



NEWS

Newsletter of the National Association of EMS Physicians

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The National Association of EMS Physicians is an organization of physicians and other professionals who provide leadership and foster excellence in out-of-hospital emergency medical services.

The NAEMSP newsletter is designed to inform members of interesting developments in the field of EMS. Members are encouraged to send information which may be of interest to others reading this publication.

NAEMSP News is the official bimonthly newsletter of the National Association of EMS Physicians (NAEMSP).

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NAEMSP News

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Copy Deadlines

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May 14-20 2000 National EMS Week Salutes EMS Providers

The word "paramedic" has come to mean many things over the 30-year history of the paramedic program. "Para" comes from the Greek word meaning around, or next to, and the word "Medic" is slang meaning doctor. While various titles circulated, the two federal agencies that first provided funding for these types of programs, the U.S. Department of Health, Education and Welfare and the U.S. Department of Transportation, opted for the term "Paramedic."

— From the "Project 51" Web site at www.squad51.org.

"National EMS Week, May 14-20, honors the lifesaving care that approximately 750,000 EMS providers offer nationwide, 24 hours a day, seven days a week," says Michael Rapp, MD, president, American College of Emergency Physicians (ACEP). "EMS Week 2000 is an opportunity to recognize EMS contributions of the past and build upon them for a safer tomorrow."

This year's theme, **"EMS: New Century, New Hope,"** speaks to the difference EMS providers have made in America's communities in the last century, and the countless ways they will continue to ensure the nation's health, protection and physical well being into the next century.

The purpose of EMS Week is to educate the public to teach their families emergency phone numbers and to keep these numbers posted by every telephone in the house. It is also a time to encourage the public to take a CPR course, check smoke detector batteries, and update first-aid kits and keep them easily accessible.

EMS Week also recognizes the numerous ways EMS providers make a difference. It emphasizes the life-saving endeavors of EMS providers and the ways in which they improve the quality of life for all of us.

ACEP is the organizational sponsor of the annual campaign, along with the National Highway Traffic Safety Administration (NHTSA). Throughout EMS Week, state and local activities will be held honoring EMS providers (paramedics, emergency medical technicians, first responders, fire fighters, and the police). EMS providers will also educate the public about injury prevention, safety awareness and medical emergencies.

Many activities are scheduled during EMS Week, both in Washington, DC, and throughout the country. One you may have heard about is the restoration of **Squad 51**, the emergency unit used for the popular television show "Emergency!" that aired in the 1970s. The show generated interest within communities to spawn a mobile-based care unit, as well as creating the desire in many young people to become paramedics themselves. Who would have guessed that the humble beginnings of the Mobile Intensive Care Unit would evolve into one of today's most recognized emergency based services, and one that is used most routinely by millions of people.

The restoration of Squad 51 included equipping the vehicle with the original medical equipment and

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Why Are You EMS Physicians Against Progress?

Recently, one of our board members told me that he had been challenged at a meeting by a leader in emergency medicine research in cardiac activities regarding why EMS physicians were always against progress. This was asked in the context of a discussion about the implementation of 12-lead ECGs in the out-of-hospital setting.

This comment caused me a lot of distress and led to a lot of thinking about this issue. The NAEMSP has been accused over the past months of not embracing many of the “innovations” that are being proposed for the EMS environment ... why are we being “so resistant” to moving forward?

As I was sitting in the 2000 Emergency Medical Services for Children (EMS-C) Congress, the answer occurred to me. All of us in EMS (including medical directors) are sitting in the crossroads of all the special interest groups of the patients for whom we provide care (I use the term “special interest groups” affectionately). We care for patients of all ages (adults, pediatrics, adolescents, geriatrics) – trauma patients, cardiac patients, stroke patients, patients with other medical problems, patients with psychosocial problems, patients with special health care needs, and patients with nonurgent health care needs. Each of those groups of patients has a strong following of medical professions focusing only on their issues and strongly promoting the needs and issues of their specific patient groups. This is as it should be.

However, we in leadership roles of EMS systems must try to address the needs and wants of all of those groups at the same time. In an ideal world, where there is all of the money and resources needed for all of these wants, we might be able to incorporate all of the equipment, medications and training needed to fill those requests. We could buy all of

the automated external defibrillators (AEDs) we need; we could buy all of the 12-lead ECGs that we need; we would not have to worry about paying for training programs; we could make sure that all ambulances have all of the medications we might want ... if it made scientific sense to do that.

Unfortunately, we don't live in that ideal world, and we don't have all of the money needed to accomplish those things! And, the way things are going in health care, those financial resources are becoming even more and more limited. Honestly, in some cases it may not make sense to implement everything requested, even if we had enough money to do so.

So, what does that mean? What finally occurred to me is that we have to look at all of the needs and wants of all of the patients using the EMS system and the potential resources available and find ways to do the most good for all of the patients with whom we are faced. We have to triage our EMS system's needs and wants!

