cramps and shaking. This session will review the lifestyle of meth users, the conditions where EMS picks up these patients, and what it takes to deliver them safely to the emergency room. Decontamination of a patient coming from a clandestine chemical or meth lab will also be reviewed.

Common Prehospital Pitfalls and How to Avoid Them

Kenneth A. Schepke, MD, FAAEM

"The smart man learns from his mistakes. The wise man learns from the mistakes of others." Several real life cases will be presented that display common prehospital clinical errors. How to recognize these clinical traps and avoid them in your practice will be discussed. Various topics such as patient refusals, CHF vs pneumonia, head trauma and others will be covered, along with strategies and insights into how to recognize and avoid these common prehospital pitfalls.

New Products. Innovative Technologies.



From new products to innovative technologies, Bound Tree offers you the latest from industry-leading manufacturers. Stop by our booth to explore these state-of-the-art products and technologies, see live product demonstrations and discuss the solutions you need with our EMS-experienced Account Managers.

Visit EMS World Expo
Booth #723



800.533.0523 | www.boundtree.com

PROUD SPONSOR OF:



Presented by ACEP in partnership with NAEMT

CONFERENCE PROGRAM

OND-DAY EVENT: Driving Transformation in EMS Summit

THURSDAY, OCTOBER 6

This one-day event reviews how economic and patient care changes are impacting our healthcare system and how that will change the delivery of EMS. Core program attendees can attend the whole event or select sessions of specific interest.

8 a.m.–9 a.m.

What's the Right Role for EMS in Healthcare 3.0?

Matt Zavadsky, MS-HSA, EMT

Many experts refer to the current state of our medical system as "Healthcare 3.0," used to describe the third major transformation of the healthcare system from cost-based reimbursement (1.0) to fee for service (2.0) to value-based payments (3.0). As this transformation occurs, EMS will also need to reassess operations in this new environment. What does "9-1-1" response and dispositions look like in EMS 3.0? What EMS and ambulance service payment models are likely to be implemented for these new models? Can EMS be part of an ACO? What skills sets will be necessary for EMS system leaders to be able to survive the transformation to EMS 3.0? Attend this session for the answers to these critical questions.

9:15–10:30 a.m.

Defining Value in EMS 3.0: Perspectives from the Payers, Hospital, Skilled Nursing, Home Health and Hospice

Panel discussion featuring Alliance for Home Health Quality and Innovation representative, Kaiser Permanente representative, John Mezo, Trudi Stafford

One of the most commonly used terms in today's healthcare is "value." Similar to other healthcare providers in the healthcare economy, EMS agencies will need to prove that they deliver value in order to survive. The perception of the value EMS brings is different depending on healthcare service lines and roles in the healthcare system. Come learn from five key stakeholder groups how they define value and what a valuable EMS service delivery model means to them.

10:45 a.m.–12 p.m.

EMS Educational Gaps: The Chicken or the Egg?

Baxter Larmon, PhD, MICP

What are the gaps in the way we teach EMS providers that need to be changed in order to prepare practitioners for their new roles in EMS 3.0?

We need to take a look at the concepts of technician vs. clinician and professional vs. technician and answer the tough questions of why we are not treated or paid as professionals. Perhaps we need to rethink the educational requirements for working in EMS, which are in some states less than becoming a hairstylist. Attend this controversial session to find out how we have to fix EMS education so we can cement our future as a healthcare profession.

3:15–4:30 p.m.

International Models of EMS

Dr Linda Dykes, Rob Lawrence, MCMJ

Every reality show needs a British judge to tell it as it is, in this case we have two! Global demand for EMS is growing at a potentially unsustainable rate while healthcare budgets are rapidly shrinking. Never before have the first world's prehospital systems had so much in common in their craving for efficient and effective ideas to cope with operational performance against the rising tide of patient demand. International EMS observer Rob Lawrence and UK-based ED, primary care, HEMS and prehospital physician Dr Linda Dykes will highlight best planetary practices from community paramedicine and hear and treat to admission avoidance and demand smoothing.

4:45–6 p.m.

EMS Economics 3.0: How to Cost and Value Your Service

Asbel Montes

Successfully testing new economic models for traditional and non-traditional EMS delivery models requires a deep understanding of your cost of service delivery. Most EMS providers, both public and private, may not understand their true cost of delivering EMS, whether traditional or enhanced. This session walks you through the various ways to account for the full cost of EMS service delivery and how to do a cost analysis for alternate models of delivery. This way, when you wade into the choppy waters of alternate economic models, you know where the deep end is and how to avoid drowning!

CRITICAL CARE

Non-Survivable Neurological Injuries: When Tragedy Turns to Hope

Robert Girardeau, BS, NRP, FP-C, MSM-HCA (cand.)

Despite our greatest efforts, many head injuries and neurological pathologies can result in severe brain damage, ultimately progressing to herniation and brain death. The process of brain herniation is an incredibly complex series of events that every provider needs to be prepared for. This session discusses the anatomy and physiology behind brain death and how to recognize impending brain death. Most important, this session will teach the provider how to prepare for and treat the many complexities of this disease process including Cushing's Triad, catecholamine storms, neurogenic shock, and cardiovascular collapse. In addition, this session discusses how the treatment of these patients could ultimately lead to the saving of eight lives through organ donation.

PEDIATRICS

Pediatric Lifespan Development

Matthew Ozanich, MHHS, NRP

Assessing the pediatric patient provides many communication challenges. A better understanding of lifespan development can enhance assessment and interviewing techniques. This session describes the differences in cognitive thinking, social skills and physical abilities during each life stage of a pediatric patient; discusses

how to incorporate lifespan development knowledge to enhance pediatric assessment abilities; and reviews ways to enhance rapport.

EDUCATOR

Breakfast & Learn: EMS Educator Update on National Simulation Issues

Sponsored by  Laerdal®
helping save lives

David Page, MS, NREMT-P

In the past year, a number of key activities took place that will positively impact the use of simulation in the training of out-of-hospital providers. Preparing providers for practice, increasing use of under-utilized simulation resources and team training are all on the dashboard. In this session participants will learn about policies, reports and programs that are shaping the future of EMS education. Participants will also receive specific recommendations and resources to apply at their workplace for three domains: 1. Preparing EMT-Paramedic students to demonstrate minimal competence prior to national credentialing; 2. Preparing high-performance resuscitation teams; and 3. Preparing faculty to effectively implement impactful simulation into their educational programs. *Please note: While this session is open to all core program attendees, a separate \$10 registration is required for breakfast, which is from 7:30–8 a.m. Registration funds will be donated to the Citizen CPR Foundation.*

MIH-CP

Cultural Considerations in Homelessness and Poverty

Anne Jensen, EMT-P, BS

A large portion of community paramedic encounters involve individuals experiencing poverty. Care providers are most effective in their practice when they are able to recognize the influence of poverty on a client and adjust patient care accordingly. This session reviews literal and expanded models of culture and poverty, how it may influence patient care, and strategies to promote success in your practice.

LEADERSHIP

Curbstone Consulting: The Mission to Deliver More Effective and Efficient Emergency Services

Jay Fitch, Anthony Minge, MBA, Todd Sheridan

Want to know what keeps your fellow EMS leaders up at night? Interested in learning about the operational issues causing EMS systems the most headaches? Fitch & Associates has been delivering solutions to these problems and helping communities provide more effective and efficient emergency services for nearly 30 years. In this session, they will reveal the biggest challenges facing EMS leadership today and the critical issues that may fell us tomorrow. Bring your questions for an exclusive chance to pick the brains of system



design experts and help your organization improve its quality of service.

OPERATIONS

Body-Worn Cameras Improve EMS Documentation Accuracy

Jeffrey Ho, MD, MD, FACEP, FAAEM

Body-worn camera (BWC) technology is currently used in law enforcement for event recall, but is not widely used by EMS providers. EMS documentation usually occurs from memory, a process that can introduce error. Hennepin EMS recently conducted a study that evaluated the effect on documentation accuracy from a simulated patient encounter when a body-worn camera was used to augment the process. The simulation had multiple important events within it. After the scenario, paramedic documentation occurred from memory on an electronic template. After video review of the simulation, 71 documentation changes were made. Attend this session to learn how body-worn cameras could help improve documentation accuracy.

Not If, But When: EMS Threat Preparation and Response

Panel discussion

This panel discussion will review trends in EMS preparation and response to active threat incidents including active shooter/terrorist attacks, as well as naturally occurring events. Issues covered will include "warm zone" operations, hemorrhage control guidelines and improving community resilience.

9:15–10:30 a.m.

BLS

Prehospital Management of Less Lethal Use of Force

Jeffrey Ho, MD, MD, FACEP, FAAEM

Law enforcement officers have a wide array of less lethal weapons at their disposal, including chemical and inflammatory agents, directed energy devices (e.g., TASER), impact weapons (e.g., handheld batons and impact munitions) and police dogs. EMS providers are sometimes requested to assess and treat people who have had less lethal weapons used against them. Many misconceptions exist regarding the effects of less lethal weapons, so a basic understanding of less lethal weapons in common use is of paramount importance. This session reviews mechanisms of injury or other conditions that may occur during or after the use of less lethal weapons, and basic patient assessment and treatment.

BLS Treatment of Anaphylaxis: The End of the Autoinjector

Michael W. Dailey, MD

Anaphylaxis is deadly and expensive—how can we save money and still treat our patients? Over the past 12 years the cost of an autoinjector for epinephrine has increased from less than \$35 to more than \$350 per unit. Few debate that every ambulance or responding EMS unit should be able to treat anaphylaxis, but given this exorbitant cost and the infrequent use, are auto-injectors the answer? There is a better solution. Basic EMTs can

be taught to draw up and administer epinephrine safely and effectively. Taking lessons from the successful "check and inject" program from King County, Washington, New York state is currently exploring a pilot project equipping basic EMTs with syringes and vials of epinephrine. Come learn about the program and decide if this might be an option for your agency.

ALS

I'm Not Dead Yet! Pushing ROSC Rates Higher Using Advanced Resuscitation Techniques

Kenneth A. Scheppke, MD, FAAEM

Resuscitation success rates from out-of-hospital cardiac arrest demonstrate large regional variation. How can we get our systems to be more successful? Join Dr. Scheppke as he discusses how deviating from traditional ACLS protocols at his agencies in Palm Beach County, FL, successfully raised ROSC rates to over 40%. He will provide a clear pathway for others to translate this success to their own systems, large or small. Attendees will gain insight into why positive pressure ventilation is bad in cardiac arrest patients, why intubation should be delayed and why the NASCAR mentality can save many lives.

Submersion Medicine: The Epidemiology, Physiology and Management of Drowning

Paul E. Pepe, MD, MPH

In this comprehensive session, an internationally-recognized scientist and leader in the research

Save Sight On Site

Visit us at Booth #636



Hands-free ocular irrigation on the go.

DON'T WAIT!

The sooner eye irrigation is started, the better the prognosis.

- The only "hands-free" ocular irrigation system offering an efficient, effective, and well-tolerated way to flush chemicals or remove non-embedded foreign bodies from the eye.
- In just 20 seconds irrigation can be underway and you can move to more life-threatening injuries.
- Patient may be transported from accident site to the hospital without stopping irrigation.



The Morgan Lens
MorTan[®] Inc.
An ISO Registered Company

ORDER NOW
www.morganlens.com | 800.423.8659

©2016 MorTan, Inc., PO Box 8719, Missoula, MT 59807 USA



CONFERENCE PROGRAM

of serious submersion events will review the epidemiology of drowning events including two large scale studies that show the circumstances and risk factors and opportunities for prevention. Also, as the chair and executive summary author for the Task Force on Resuscitation for the first World Congress on Drowning, he will also review the unique nuances and physiology of drowning events and how those factors, in turn, should affect management strategies and therapeutic interventions.

CRITICAL CARE

It's All About the Information: How Prehospital Ultrasound Will Transform Trauma Care

Howie K. Mell, MD, MPH, CPE, FACEP

For several years EMS providers have been activating cardiac catheterization laboratories from the field based on the result of 12-lead ECGs, which has allowed hospitals to better prepare to receive these critically ill patients. Now ultrasound allows EMS providers to share similar information about trauma patients, allowing trauma teams to more readily prepare to receive and rapidly treat critically injured patients. The role of ultrasound in the prehospital setting will only expand from there. Dr. Mell, an early adopter of prehospital ultrasound, will discuss his protocols for use and the future of this important imaging technique in EMS.



PEDIATRICS

Youth Suicide: A Growing Problem

Kirk Mittelman

This session looks at youth at risk, youth suicide and the effect it has on family members and providers. The warning signs of suicide and how to deal with someone who is threatening suicide will be discussed. Kirk asks that you come with an open mind to this session and be prepared to face your deepest fears to help us all solve a growing problem.

EDUCATOR

Validating Competency via Simulation

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE

Prehospital providers often are required to undergo skill competency validation, but what does this really mean? This presentation introduces the difference between competency and competence in skill performance and application. It then continues by arguing for a shift in the dogma standard that every "skill" requires annual validation, when most high-frequency skills can be validated through chart review using current ePCR systems. Instead, we will discuss the value of introducing real-time simulation into the skill-validation process. Learn how simulation allows staff to not only demonstrate skill performance, but also timing skill application and its overall need. Course participants will leave this presentation with an improved understanding how to identify high-risk low frequency skills, and how to integrate them into a simulation that evaluates provider's critical thinking in addition to their practical skills.

MIH-CP

Best Practices and Lessons Learned in Community Paramedic Mental Health Care

Moderated by Dan Swayze, DrPH, MBA, MEM

In some MIH-CP programs, over half

IBSC
INTERNATIONAL BOARD
OF SPECIALTY CERTIFICATION



of enrolled patients have some form of behavioral health or substance abuse issues. Managing this population takes a specific skill set that is not addressed in most regular EMT or paramedic training. In this panel session, community paramedics share the lessons they've learned from interacting with patients with depression, anxiety, bipolar disorder, substance abuse and suicidal thoughts. The discussion will provide key concepts and unique approaches necessary to effectively manage the complex needs for this patient population.

LEADERSHIP

Leadership Lightning Rounds: Theories of Leadership

New this year: Leadership Lightning Rounds sessions offer three short presentations based on a unifying theme.

Redesigning Organizational Culture

Jason Clark, CCEMT-P, FP-C, C-NPT, CMTE

The key component that drives the success of an organization is culture. Just as equipment changes, people do as well. An organization can have the best equipment and protocols available, but it is the people who ultimately make a program successful. This session discusses how people have changed over the years, as we move across different generations of EMS professionals and anticipate the workforce of the future.

How to Inspire a New Generation of Staff Through Transformational Leadership

Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMT-P, CCRN, CEN, CFRN, FP-C

Today's staff no longer works for the bottom line on their paycheck. Most EMTs, paramedics and nurses can do the job they were trained to do; however, today's employees and volunteers want and need a "why" to their work. Transformational leadership can inspire enthusiasm, motivate members to take ownership and help transcend self-interest for the mission. This session will empower today's leaders to improve morale, reduce turnover and heighten productivity with a quick overview of the 4 Is of the Bass Transformational Leadership Theory.

Using Emotional Intelligence to Lead Your Agency

Robert P. Girardeau, BS, NRP, FP-C, MSM-HCA (cand.)

A high degree of emotional intelligence (EQ) has been one of the main factors attributed to most of the leaders of Fortune 500 companies. However, what does EQ or the Fortune 500 have to do with you and your ability to lead a successful department or agency? Everything! A leader's ability to observe, assess and analyze the emotions of those around him or her is critical to managing a group of people. However, what separates a leader from a manager is the ability to then augment one's own emotions in response to those around him or her in an effort to better inspire and compel a staff towards achieving a mission. This session examines and discusses the characteristics of strong EQ.

OPERATIONS

The Nightwatch Learning Experience

Dan Flynn, Nick Manning, Holly Monteleone, Titus Tero

The main cast of the popular A&E docu-series *Nightwatch* will discuss their experience and lessons learned while filming the two-season show

that takes place during the busiest time of the day, the perilous overnight shift. Session will include Q&A. No CEH offered.

A Multi-Disciplinary Approach to Tactical Training and Community Response

Chris Wistrom, DO

Mercy Health Systems' tactical training center in Janesville, WI, takes a multi-disciplinary integrated approach to bringing lifesaving care to the point of wounding. Through this collective effort many new programs have been born. Learn more about this approach, as well as the Casualty Care in the Classroom program—launched in conjunction with the Janesville Police Department, Janesville Fire and EMS and the Janesville School District—a 45-minute class that empowers school staff members to act and potentially save a life with the use of a kit that costs less than \$12.

10:45 a.m.–12 p.m.

BLS

Non-Coronary Chest Pain

Gustavo Flores, MD, EMT-P

When a patient has chest pain, an acute coronary syndrome, perhaps even a STEMI comes to mind. But what about other deadly causes of chest pain? This scenario-based session discusses pulmonary embolism, aortic dissection, ventricular aneurism, pericarditis, esophageal rupture and spontaneous pneumothorax. At the end of this session attendees will be able to describe an initial diagnostic approach to the patient with chest pain; list at least three differential diagnoses; and compare and contrast the initial treatments of each case presented.

PLUS Sidebar session: 15-Minute Pharmacology—Drug Interactions

Drug interactions are so common that hospitals are starting to employ clinical pharmacologists in emergency departments to review the patient's medications and ensure that this current visit is not due to a simple drug interaction. Learn how drugs commonly interact, with some real-world examples, in this brief review of basic pharmacology for the EMS provider presented by Matthew Ozanich, MHHS, NRP.

Ring My Bell! Concussion Pathophysiology and Care

Jeff Myers, MD

Patients who have sustained a concussion are commonly encountered by EMS, both in organized sporting activities and during "unorganized" activities. The long-term effects of concussions are only recently coming to light in many professional contact sports. Concussion severity can range from mild to severe. In this session, participants will review the pathophysiology, treatment and return to play recommendations for patients who have sustained a concussion.

ALS

Hands-On Guided Cardiac Dissections

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

Scalpels and scenarios, paired with step-by-step video and instructor guided dissections, allow attendees to experience an unforgettable view of medical & traumatic cardiac emergencies. Note: Emergency skills will be practiced on harvested pig organs. NO animals were euthanized for the purpose of this course. Maximum of 40 attendees for each session to allow for adequate hands-on

time with dissections and instructors. Additional registration fee required of \$25 for 3-day core program attendees or \$75 for non-registered attendees.

Demystifying the Surgical Airway

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE
The cricothyrotomy is the most invasive rescue airway skill and is indicated only when all other means for ensuring effective and safe ventilations are impossible or have failed. This presentation reviews the three strategies for a surgical cricothyrotomy: needle cricothyrotomy, Seldinger cricothyrotomy, and open cricothyrotomy. With an understanding of these three options, this presentation lays out a systemic approach for deciding to perform and successfully executing the cricothyrotomy process regardless of your approach. At the end of this engaging discussion, participants will understand the advantages of several cricothyrotomy devices and know when to best deploy each approach

Mechanical Ventilation Made Simple

Robert Girardeau, BS, NRP, FP-C, MSM-HCA (cand.)
Critically ill patients often require positive pressure ventilation (PPV) by providers, or will immediately warrant it upon arrival to definitive care. However, the complexities of PPV (aka mechanical ventilation) can be a difficult topic to grasp. This session provides an in-depth overview of the basics of PPV. The anatomy and physiology of ventilation and respiration provide the foundation for the

more in-depth topics covered during this session. While mechanical ventilation is thought of as an advanced subject, this session's material will also prove useful to basic-level providers, as BVM and CPAP also fall into the realm of PPV.

CRITICAL CARE

Salt Water: What Difference Does the Fluid Make?

Charles Sheppard, MD, FACEP
There is increasing evidence that fluid choice makes a difference to our patients. This session reviews the evidence for and against different IV fluids with discussion about the effects on our patient. At the end of the session, the student will understand and be able to choose fluids for patients using knowledge of the acid-base effects of different fluids, the effects of chloride on the body, and the effects of tonicity on our critically ill patients. The student will understand the different fluid classes available to treat our patients and when to use them.



PEDIATRICS

Trachs and Tubes and Shunts: Technology for Special Needs Children

Chris Ebright, BED, NRP
Most EMS training teaches us how to deal with the "average" patient. Due to advances in medical technology and the availability of plentiful support services, children who have suffered critical injuries and those with unique disease states

are being cared for at home more than ever. This session details the most common equipment and technology prehospital providers will encounter when caring for these patients.

EDUCATOR

Teaching Pharmacology

Heather Davis, EdD, NREMT-P
Pharmacology is understandably one of the most feared topics of paramedic school and medication issues are a leading cause of hospital admits and ED visits. Imagine if you could improve confidence and competence in pharmacology knowledge that translated to fewer mistakes and better patient care. You can! This session will teach you a time-tested strategy for teaching pharmacology used in one of the top performing paramedic programs in the country. At the conclusion of this session, participants will be able to create graphic organizers for the pharmacology used for each major body system; identify which drugs should be taught in primary paramedic education by classification; and utilize provided job aids for effective pharmacology instruction.

MIH-CP

Home Health Infection Control Practices for MIH-CP Providers

Katherine H. West, BSN, MSEd
As the tasks and practices move forward in the community setting, infection control practices may differ



TaylorHealthcare.com 1-866-834-6415

Leading the market
in innovation...

Because patient
comfort matters.™

Visit us at booth #622

EMS SAFETY OFFICER WORKSHOP

THURSDAY, OCTOBER 6 » 1:30–5:45 PM

This program is sponsored by the National EMS Safety Council, a coalition of national EMS and safety organizations interested in promoting a safe and healthy work environment for practitioners.



Workshop moderated by Craig A. Manifold, DO

How Lack of Sleep Is Making Us Slow, Stupid and Dangerous

Heather Davis, EdD, NREMT-P

It is important for EMS safety officers to understand what qualifies as sleep deprivation and how learning, performance, behavior and attitude are negatively impacted by sleep disturbances. Participants will be able to define sleep deprivation and sleep disturbance, list five dangerous side effects of sleep deprivation and identify management techniques that can repair damage done by sleep deprivation.

Improving Safety Through Just Culture

Lee Varner

This session reviews the different tools available to measure the safety culture in EMS and discusses various safety approaches and programs including Just Culture, Comprehensive Unit Safety Programs and Crew Resource Management.

Turning Mistakes Into Learning: Self-Reporting in Action

Rob Lawrence, MCMI

A successful self-reporting system requires high degrees of trust and confidence on all sides. Emphasizing the tenet of complete trust, the Richmond Ambulance Authority has instigated a successful self-reporting program that is a pillar of its culture of safety.

EMS Cross-Checks

David Page, MS, NREMT-P

Although checklists have long been a foundation of safety in the airline industry, adoption in EMS has been slow. This session reviews cases behind the development of the EMS Cross-Checks project.

After completion of this workshop, attendees will receive a certificate of attendance endorsed by the National EMS Safety Council. Attendance is included within the core program registration.

How To Create a Successful Behavioral Health Program

Jeff Dill

The session offers recommendations on how to recognize and handle behavioral health issues and implement a successful behavioral health program for your department.

What Should be Presented in OSHA/ Infection Control Training

Katherine H. West, BSN, MSEd

Many departments are meeting OSHA-required education and training requirements. Most are simply restating the same information each year. This does not meet OSHA requirements and does not assist in understanding diseases and risk in the workplace setting. This session reviews what an annual update training program should look like to be compliant.

Putting The Right Person in the Left Seat

Ryan Pietzsch

This session addresses the plan emergency service leadership should have for driver eligibility and selection, motor vehicle record evaluation, and initial and ongoing driver education and training and driver proficiency.

Utilizing Safety Stories as Tools for Change

Lee Varner

Stories can be powerful tools in promoting safety and Just Culture in the EMS community. They can also be extremely helpful in learning about and helping our second victims—team members who are involved in a stressful situation or patient-related injury and are traumatized by the event. A recent digital safety story workshop in Denver revealed the power of stories as learning tools.

LEADERSHIP

Protecting the Mental and Physical Well-Being of Providers

Panel moderated by Vince Robbins

This NEMSMA-led panel discussion focuses on two of the most critical issues facing EMS today: the mental and physical well-being of providers. Attend this session to learn about national association-led initiatives and other resources to address the safety of EMS crews.



OPERATIONS

Physicians in EMS: Tool in the Toolbox or Just a Tool?

Michael W. Dailey, MD, Dr Linda Dykes, Chris Wistrom, DO

What is an EMS physician? Three different docs

each bring a different perspective to being a physician whose practice starts where the hospital ends. We'll explore what each of us brings to physician-level care in the streets, real-time quality assurance and teaching at the bedside, roadside and in between.

EMS Ops Lighting Rounds: Threat Management & Response

New this year: Operations Lightning Rounds offers three short presentations based on a unifying theme.

Good Medicine in Bad Places

Shannon Daniel

Many fire and ambulance departments run tactical medical programs in which the firefighter or medic is equipped and trained in tactical operations in the hot zone. In Richmond, VA, the system operates in reverse where SWAT medics are sworn law enforcement officers who are trained as EMTs and paramedics and come under the training mentorship of the Richmond Ambulance Authority and its operational medical director. RAA Training Manager and TCCC Affiliate Faculty Shannon Daniel will discuss the advantages and opportunities of running such a program and the collaboration and cross-training opportunities it brings with it.

Are You Ready for the Next Pandemic?

Raphael M. Barishansky, MPH, MS, CPM

The question isn't "if" but "when" the next pandemic will occur. The SARS and H1N1 pandemics, as well as the Ebola outbreak and the advent of MERS, should have served as a wake-up call to EMS leaders across the U.S. about the realities they will face in a pandemic situation. Significant absenteeism, altered treatment and/or transport protocols, as well as personal protective equipment needs, are all critical issues we need to address. Lessons learned and take-home messages will be highlighted.

Biological Warfare Against the U.S., Anthrax 2001: What Really Happened?

Kenneth A. Schepke, MD, FAAEM

Join Dr. Schepke as he relates his first-hand account of the response to the initial victim of the September 2001 anthrax attack in the U.S. He will provide a brief summary of the initial case that stunned the world and the shocking investigation that led to the FBI naming a U.S. citizen as the only suspect.

12:30–1:45 p.m.

Lunch & Learn: Respiratory Compromise in EMS

Sponsored by **Medtronic**

Further Together

Speaker to be announced

Respiratory compromise—which includes respiratory distress, insufficiency, failure and arrest—was the third most reported EMS complaint in 2015 and often occurs across numerous clinical scenarios. Emergency medical responders encounter patients in various levels of distress within the respiratory compromise cascade and management of respiratory distress can be challenging. Good patient outcomes require rapid and skilled assessment and understanding of oxygenation and ventilation. Knowing when and how to intervene will enhance your ability to manage this challenging complaint. *Separate \$10 registration required.*

in the home setting form the ambulance setting. Find out what the challenges and risks are for community paramedics.

Medication Reconciliation for the Community Paramedic

Jonah Thompson

A comprehensive medication reconciliation is a powerful assessment tool that can both improve emergency care and prevent future crisis along with unnecessary admissions. This session presents the key elements of a medication reconciliation program, describes common pitfalls and discusses areas for improvement in paramedical practice. Case studies will be explored illustrating the type of complex patients often referred to mobile integrated health programs. An approach utilizing oral interviewing techniques, scene observation, pharmacy software, and appropriate communication with both medication direction, as well as primary care physicians, will be demonstrated.

3:15–4:30 p.m.

BLS

Hooked on Heroin

Ken Bouvier, NREMT-P

The impact of heroin use is felt across the United States with heroin identified as one of the most important drug abuse issues impacting communities coast to coast. This session will discuss both basic and advanced treatment for managing heroin overdoses. It will explain how heroin enters the brain and how it can affect other body functions including breathing and heart rate.

Cracking Ourselves Up Before We Crack

Steve Berry, BA, NREMT-P

Those working in EMS the field of emergency healthcare have a strong commitment to their patients and coworkers, but often place their own happiness at the bottom of the priority list. Humor is a gift we are born with and, when used positively, a source of major stress reduction, but it must be nurtured and often relearned for those who work in high stress medical environments. Join Steve as he combines his EMS and cartooning background to point out life's absurdities while exploring techniques to not only keep, but enhance, your sense of humor.

ALS

Hands-On Guided Cardiac Dissections

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

Repeat of 10:45 a.m. class. Additional registration fee required of \$25 for 3-day core program attendees or \$75 for non-registered attendees.

EKGs to Know and Fear

Charles W. Sheppard, MD, FACEP

This class is for the advanced/critical care prehospital provider to discuss some important, but not widely recognized, EKG findings that can result in bad outcomes. At the end of the session the student should be able to identify important EKGs of Bugada, Wellens', short and long QT, short and long PR, as well as Sgarbossa's criteria for STEMI in the face of LBBB. They should also know that new LBBB does not equate to STEMI. These are important findings that should be recognized by the provider as they can result in preventing death and ensuring patients are taken to the appropriate place for care.

Trauma on the Bleeding Edge: Beyond TXA

Howie K. Mell, MD, MPH, CPE, FACEP

Iredell County EMS in North Carolina is pushing the envelope on trauma care. From supervisors in quick response vehicles bringing additional resources to scenes like ultrasound and pneumothorax treatments, to exploring using pRBCs in the ground prehospital setting, Dr. Mell—Iredell County's EMS medical director—will discuss trauma care that goes past the cutting edge. He will discuss 5 "tricks of the trade" that allow ground ambulance crews to better care for critically injured patients in the field.

CRITICAL CARE

Pressing Your Luck: An Evidence-Based Approach to Medical Therapies for Hypoperfusion

Robert P. Girardeau, BS, NRP, FP-C, MSM-HCA (cand.)



Maintaining perfusion to the body's organs and tissues is the foundation to maintaining homeostasis; however, when a body is overwhelmed by illness or injury, hypotension and hypoperfusion often present and persist. As one of the most dangerous complications of severe illness, hypotension can pose a severe threat to a patient's chance at survival and a meaningful recovery. This session examines the causes of hypoperfusion and shock, as well as the physiology involved in this disease process. The focus then moves to an in-depth discussion of the use of anti-hypotensive medications and the current literature surrounding their use.

PEDIATRICS

Status Asthmaticus in Children

Chris Ebright, Bed, NRP

Severe asthma is becoming more prevalent in American children and mortality has risen sharply in the past decade. Any EMS professional may be faced with the asthmatic child in severe respiratory distress or impending respiratory failure who has not been relieved with their usual bronchodilator therapy. These patients need more aggressive treatment than what is usually required and this session will show you how to do that.

MACS is Making Ambulance Crews Safer with the Mac's Bariatric Ambulance Lift. With a 1,300 lbs. weight capacity the lift is prepared for any job you can roll on it. The platform is universal and will accommodate whatever equipment you choose to use. The Bumper Stow Technology makes the lift available to the ambulance crew at all times and functions as a bumper and step.

**Don't Strain Your Back...
Go See Mac!**



Mac's Lift Gate Inc.
800-795-6227

**See Us at
EMS World Expo
Booth 1344**



sales@macsliftgate.com

www.macsliftgate.com

CONFERENCE PROGRAM

EDUCATOR

Student-Centered Education in the Digital Age: A Focus on Student Performance and Patient Outcome

Rommie Duckworth

Student-centered teaching techniques better enable students to process and apply information in the same ways that they will need to as field providers. With the help of newly available social-mobile tools, these methods can be easily integrated into existing emergency service education programs. This session explores not just toys, tips and tricks, but methods to fundamentally transform the students' "user experience" by emphasizing dynamic application of knowledge through both digital and analog student-centered activities. Students will learn about student-centered learning theory and its application to emergency services education; tools and methods to improve information access and engagement for students using both synchronous and asynchronous learning; how a student-centered approach to activities reinforces key teaching points and objectives; and how student-centered approaches increase students' ability to apply their knowledge in dynamically changing environments.

PLUS Sidebar Session: Introduction to Educational Podcasting

Podcasts are one method of delivering this content in a way that can be easily consumed by busy EMS students. In this session, Dr. Jeff Myers describes how to develop and distribute a podcast and utilize this tool to support classroom activities.

MIH-CP

MIH-CP Situational Awareness and Conflict Prevention

Jonah Thompson

Community paramedics accustomed to working within a public safety system may find themselves at a disadvantage when transitioning to the mobile integrated health setting. Adapting emergency response experiences and scene management tactics to this environment—especially without a partner or dispatcher watching over you—requires strong verbal skills and excellent situational awareness. This session explores verbal defense and persuasion techniques that integrate into a motivational interviewing style of assessment and pair those with methods for identifying pre-assault indicators. Examples of risk assessment and mitigation guidelines for programs will be presented.



LEADERSHIP

Leadership Lightning Rounds: Risk Management

New this year: Our Leadership Lightning Rounds sessions offer three short presentations based on a unifying theme.

You Just Got Sued! The View from the Expert Witness Side

Gary Ludwig

Three years later after treating a patient you never remember, you are served with papers that the patient is suing you. What do you do next? Join Gary Ludwig who has been retained by attorneys as an expert on over 100 cases involving EMS matters as he steps you through the process you will experience. Topics that will be covered include how a civil action occurs, what you can expect through the entire process, and strategies for avoiding legal action.

Keeping Track of the Money: Financial Responsibility for Emergency Services

Ryan Pietzsch

Emergency service organization (ESO) funds are often at risk of misuse and embezzlement. This type of loss not only disrupts the ESO but can also damage an ESO's reputation in the community. The loss of funds can jeopardize high-quality response, equipment and services to the community. This session is intended to discuss the issues, concerns and best practices related to managing the financial systems of ESOs.

Social Media: Managing Risk and Evolving Communications

Carissa Caramanis O'Brien, EMT-B

In our evolving digital world where smartphones and body cameras are as common as lifesaving equipment, EMS leaders must be prepared to manage a new kind of organizational risk. As we've seen in several cases, a single misguided tweet or Facebook post can create a storm of issues. But while social media can have broad implications to both your organization's reputation as well as employees' careers, smart policies and guidelines can provide EMS leaders and their teams with the structure to adequately mitigate that risk and engage safely online. This session will review the key elements of social policy and guidance that will help you create a culture of social media awareness and a workforce of responsible digital citizens.

OPERATIONS

Applying the Joint Rescue Task Force Program

Ofer Lichtman, NREMT-P

Your department has decided to implement a Rescue Task Force Program where EMS personnel are tasked with teaming up with law enforcement personnel and deploying in a "warm zone" to provide point-of-wound care to victims where there is an ongoing ballistic or explosive potential. What are the steps necessary to implement a successful and dynamic program? How is the Rescue Task Force deployed on high-threat calls? This session outlines the roles and responsibilities of every key position on an incident involving the deployment of a Rescue Task Force. Terrorism Liaison Officer Program Coordinator Ofer Lichtman—who was instrumental in developing his department's terrorism awareness program and implementing an active shooter program—focuses on the "how to" of the program, with lessons learned from 10 years of a successful Rescue Task Force program.

4:45–6 p.m.

BLS

Unmasking CPAP: An Innovative Approach to Treating Respiratory Distress

Steven C. LeCroy

Warning: This is not a basic CPAP presentation! Continuous positive airway pressure (CPAP) has been a popular topic for years at most EMS conferences. After its introduction, CPAP rapidly became the prehospital standard of care for congestive heart failure. Many agencies then expanded CPAP use to include COPD, pneumonia and asthma, to name a few. It's not uncommon to see protocols using CPAP to treat any patient in respiratory distress, regardless of the underlying pathology. In fact, CPAP is often initiated without a confirmed diagnosis. This session will unmask why and how

CPAP can be effective in treating respiratory distress without a diagnosis or for different disease processes. This session will also reveal the best keep secret that's often overlooked during CPAP training and is a rarely discussed fact that can make the difference between failure and success.

What Were You Thinking?

Kirk Mittelman

Too often we get tunnel vision and miss the signs and symptoms we are trained to find. On a regular basis we all wonder, *What were you thinking?*, and want to ask the patient. This session evaluates critical calls and what could have changed the outcome of these calls. We will also look at patient and EMS thinking while on calls. What is critical thinking and how can I use it to better my patient outcomes? Join Kirk for a session filled with videos and case histories to help improve your critical thinking skills and figure out: "What were they thinking?"

PLUS Sidebar session: When Your Brain Hijacks Decisions: System One and System Two Thinking

Everyone has a learning curve. As your experience in EMS work grows, you'll start to recognize patterns in the clinical presentations you see. And guess what? It feels good. You can work faster and easier, and you aren't so mentally exhausted at the end of your shifts. You suddenly feel like you know what you're doing! Alas, there's a catch. This might be the sign of your brain taking short cuts: System One is kicking in. In this session, Dr. Linda Dykes outlines why you need to become aware when you have made decisions with your brain running on System One autopilot, because that's when you need to apply some conscious thought—in other words, switch on your System Two.

ALS

Hands-On Guided Cardiac Dissections

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

Repeat of 10:45 a.m. class. Additional registration fee required of \$25 for 3-day core program attendees or \$75 for non-registered attendees.

Sepsis & Septic Shock 2016: The Death of "Severe Sepsis"

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE, Sean Kivlehan, MD, MPH

Sepsis is a life-threatening and time-sensitive emergency that results in marked organ dysfunction. In early spring 2016 the Society of Critical Care Medicine provided an internationally supported evidence-based update to our sepsis definitions and diagnostic criteria. This session provides an explanation to these updated sepsis definitions and diagnostic criteria. Learn why qSOFA and SOFA are important to EMS and leave empowered to introduce a standardized sepsis screening criteria within your EMS system using the latest guidelines.

CRITICAL CARE

Intubation: What Can Go Wrong?

Charles Sheppard, MD, FACEP

This class does not deal with misplaced tubes or "can't intubate" scenarios. It is designed for the experienced critical care provider who has to deal with difficult critical patients. The discussion will focus on key areas such as preventing peri-intubation hypoxia, managing the peri-intubation hypotension and use of delayed sequence intubation. The class will also discuss post (successful)



intubation complications such as breath stacking and ventilation and oxygenation management post intubation. At the end of the session, students should be able to obtain an adequate oxygen reservoir and maximize first attempt success, prevent or manage periintubation hypotension, and provide the right vent settings and oxygenation for the patient post intubation.

EDUCATOR

How to Build and Sustain a First-Class Education Program

Jason Clark, CCEMT-P, FP-C, C-NPT, CMTE
As prehospital medicine advances, providing quality education is a vital component to the success of the organization. Building an education program or revitalizing one can be intimidating and challenging to find a starting point. This lecture reviews using concepts such as competency-based education to help grow resources within the organization and facilitate employee development. Tips for networking and mentorships will be discussed, as well as ways to be innovative by taking the classroom into the field. The lecture will also provide tips for taking that old airway manikin that was about to be thrown away and converting to an interactive training tool that raises the bar for your skills days. Education budgets can be a major obstacle for many departments. This lecture will discuss potential funding opportunities and how to make the most out of what you have to work with.

MIH-CP

How to Collaborate with Physicians and Other Practitioners to Develop and Implement a Care Plan for Your Patient

Anne Robinson-Montera, RN, BSN

Community paramedics are now working with other healthcare providers to provide primary care, public health and social services for their patients. An important component to collaboration relies on the use of a care plan for the patient. This session walks you through the steps to establishing partnerships to ensure community paramedics are part of the team that implements care plans. In addition, learn how community paramedics need to assist with the development and ongoing changes to the patient's care plan.

LEADERSHIP

When You Fail to Plan, You Plan to Fail: How a Strategic Plan Will Safeguard Your Agency's Future

Raphael M. Barishansky, MPH, MS, CPM

Many EMS agencies are mired in the here and now with little attention paid to the future. Rational plans, with input from all levels of the organization, can assist in making the future a little less frightening and put EMS agencies on the right road for success. Developing all the vital components of a strategic plan—a SWOT analysis and identification of goals and objectives, as well as implementation tips—will be reviewed.



OPERATIONS

Combating Violent Crime and the ATF Tactical Medic Program: Lessons Learned

Hank Meyer

Attend this session for lessons learned from nearly 20 years of the ATF's Tactical Medical Operational Support Program. Senior special agent and tactical paramedic Hank Meyer will facilitate a discussion of the selection, training and deployment of ATF tactical medics as they support our nation on the front lines of combating violent crime.

Recover, Rebuild, Rebirth: Lessons Learned from Hurricane Katrina

Carl Flores

Join New Orleans EMS Deputy Director and Chief of EMS Carl Flores who will share lessons learned after the agency had to rebuild from the ground up following the devastation of Hurricane Katrina.

FRIDAY, OCTOBER 7
8–9 a.m.

BLS

Chasing Death: A Personal Journey

Kirk Mittleman

Admit it, EMS and public safety personnel chase death. We want the calls where we help others avoid death and we train to stop death or at least slow it down, but we rarely look at our feelings and how we will one day need to deal with the death of a family member, coworker or friend. In this



MegaMover®: THE ORIGINAL TRANSPORT UNIT

Go Where Stretchers Can't
With MegaMover® Select™

The MegaMover® Portable Transport Unit Line is ideal for transporting, transferring, and rescuing patients when they can't be reached with stretchers.



For more information call 800.558.6765 or visit GrahamMedical.com



EXPANDED FOCUS: Profiles in High-Performance EMS

FRIDAY, OCTOBER 7 » 8–11 AM

Dan Fellows, Rob Lawrence, MCMI, Jonathan Washko, MBA, NREMT-P, AEMD, Matt Zavadsky, MS-HSA, EMT

What does it REALLY take to provide EMS that is clinically sophisticated, operationally effective and economically efficient? Public utility model systems are some of the most high-performing EMS models in the country and continually meet these three goals. As public officials and healthcare system partners look to engage with EMS providers that are agile, data-rich and effective, these systems have historically demonstrated great value in several U.S. communities. Come learn how these systems are designed, what service levels they produce and at what cost. This 3-hour super session will address the following:

Investing in Your Most Valuable Asset: The People of EMS

Looking at your income statement you are continually reminded how much money you invest in human capital, but are you really investing or is it just a line item? Your team members are the ambassadors of your organization and your future! This session walks you through strategies to change the human capital dynamic from simply an expense to an investment.

Managing Your Organization's Public Image

Second only to your team members, your agency's second most valuable asset is community trust. It takes years to cultivate and can be gone in a flash. This session will provide you with tried and true strategies to build a valuable public image and learn how to protect it from calamity.

Fleet 101: Fleet Management for High-Performance EMS Systems

What does it take to manage the fleet of one of the most demanding EMS systems in the country? EMS vehicles are vital to the operation of each and every call. How do you manage crew comfort with functionality? What does maintaining your fleet using aircraft industry standards really mean? How do you test new processes in a way that limits your risk of having a critical mission failure using a mechanical device with miles of electrical cables and riding on a cushion of air? How do you gather, mine and act upon data generated by your vehicles? This session will give you the tools to ensure your vehicles perform at their peak on every shift.

Sponsored by



session Kirk takes you down the path you don't want to speak about: death, suicide and how it impacts EMS personnel when it happens to those near to them. He will discuss what makes us so callous and at times insulated from our feelings while on calls and what skills we need to deal with death when it happens in our lives.

Gray Areas: How Our Seniors Slip Through the Clinical Cracks

Dan Limmer, AS, EMT-P

Calls for medical and traumatic conditions in the elderly population are among the most common in EMS today. This is projected to increase as the baby boomers age and live longer. Is EMS ready to deal with this on a call-by-call basis as well as an EMS system? Polypharmacy, depression, aging and living alone are just a few of the ways our patients—and our parents—slip through the cracks. This session looks at many of the off-the-beaten-path issues we encounter in the geriatric patient and how the EMS system can help.

ALS

Are You Up On the New Tox LINGO? Lipids, Insulin, Naloxone & Glucagon

Michael D. Gooch, MSN, RN, ACNP-BC, FNP-BC ENP-BC, CFRN, CTRN, CEN, NREMT-P

Accidental or intentional overdoses and ingestions only account for a small portion of emergency transports, but they can be challenging and sometimes difficult to manage. This session discusses new trends in management, including the multiple uses of naloxone, as well as new methods of managing beta blocker and calcium channel blocker overdoses utilizing high dose insulin and lipids. Lastly, given the surge in abuse of new street

drugs and sympathomimetics, the role of benzodiazepines and other agents will be discussed.

Vertigo: Not Just An Inner Ear Infection

Life Bush

Did you know that up to 3% of patients experiencing isolated complaint of vertigo are having a cerebellar infarction? Up to 35% of patients with vertigo are misdiagnosed. Learn how to differentiate between vertigo due to non-stroke causes and vertigo due to strokes.

CRITICAL CARE

"I'm Already Sick, Please Don't Hurt Me!": Critical Thinking in Critical Care

Jason Clark, CCENT-P, FP-C, C-NPT, CMTE

The human body is an exceptionally well-designed machine with a desire to live. When sickness strikes, compensatory mechanisms go into action and push the body to fight for survival. As healthcare providers, we have a vast toolbox that allows us to intervene with many of those natural responses to illness that may actually be harmful to patient outcomes. This session looks at ways the body responds to issues such as respiratory distress and how the lack of PEEP valves in most EMS systems can harm a patient who had pursed lip breathing prior to EMS intervention, how the DKA patient was dealing with unwanted acid, how the trauma patient was responding to blood loss, and many more critical scenarios.

PEDIATRICS

Super Sick Kids: The Surprising Truth About Pediatric Septic Shock

Rommie Duckworth

When bacterial or viral infections trigger inflammatory, coagulation and other pathological responses the reaction is pediatric sepsis. Pediatric sepsis kills over 6 million children per year worldwide. There are approximately 430,000 cases of pediatric sepsis every year in the United States, approximately 10% of which are considered pediatric septic shock. Of these, approximately 4,300 children die, often due to missed or delayed diagnosis. As an EMS provider you play a decisive role in the identification and early treatment of these critically ill children. This session will show EMS providers how to identify, assess and begin treatment for pediatric patients with sepsis, as well as how to coordinate care with emergency department and critical care staff. Whether ALS or BLS, or whether you work in a system with EMS systems with formal sepsis alert protocols or none at all, this session is for you.

EDUCATOR

Developing Effective Oral Board Cases

Jeff Myers, DO

Oral boards are one method to ensure provider competency, both in the educational and the practice setting. As a high-stakes assessment, oral boards often determine whether a provider passes or fails, is fit or unfit for duty. In this interactive session, we will discuss approaches to developing and administering oral board cases in a fair and effective manner. Attendees will learn how to develop robust oral board cases using a template; administer oral board cases effectively; and evaluate a candidate's performance during the oral board case session in a fair manner.

MIH-CP

Chronic Pain and Substance Abuse

Dan Swayze, DrPH, MBA, MEMS

Chronic pain patients and drug seekers are two of the most disliked types of patients in traditional EMS and emergency medicine, and one of the most frequent types of patient in community paramedicine. This session introduces participants to the pathophysiology of chronic pain, and why drug addiction is such a common co-occurrence in these patients. Learn how to differentiate between a true addiction disorder and a pseudo-addiction, and what kind of help community paramedics can offer both types of patients.



LEADERSHIP

Gap Analysis: Using Business Principles to Bridge the Communication Gap

Nathaniel Metz

In the evolving world of medicine, innovation is so often initiated based on a community's need. The healthcare industry is searching for innovation to satisfy an increasingly aging and unhealthy population. MIH-CP, through unique partnerships with EMS, is proving to be a positive solution for these problems. However, despite this, EMS agencies still find it difficult to get hospital buy-in. This session will encourage you to think outside of your comfort zone and use business, sales and marketing principles to give your program value in the eyes of your prospective partners in healthcare.

OPERATIONS

Emerging Infectious Diseases 2016

Katherine H. West, BSN, MSEd

As the world warms and animal habitat diminishes, diseases are transferring from animal to man at

a more rapid rate. We need to be prepared. This session will assist in understanding emerging infectious diseases such as CRE, Ebola, Middle Eastern Respiratory Syndrome, Zika and others.

Operation Protective Edge: A Unique Challenge for a Civilian EMS Agency

Oren Wacht, PhD, EMT-P

During July through August 2014, Operation Protective Edge—a military conflict between Israel and the Hamas regime in Gaza—dramatically impacted both populations. Magen David Adom (MDA), the Israeli national EMS agency and a member of the Red Cross, faced a unique challenge during the conflict: to continue providing crucial service to the entire civilian population of Israel, which was under constant missile threat. This challenge included not only providing immediate care for routine EMS calls under missile threat, but also preparing and delivering immediate care to civilians injured in attacks on major cities, as well as small communities, in Israel. This session describes MDA's preparedness and operations during Operation Protective Edge and the unique EMS challenges the agency faced.

9:15–10:30 a.m.

BLS

Challenges While Caring for Panhandlers, Transients & Homeless Patients

Ken Bouvier, NREMT-P

The homeless are some of the sickest patients

you will ever care for and often carry and transmit disease from one to another. Panhandling is illegal in some communities and a challenge for law enforcement. It is a growing problem in most U.S. cities and often seen as a nuisance by business owners who don't want them begging in front of the restaurants and shops. Transients are often wanted by the police and don't stay in one place for any length of time. While in transit they often steal or engage in illegal activity to survive. This session will help providers better recognize the challenges of caring for panhandlers, transients and the homeless. During this session we will discuss how panhandlers, transients and the homeless struggle with mental illness, alcoholism and drug abuse.

What We Have Here Is a Failure to Communicate

Steve Berry, BA, NREMT-P

Patient communication is an essential part of our assessment and treatment skills as emergency medical providers, which can take years to master. But what of those patients who have additional underlying communication disabilities that further hamper our ability to establish a dialog between ourselves and our patients? Ignorance of these conditions can lead to misinformation, discomfort and even indifference in establishing patient rapport. Deaf, blind, deaf/blind and autistic patients represent a common patient populace with unique needs. Join Steve as he provides you with distinctive and rewarding skills that will empower you to interact effectively

with patients who have specialized communication needs.

Extrication & EMS: Coordinating Team Delivery of Critical Care

Rommie Duckworth

Good vehicle extrication demands a unique collaboration between rescue and emergency medical personnel. To save a victim (not just chop up a vehicle) you need command, coordination, communication and care. This session uses a real-world approach to incorporate ALS considerations in the extrication strategy and shows how a great deal of critical trauma care can be managed quickly and effectively by BLS first responders.

ALS

Busting Top Trauma Myths

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE

The explosion of evidence-based medicine means that patient care is always changing. As patient care advances, dogmatic medical practices also linger as acceptable standards. This session identifies the current top "myths" surrounding prehospital trauma patient care, methodically provides the evidence that refutes the practice, and then offers the evidence-based best practice. Join in a discussion that says you can insert nasal airways in head injured patients, lidocaine does not prevent increased ICP, Trendelenburg's position does not work, MAST pants worsen outcomes, and that it is OK to remove bandages that become soaked with blood!

INSURE YOUR CAREER, YOUR LICENSE AND YOUR FINANCIAL FUTURE

AmbulanceInsurance.com can now offer Individual Professional Liability Insurance.

Stop by **Booth #533** to learn more about Individual Professional Liability Insurance for Students, EMTs & Paramedics. Affordable coverage annually with coverage limits of up to \$1 million each claim/\$6 million aggregate.

- FEATURES INCLUDE:**
- License Protection
 - Deposition Representation
 - 24/7 Coverage
 - Good Samaritan Liability
 - Malplacement Liability
 - Personal Injury Liability
 - Defendant Expense
 - Assault (includes workplace violence counseling)
 - First Aid
 - Damage to Property of others
 - Sexual Misconduct
 - Information Privacy (HIPAA) fines and penalties

Join the healthcare professional community who are currently insured with this important coverage.



CINDY ELBERT
**INSURANCE
SERVICES**

www.AmbulanceInsurance.com

Contact us at: www.AmbulanceInsurance.com to request a quote for individual professional liability coverage. Click and complete an online application from our web site.

CONFERENCE PROGRAM

EtCO₂ Monitoring: For More Than Just Endotracheal Intubation Confirmation

Lafe Bush

We have long known that EtCO₂ monitoring is the golden standard for endotracheal intubation but what about continuous EtCO₂ monitoring in the non-intubated patient? EtCO₂ allows the EMS provider to assess the patient at the cellular level. By understanding EtCO₂ waveform EMS providers have another tool that can assist them in assessing the respiratory status of their patients, differentiating between various respiratory disease processes, and assessing the patient's metabolic status. Learn through real-life case reviews how end-tidal continuous EtCO₂ monitoring can help you make the right diagnoses and treatment decisions.

CRITICAL CARE

Mechanical Ventilation: Current Research and Clinical Application



Eric Bauer, BS, FP-C, CCP-C, C-NPT

This two-hour super session reviews two hot topics in the prehospital critical care environment. Mechanical ventilation in the HEMS and critical care environments is now a standard of care for all intubated patients. The severity and acuity of many of these patients can be challenging when dealing with pain management and sedation for hemodynamically unstable patients. Many studies have demonstrated that pain associated with intubated-mechanically ventilated patients far exceeds our understanding. We will discuss recent studies that demonstrate the effectiveness of fentanyl and ketamine in low perfusion states and look at literature that demonstrates the need for more pain management and less sedation medications due to the potential negative aspects of delirium. We will also look at the newest literature and recent published studies that show new resuscitation strategies for mechanically ventilated trauma patients in low perfusion states.

PEDIATRICS

Pediatric TRAUMA Tales & Jeopardy Jewels

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

While "playing Jeopardy," this presentation will review and reinforce the assessment skills, clinical findings and management priorities for successfully handling a wide variety of common and not so common pediatric TRAUMA emergencies.

EDUCATOR

Using High-Fidelity Simulation as a Disruptive Innovation in EMS Education

Christopher Boyer, MPA, NRP, FP-C

High-fidelity simulation has become a staple of medical education, but many EMS systems and training programs lack the time and resources to develop a robust simulation program. This session explores the use of high-fidelity simulation as a disruptive innovation in EMS education, providing practical advice and steps for the integration of simulation into your current training program. This session will explore how a paramedic program at a community college managed to move away from the high-fidelity simulator being a novelty item and embraced the technology at the core of the program. We will also focus on ways to tailor the simulation program to fit into your current curriculum and advice for creating a simulation space on a budget.

MIH-CP

MIH-CP Programs in Action

Panel moderated by Dan

Swayze, DrPH, MBA, MEM, with Kevin Creek, Robin Johnson, MD, Kevin Mackey, MD, FACEP, Nathaniel Metz

This three-hour super session features developers MIH-CP programs from across the country who will discuss the specifics of the programs they have in place and best practices for attendees to take back to their communities. Visit EMSWorldExpo.com for details on each program.



LEADERSHIP

Strategies for Survival: Leading like Sun Tzu

Raphael M. Barishansky, MPH, MS, CPM

There was no greater leader and strategist than Chinese military general Sun Tzu. His seminal text, *The Art of War*, is considered a masterpiece of strategy that presents a philosophy for managing conflicts and winning battles. His book, which details a complete philosophy on how to decisively defeat one's opponent, was based on a holistic approach to strategy. This approach is especially relevant to today's marketplace, where EMS is "under attack" and we need to develop strategy for survival like Sun Tzu. The lessons of Sun Tzu have taught generations of leaders the fundamentals of being an effective leader. This session will review them and assist you in defining expectations of leadership, as well as living up to your own personal leadership potential.

OPERATIONS

When "The Way You've Always Done It" No Longer Works: Is It Time to Redesign Volunteer EMS?

Nancy Magee

Despite 20 years of dire warning about the imminent collapse of the system, volunteers are approaching the 90-year mark as the foundation of America's emergency medical services. Over 60% of EMS providers volunteer, answering over half of the nation's 9-1-1 medical calls and as much as 90% in rural states. But for many agencies, the struggle to remain viable is very real, and the future remains uncertain. This two-hour super session will cover a range of hot topics impacting volunteer operations: how to attract and develop volunteers with the leadership and managerial skills necessary to keep your agency fiscally sound and your volunteers happy and engaged; how to quantify assets on hand and control costs without reducing service; and how to educate the public and promote a positive image in order to obtain local funding and support. Join Nancy Magee as she challenges assumptions, outdated traditions and practices that are just not working, and explores ways to create buy-in for new ideas, innovation and a successful redesign of the volunteer EMS model.

1:30–2:30 p.m.

BLS

Strengthen the Core: Lifesaving Trauma Essentials

Sean Kivlehan, MD, MPH

BLS is the key to management of the trauma patient and this talk will bring you back to the basics. Take a fast-paced walk through the ABC survey you thought you knew, learn how to do procedures that save lives and avoid ones that don't.

ALS

Riding the Wave: A Discussion on Pulse Oximetry

Christopher Boyer, MPA, NRP, FP-C

Many EMS providers do not take advantage of the waveform provided by the pulse oximeter attached to their ECG monitor. This session explores the use of the pulse oximeter waveform as a means of non-invasive hemodynamic monitoring, allowing providers to broaden the use of this tool. We will discuss the phenomenon of pulse oximetry lag and its impact in the management of the critically ill or injured patient's airway.

CRITICAL CARE

Making the Positives & Negatives Add Up: Fluid, Electrolytes and Acid-Base

Michael D. Gooch, MSN, RN, ACNP-BC, FNP-BC ENP-BC, CFRN, CTRN, CEN, NREMT-P

Acid-base and electrolyte imbalances often complicate patient management in emergency and acute care settings. Correctly identifying the imbalance and its cause are vital steps when managing these patients. This presentation reviews the physiology of acid-base balance and electrolytes, their common disturbances, associated causes, clinical manifestations and management implications for bedside providers.



PEDIATRICS

Pediatric MEDICAL Tales & Jeopardy Jewels

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P

While "playing Jeopardy," this presentation will review and reinforce the assessment skills, clinical findings and management priorities for successfully handling a wide variety of common and not so common pediatric MEDICAL emergencies.

EDUCATOR

Teaching, Mentoring and Stewardship: Can We Teach the Right Attitude?

Kelly Grayson

Do your preceptors act as instructors, evaluators and mentors, or are they just the medics who have managed to hang around longer than everyone else? Good EMS education programs often fail because they neglect to consider the importance of the person integrating your classroom lessons with street application. Join Kelly Grayson as he discusses how preceptors can make or break an EMS educational program, and how to bridge the gap between the classroom and the street.

OPERATIONS

Preparing Your Community to Survive an Active Shooter Event

Ofer Lichtman, NREMT-P

Recent terrorist events in Paris, Brussels and San Bernardino shed light on the fact that civilians must become resilient and take action in the initial moments of a terrorist attack in order to increase their chance of survival. First responders are perfectly positioned to implement programs in their communities that prepare bystanders to take the necessary actions during these events to save themselves and those around them. This session will motivate and empower you to implement such a program in your community where you not only teach the public how to survive an active shooter event, but also what they should do at every moment during and after the event.

Christine Alvarez, BS, EMT-P, is director of prehospital care programs for LaGuardia Community College CUNY in Long Island City, Queens, NY.

Peter Antevy, MD, is a pediatric emergency medicine physician at Joe DiMaggio Children's Hospital in South Florida, assistant professor of pediatrics at the FAU School of Medicine, and the founder of Pediatric Emergency Standards Inc. He serves as the medical director for Davie Fire-Rescue, Southwest Ranches Fire Rescue and American Ambulance, and is the associate medical director for seven other agencies.

Paul Banerjee, MD, is medical director for Polk County Fire Rescue, SWAT Team medical director for Polk County Sheriff's Office and Lake County Sheriff's Office, and associate medical director for Osceola Regional Medical Center in Florida.

Raphael M. Barishansky, MPH, MS, CPM, is a solutions-driven consultant working with EMS agencies, emergency management and public health organizations. He previously served as the Director of the Office of EMS at the Connecticut Department of Public Health (2012-2015).

Eric Bauer, BS, FP-C, CCP-C, C-NPT, is the founder/CEO and lead educator for FlightBridgeED, LLC.

Steve Berry, BA, NREMT-P, is an active paramedic with Southwest Teller County EMS in Colorado. He's the author of the cartoon book series, *I'm Not An Ambulance Driver*.

Jason Boitnott, BSN, RN, NRP, is a paramedic/registered nurse from Texas. He is passionate about free, open access medical education.

Paul Bollinger, MPH, has over 25 years of experience in the field of EMS and health system development at the local, national and international levels. He is currently a senior project manager with Health Share of Oregon in Portland, OR, and is the point person for community paramedicine within his organization. Paul is also an affiliate instructor at Oregon Health & Science University.

Scott Bourn, PhD, RN, EMT-P, serves as senior vice president of quality measurement and improvement at Evolution Health (EVH). Prior to joining EvH in 2015, he served as vice president of clinical practices and research at American Medical Response, leading the development of a unified strategy for quality measurement and improvement across AMR's 40-state footprint.

Ken Bouvier, NREMT-P, is deputy chief of operations for New Orleans EMS. He served as NAEMT president from 2004–2006 and received the Rocco Morando EMS Lifetime Achievement Award in 2008.

Christopher Boyer, MPA, NR-P, FP-C, is the simulation coordinator and a lead instructor in the paramedic program at Delaware Technical Community College in Dover, DE.

David Brenner, MS, EMT-P, is paramedic program faculty for LaGuardia Community College CUNY, in Long Island City, Queens, NY.

Lafe Bush is the director of emergency services for The Valley Health System. Lafe has more than 20 years EMS experience and has held the positions of certified instructor coordinator, adjunct faculty member and clinical coordinator.

Carissa Caramanis O'Brien, EMT-B, is president of Red Box Communications, a company specializing in communications and social strategy consulting for healthcare and EMS. She has also been dedicated to education programs for sudden cardiac arrest through her efforts with the Sudden Cardiac Arrest Foundation, now serving on its Board of Directors.

Jason Clark, CCEMT-P, FP-C, NRP, C-NPT, CMTE, is currently a clinical educator and business development manager for Erlanger LIFE FORCE Air Medical in Chattanooga, TN.

John R. Clark, JD, MBA, NRP, FP-C, CCP-C, CMTE, is a paramedic and lawyer who is the Chief Operating Officer of the International Board of Specialty Certification (IBSC)—formerly the Board for Critical Care Transport Paramedic Certification (BCCTPC).

Kevin Collopy, BA, FP-C, CCEMT-P, NRP, CMTE, is an EMS educator, e-content developer, author and clinical researcher with over 100 publications. He also coordinates the education for AirLink/VitalLink Critical Care Transport in Wilmington, NC, and is the IAFFCC board vice president.

Kevin Creek is the Community Paramedic Supervisor for Eagle County Paramedic Services in Eagle County, CO. With the honor of being the first community paramedic in Colorado and the first rural CP in the nation, he helped build the program from the ground up writing protocols, policies and procedures.

Michael W. Dailey, MD, is an associate professor of emergency medicine at Albany Medical College in Albany, NY. Currently, he serves New York State as a member of the State Medical Advisory Committee. He was the medical director and a primary investigator for the NYS Pilot Project for Basic Life Support naloxone.

Shannon Daniel works for the Richmond Ambulance Authority in Richmond, VA, as the Training Manager. She has 20 years of EMS experience and is currently working on her PhD in Adult Education Leadership.

Heather Davis, EdD, NREMT-P, holds a Doctorate in Education from the University of Southern California. She is the paramedic program director at UCLA Center for Prehospital Care. She is a published author, national speaker and National Registry Board Member.

Lisa DeBoer is president of Pedi-Ed-Trics, a pediatric emergency medical education company.

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P, is an ER/critical care transport nurse and the founder of Pedi-Ed-Trics.

Karen DiDonato began her career at NIH and has over 20 years of clinical research experience. She currently serves as the director of medical affairs at AcelRx, a small biotech company developing innovative therapies for acute pain.

Jeff Dill is founder of the Firefighter Behavioral Health Alliance and a retired fire captain from Palatine Rural Fire Protection District in Inverness, IL.

Rom Duckworth is a dedicated emergency responder and award-winning educator with more than 25 years of experience working in career and volunteer fire departments, hospital healthcare systems, and public and private emergency medical services. He is currently a career fire captain and paramedic EMS coordinator.

Dr Linda Dykes MBBS (Hons) FRCem PGCertMedEd graduated from Newcastle Medical School in 1996. After training in emergency medicine in the North East and Mersey regions of England, she was appointed as a consultant in emergency medicine in Bangor, Wales, in 2005. She is also a qualified GP (family physician). She is an honorary associate medical director for the Welsh Ambulance Service.

Chris Ebright, BEd, NRP, is an EMS education coordinator with the National EMS Academy in Louisiana.

David Ellis, BS, CCEMT-P, FP-C, CMTE, is an EMS professional with more than 19 years of experience including both rural and urban EMS, air medical care, management and education. He is the program manager for EagleMed LLC.

Rob Farmer is director of public safety for Lee County, FL. He is responsible for all countywide Department of Public Safety operations, which include emergency medical services, emergency telecommunications and fire/EMS dispatch, emergency management and all E-911/government communications network infrastructure for the 1210+ sq. mile Cape Coral-Ft. Myers metropolitan area.

Dan Fellows joined the Richmond (VA) Ambulance Authority in 1995, where he has amassed two decades of emergency vehicle maintenance and design experience. He is a graduate of Nashville Auto Diesel College and a licensed Virginian State Inspector.

Jay Fitch is a founding member of Fitch & Associates, a leading consulting firm in emergency services now celebrating more than three decades of service.

Carl Flores is New Orleans EMS deputy director/ chief of EMS.

Gustavo Flores, MD, is a physician and paramedic from San Juan, Puerto Rico. He is director of Emergency & Critical Care Trainings LLC.

Dan Flynn, NRP, RN-BSN, BS, joined New Orleans EMS in 2003. He is one of the popular crew members featured on A&E's hit TV documentary series *Nightwatch*.

Edward Gabriel is the principal deputy assistant secretary for preparedness and response at HHS. He was global director, crisis management and business continuity at The Walt Disney Company & NYC Deputy Commissioner of Emergency Management. He served 27 years with FDNY EMS.

FACULTY

Robert Girardeau, BS, NREMT-P, FP-C, is a critical care/flight paramedic for Thomas Jefferson University Hospitals - JeffSTAT in Philadelphia, PA.

David Glendenning, EMT-P, is education coordinator with New Hanover Regional Medical Center Division of EMS and a paramedic instructor at Cape Fear Community College.

Michael Gooch, MSN, RN, ACNP-BC, FNP-BC, ENP-BC, CFRN, CTRN, CEN, NREMT-P, is an emergency nurse practitioner, flight nurse and paramedic who brings over 20 years of EMS and emergency experience. He is also faculty with the Vanderbilt University School of Nursing in Nashville, TN.

Kelly Grayson is a national conference speaker and a frequent contributor to EMS World Magazine. He works as a critical care paramedic for Acadian Ambulance in southwest Louisiana.

Ryan Greenberg, MBA, NREMT-P, has focused his career on building hospital-based EMS systems across the northeast, while remaining an active paramedic, firefighter, educator and EMS advocate. He is a board member for the National EMS Management Association and is currently the EMS division chief for a regional trauma center in northern New Jersey.

Chris Hamper, NRP, is passionate about advancing EMS through research, high-fidelity medical simulation and community-based health interventions. He developed and delivered several new courses including the first community paramedic course in Oregon.

Jeffrey Ho, MD, MD, FACEP, FAAEM, is an emergency medicine and EMS physician and serves as the chief medical director of Hennepin EMS in Minneapolis, MN. He is a sworn law enforcement officer in Minnesota and has expertise in several areas where law enforcement intersects with medicine.

Jeffrey L. Jarvis, MD, MS, EMT-P, is the EMS medical director for Williamson County EMS in Texas.

Anne Jensen, EMT-P, BS, is the Program Manager for the City of San Diego EMS Resource Access Program (RAP).

Robin Johnson, MD, is the associate medical director for the Colorado Springs (CO) Fire Department.

TJ Kennedy was one of the first leaders to join the FirstNet team in July 2013 and now serves as president of the organization. He is an experienced executive with a unique leadership background that includes technology expertise and coalition building and as well as hands-on public safety experience in police, fire and EMS.

Sean Kivlehan, MD, MPH, is the associate director of the International Emergency Medicine Fellowship at the Brigham and Women's Hospital and Harvard Medical School. He works as an attending physician in the emergency department, which is a level 1 trauma and burn center and on multiple international emergency medicine projects. Prior to this he was a NYC paramedic and EMS educator for 10 years.

Baxter Larmon, PhD, MICP, is a professor of emergency medicine at the David Geffen School of Medicine at the University of California at Los Angeles (UCLA) and the founding director of the UCLA Center for Prehospital Care.

Joel Lavender has over 30 years of firefighter/paramedic experience with the Dallas Fire Rescue Department. He served throughout the department, including positions in the field, administration, training and dispatch.

Rob Lawrence, MCM, is chief operating officer of the Richmond Ambulance Authority. Before that he held the same position with the English county of Suffolk as part of the East of England Ambulance.

Steven C. LeCroy spent over 30 years with St. Petersburg Fire & Rescue before retiring and going to work for Mercury Medical in Clearwater, FL, as clinical manager for EMS products. He has also been certified as a Respiratory Therapist for over 35 years.

Ofer Lichtman, NREMT-P, has been involved in EMS for the past 20 years. He started his career as an EMT in Israel at the age of 14 and is now working for the Rancho Cucamonga Fire Protection District in California where he serves as a firefighter/paramedic and the agency's Terrorism Liaison Officer coordinator.

Dan Limmer, AS, EMT-P, is a paramedic and police officer who has been involved in EMS and law enforcement for more than 35 years. He is a lecturer in the EMS degree program at Central Washington University in Ellensburg, WA, and an EMS instructor/coordinator in Maine. Dan speaks at EMS conferences around the world. He is a co-author of several textbooks including Emergency Care, EMR Complete, the education standards Transition Series for EMT, AEMT and Paramedic, and EMPACT. He develops smart phone and web-based review apps for the emergency service fields through his company, Limmer Creative LLC.

Robert Luckritz, Esq., is the EMS director for Jersey City Medical Center. He has nearly 20 years of experience as a clinician and leader and is a board member of the National Association of EMTs and the National Association of Urban Hospitals.

Gary Ludwig is the fire chief of Champaign, IL. He has a total of 38 years of fire, EMS and rescue experience, previously managing award-winning EMS systems in St. Louis and Memphis. He has a master's degree in management and business.

Kevin Mackey, MD, is medical director for Mountain Valley EMS Agency in Modesto, CA.

Nancy Magee is managing partner of MEDIC Training Solutions in Louisiana. An EMT with 15 years of experience as a provider and a manager, Nancy combines a business woman's perspective with an EMS volunteer's heart.

Craig A. Manifold, DO, is chair of the National EMS Committee, American College of Emergency Physicians (ACEP).

Nick Manning, NREMT-P, is a paramedic for New Orleans EMS. He is one of the popular crew members featured on A&E's hit TV documentary series *Nightwatch*.

Kevin McGinnis is a nationally recognized advocate for broadband communications within the EMS community and a FirstNet Board Member. He is currently community paramedicine chief of North East Mobile Health Services, the largest paramedic service in Maine.

Howard K. Mell, MD, MPH, CPE, FACEP, is EMS Medical Director for Iredell County in North Carolina.

Bobbie Merica is the author of *Medical Mouflage: How to Make Your Simulations Come Alive* and owner of Mouflage Concepts, an international medical and trauma mouflage company that specializes in hospital, trauma, mass casualty and prehospital mouflage training, supply and certification.

Nathaniel Metz is director of operations for Prompt Ambulance Central.

John Mezo is general manager of VITAS Hospice Care of Fort Worth.

Hank Meyer is a senior special agent with the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). He is currently assigned to the ATF/New Orleans Police Department-Multi Agency Gang Unit. Meyer also serves as a tactical paramedic and is assigned to the elite ATF Special Response Team (SRT) providing tactical medical support for high risk deployments throughout the country.

Branden Miesemer, NRP, FP-C, is a flight paramedic in the Midwestern United States and an adjunct paramedicine instructor for several local colleges. He is an advocate for leveraging technology and social media to provide low-cost, cutting-edge medical education and training.

Jeremy D. Miller, MEd, NRP, is responsible for all certification functions at NREMT including recertification, accommodations and legal departments.

Ronna Miller, MD, is an associate professor of EMS in the Department of Emergency Medicine at UTSW.

Anthony Minge, MBA, is a partner with Fitch & Associates, a leading consulting firm in emergency services now celebrating more than three decades of service.

Kirk Mittelman is a 35-year public safety veteran. He is currently the program director for Mt Nebo/U of Utah's Paramedic Program.

Holly Monteleone, NREMT-P, is a paramedic for New Orleans EMS. She is one of the popular crew members featured on A&E's hit TV documentary series *Nightwatch*.

Anne Robinson-Montera, RN, BSN, is the co-creator and public health partner for the first National Community Paramedic Pilot Program in rural Eagle, CO. She led a team of educators and experts in developing the 3.0 version of the Community Paramedic Curriculum in 2011, and is currently leading the training program for the California Community Paramedic Pilot Project.

Asbel Montes is vice president of Governmental Relations & Reimbursements at Acadian Ambulance Service.

Jeff Myers, DO, has a 27-year career in EMS as a paramedic, educator, author and EMS medical director. He currently works at CaroMont Regional Medical Center, a level 3 trauma center in Gastonia, NC, and is the System EMS Medical Director for Gaston County EMS.

Matthew Ozanich, MHHS, NRP, is the director of prehospital care for Trumbull Memorial Hospital and pharmacology instructor for Health Professions at Youngstown State University. He has been a practicing paramedic for 11 years and has experience in fire-based EMS, private EMS, mobile intensive care, tactical EMS and EMS administration.

David Page, MS, NRP, is director of the Prehospital Care Research Forum at UCLA. He is a senior lecturer and PhD candidate at Monash University. He has over 30 years of experience in EMS and continues to be active as a field paramedic for Allina Health EMS in the Minneapolis/St. Paul area.

Louisa Partain, EMT-P, has spent her career in EMS working in the fire service and private EMS, as well as education. Currently she is the quality improvement and education coordinator for Washington County EMS Office's Division of Public Health.

P. Daniel Patterson, PhD, MPH, MS, NREMT-P, is an assistant professor of emergency medicine at the University of Pittsburgh Department of Emergency Medicine. He is principal investigator of a federally funded project to develop evidence-based guidelines for fatigue risk management in the EMS setting.

Paul E. Pepe, MD, MPH, FACEP, is professor of surgery, medicine, pediatrics, public health and Riggs Family Chair in Emergency Medicine at the University of Texas Southwestern Medical Center and the Parkland Health and Hospital System in Dallas, TX. He is also director of the City of Dallas Medical Emergency Services for Public Safety, Public Health and Homeland Security and lead medical director for Dallas Metropolitan BioTel (EMS) system.

Ryan Pietzsch is director of education and training for VFIS.

Ed Racht, MD, is the chief medical officer for American Medical Response.

Audrey Reichard is an epidemiologist at the National Institute for Occupational Safety and Health.

Neal Richmond, MD, is medical director of MedStar Mobile Healthcare in Fort Worth.

Vincent Robbins, FACHE, is president and CEO of MONOC, New Jersey's largest EMS and mobile healthcare shared service hospital cooperative. He has also served in the administration at Temple University Hospital in Philadelphia and with the New Jersey State Department of EMS. He is president-elect of the National EMS Management Association (NEMSMA).

Paul Rosenberger, MPA, EDD, NRP, has over 30 years of extensive EMS experience with 14 years of adult education instruction.

Kenneth A. Scheppke, MD, FAAEM, is EMS medical director of the following: Palm Beach County, Palm Beach Gardens, Boynton Beach, West Palm Beach, Town of Palm Beach Greenacres, Palm Beach State College EMS Academy and JFK Medical Center.

Charles W. Sheppard, MD, FACEP, is medical director for Mercy Life Line. In EMS for over 40 years, he has been the medical director for an active air ambulance service for 19 years. He is a board member of the Air Medical Physicians Association and a speaker at multiple national and international EMS conferences.

Todd Sheridan is a senior consultant for Fitch & Associates, a leading consulting firm in emergency services.

Doug Smith is a co-founder of Platinum Educational Group. He is a licensed paramedic and instructor coordinator in Michigan and has been involved in EMS for 30 years. He has a Master's Degree in Education and has taught numerous instructor courses. He has also spoken at numerous state and national conferences.

Scott H. Smith, EMT-P, is with the Divers Alert Network (DAN).

Kurt Steward, PhD, is the former CFO for the Dallas Fire Rescue Department. He worked over 10 years in local government in various roles, focusing on improving operational performance, reducing costs and increasing workforce efficiencies. He is currently vice president at Infor where he focuses on strategic market analyses, go-to-market plan development, product enhancement and expansion opportunities.

Dan Swayze, DrPH, MBA, MEMS, is the vice president and chief operating officer of the Center for Emergency Medicine of Western Pennsylvania. He has a doctorate in public health, an MBA and a master's degree in EMS. Dr. Swayze is widely considered a pioneer in community paramedicine.

Titus Tero, NREMT-P, is a paramedic for the New Orleans EMS. He is one of the popular crew members featured on A&E's hit TV documentary series *Nightwatch*.

Jonah Thompson is a full-time community paramedic with the CONNECT program, based out of the Center for Emergency Medicine of Western PA in Pittsburgh, PA. He has over 20 years of EMS, disaster response and military experience.

Kristopher L. Thompson, BSN, NREMT-P, RN, CCEMTP, CCRN, CEN, CFRN, FP-C, is an emergency room and intensive care unit charge nurse and preceptor at the University of Missouri's level one

trauma center and tertiary referral center. He also practices as a paramedic with both the University and Cole County EMS.

Lee Varner is the EMS Project Manager for the Center for Patient Safety, an independent, not-for-profit organization dedicated to promoting safe and quality healthcare through the reduction of medical errors. He has been involved in EMS since 1986 and has authored many papers relating to safety, advocacy and outreach for EMS issues at the local, state and national level.

Oren Wacht, PhD, EMT-P, is a professor in the department of emergency medicine in Ben Gurion University. He is also a paramedic in the Israeli EMS system and army reserve, and an advisor to the Israeli Ministry of Health.

Jonathan Washko, MBA, NREMT-P, AEMD, is assistant vice president for the Center for Emergency Medical Services with North Shore - Long Island Jewish Health System in New York City and Long Island, New York. He is considered a leading industry expert on EMS system design, system status management and high performance EMS concepts.

Katherine H. West, BSN, MSED, is an infection control consultant for Infection Control/Emerging Concepts in VA.

Brent Williams is FirstNet's Senior EMS Advisor. He joined FirstNet from the Michigan Department of Health and Human Services where he served as an EMS Radio Communications Consultant to the EMS and Trauma Systems Section since 2002. In that role, Williams was the subject matter expert on EMS radio communication systems and requirements.

Christopher Wistrom, DO, started his career in EMS as a volunteer in his home town. He has worked in private, hospital-based and fire-based EMS as an EMT and paramedic. He is associate EMS medical director for the Mercy Health System in Wisconsin.

James Woodson, MD, is a start-up entrepreneur stuck in an emergency physician's body. Much more comfortable in flip flops and a flannel shirt, James left his burgeoning medical practice in East Texas to pursue his dream of simplifying healthcare and has been on an endless pursuit to redefine mobile health.

Michael Wright has been in public service since 1982 beginning as a U.S. Paratrooper with the 101st and 82d Airborne divisions. He is currently licensed as a Nationally Registered Paramedic, ACLS instructor, State of WI Tactical Medic, State of WI EMS Instructor II, Community Paramedic and president of Southeast Tactical LLC.

Matt Zavadsky, MS-HSA, EMT, is the public affairs director at MedStar Mobile Healthcare, the exclusive emergency and non-emergency EMS/MIH provider for Fort Worth and 14 other cities in North Texas and the recipient of the EMS World/NAEMT 2013 Paid EMS system of the Year.

CONFERENCE PRICING

Register online at EMSWorldExpo.com.

Workshops	Price	
	BY SEPT. 2	AFTER SEPT. 2
TITLE		
Creating an Evidence-Based Practice for EMS in Integrated Healthcare	\$215	\$240
Supervisor Leadership Academy	\$215	\$240
Cadaver Lab: Hands-On Clinical Skills Advancement	\$85	\$115
Active Shooter Response Workshop	\$140	\$170
Controversy, Clinical Relevance and Critical Thinking: Education Matters	\$140	\$170
PR Boot Camp: An Exercise in Positive Press	\$140	\$170
All Hazards Disaster Response Course	\$195	\$195
Geriatric Education for Emergency Medical Services Course	\$195	\$195
Advanced Medical Life Support Course	\$215	\$215
Tactical Emergency Casualty Care (TECC) Course	\$230	\$230
Breakfast & Learn; Lunch & Learn	\$10	\$10
Hands-On Guided Cardiac Dissection	\$25 with conference registration \$75 without registration	
Conference Program		
3-Day Conference*	\$440	\$525
3-Day Conference Military Rate*	\$225	\$300
2-Day Conference*	\$290	\$320
1-Day Conference*	\$205	\$280
3-Day Conference NAEMT Member*	\$315	\$400
NAEMT Join Now	\$40	\$40
World Trauma Symposium: Physician	\$300	\$350
World Trauma Symposium: EMT/Paramedic/Nurse/Other	\$225	\$275
Exhibit Hall		
Exhibit Hall + Opening Ceremonies & Keynote Presentation	\$20	\$30



SAVE BIG With Group Pricing!

Register 3-5 people before Sept. 2 and pay \$310 each for the 3-day conference program. Register 6+ before Sept. 2 and pay just \$270 each!

Student Visit Day

All EMS Students receive FREE admission to the EMS World Expo Exhibit Hall on Friday, Oct. 7th. Register w/ Promo Code: STUDENT. Be sure to show your student ID on-site.



*Included in Conference Program Admission

- » Conference sessions
- » Exhibit Hall admission
- » Opening ceremonies & Keynote presentation
- » Exhibit Hall Learning Center
- » Simlab
- » Active Shooter Simulation
- » Networking events

take the

EMMA challenge

SHOW OFF YOUR VENTILATION SKILLS



Challenge yourself at
EMS World Expo
October 3-7
Masimo booth
#1625



© 2016 Masimo.
All rights reserved.

PLCO-000011/PLLT-10005A-0416

EMS World Expo returns to New Orleans!

Join us in the Big Easy for 5 days of cutting-edge education and unparalleled networking opportunities at the largest EMS conference and trade show in North America.

Save \$170 with Group Rates. See page 46 for details.

EMSWORLD EXPO

In Partnership With
NAEMT

OCT. 3-7 | NEW ORLEANS
2016 | LOUISIANA
Ernest N. Morial Convention Center

» INSIDE PAGES

Special Events



8

Exhibits



12

Workshops



18

WORKSHOPS

Monday, October 3
8 a.m.–5 p.m.

Tuesday, October 4
7:30–5 p.m.

CONFERENCE PROGRAM

Wednesday, October 5
8 a.m.–4:45 p.m.

Thursday, October 6
8 a.m.–6 p.m.

Friday, October 7
8 a.m.–2:30 p.m.

EXHIBIT HALL HOURS

Wednesday, October 5
11 a.m.–6 p.m.

Thursday, October 6
11 a.m.–4:30 p.m.

Friday, October 7
10:30 a.m.–1:30 p.m.