That's a tough one. There is increasing emphasis on making decisions in emergency medicine based on review of the science supporting or not supporting our decisions. That evidence-based decision-making philosophy also applies to EMS. The NAEMSP Board of Directors is strongly committed to that philosophy. Unfortunately, as we all are aware, there is not much solid scientific evidence upon which to make these decisions. Because of that, we are sometimes faced with using “intermediate” outcomes as one of the considerations. In fact, some of those intermediate outcome measures may ultimately lead to a much higher cost to the health care system in total without significantly affecting final patient outcome. We sometimes consider EMS interventions to solve problems that may, in truth, be a problem with other



Jon Krohmer, MD

aspects of the health care system, i.e., using the EMS system to try to solve an emergency department or in-hospital problem that should be corrected. We have to learn from past lessons ... like the MAST issue. A good idea, not proven. It is our responsibility to make sure that patients get good care in the out-of-hospital setting and are not exposed to unproven, untested “good ideas.”

So, that means that we in the EMS community (particularly medical directors) have to look at the whole picture of the needs and wants of all patients we serve (and those special interest groups working for their needs and wants). That means there are times when we will not be able to accommodate all of the issues of the special patient groups, and we have to triage. It's not that we are not supportive or want to impede growth and development of EMS or patient care in general. Quite the contrary, we continue to be committed to the overall growth and development of our field of endeavor. ★

Well, I did it!

In the last issue of the newsletter, I outlined many of the other EMS professionals with which the medical director interacts very closely. In the article, I mentioned that there was probably going to be some group that I neglected to include. Well, I was right! In my haste to get this in to meet the editor's deadline, I forgot to include “EMS educators” in the discussion. That was quickly pointed out to me.

I can't believe that I did that, but I did! Obviously, there is (and must be) a very close interaction with educators and medical directors. There is a natural relationship there, as it should be.

To those with the responsibility for educating EMS personnel, my apologies for this oversight. Thanks for pointing this out to me.

Jon Krohmer, MD

NAEMSP 2001 Annual Meeting

Sanibel Harbour Resort & Spa,
Fort Myers, Florida ■ January 18-20, 2001

The following is a draft preliminary program of NAEMSP's January 2001 Annual Meeting. Please note that topics and times are subject to change. The program will continue to be published in this newsletter as it evolves. You can also watch our Web site at www.naemsp.org for updates and more information. The preliminary program will be mailed to all NAEMSP members in October.

Don't miss this opportunity to participate in these exceptional educational offerings and to network and socialize with your colleagues at this outstanding location. Situated on its own private peninsula, the Sanibel Harbour Resort & Spa boasts three swimming pools, water sports, tennis and a world-class spa amid 80 acres of unspoiled natural beauty. The resort is located just 19 miles or about 25 minutes from SW Florida International Airport. Reservations can be made at (800) 767-7777. Visit the Sanibel Harbour Resort & Spa's Web site at www.sanibel-resort.com.

Various pre- and post-conference workshops will also be held, including the **NAEMSP National EMS Medical Directors Course**, the leading EMS medical director educational course.

Saturday, January 13

1:00 p.m. – 5:00 p.m. Medical Directors Course

Sunday, January 14 & Monday, January 15

8:00 a.m. – 6:00 p.m. Medical Directors Course

Tuesday, January 16

8:00 a.m. – 1:00 p.m. Medical Directors Course
8:00 a.m. – 9:00 a.m. NAEMSP Finance Committee Meeting
9:00 a.m. – 5:00 p.m. NAEMSP Board of Directors Meeting

Wednesday, January 17

Pre-Conference Activities

8:00 a.m. – 1:00 p.m. Medicolegal Workshop
8:00 a.m. – 5:00 p.m. NAEMSP Research Workshop
8:00 a.m. – 5:00 p.m. CONTOMS (or equivalent) Medical Directors Course
12:00 noon – 5:00 p.m. Operational Field Exercise
5:00 p.m. – 7:00 p.m. Committee Meetings – TBD
8:00 p.m. – 9:30 p.m. New Member Reception

Thursday, January 18

Conference Sessions

7:00 a.m. – 9:00 a.m. Committee Meetings – TBD
9:00 a.m. – 10:00 a.m. Introduction and Welcome, President's Address and NAEMSP Business Meeting
10:00 a.m. – 11:00 a.m. C.J. Shanaberger Memorial Lecture and Keynote Address
11:00 a.m. – 11:15 a.m. Break
11:15 a.m. – 12:15 p.m. Research Presentations #1
12:15 p.m. – 1:30 p.m. Lunch on own or possible sponsored luncheon
Seminar on Medical Direction
1:30 p.m. – 2:00 p.m. Attributes of the Successful Medical Director (Bailey)
2:00 p.m. – 2:45 p.m. Medicolegal Issues for the EMS Medical Director (Hall)
2:45 p.m. – 3:00 p.m. Break
3:00 p.m. – 3:45 p.m. Medical Direction Practices (Racht)

3:45 p.m. – 4:00 p.m. Panel Discussion
4:00 p.m. – 5:00 p.m. Standards and Clinical Practice Committee Position Development Forum #1
5:00 p.m. – 6:00 p.m. Moderated Poster Session #1
6:00 p.m. – 8:00 p.m. Welcome Reception

Friday, January 19

7:00 a.m. – 8:00 a.m. Committee Meetings – TBD
8:00 a.m. – 9:00 a.m. Research Presentations #2
9:00 a.m. – 10:00 a.m. Research Project: Prehospital Treatment of Status Epilepticus (Corry)
10:00 a.m. – 10:15 a.m. Break
10:15 a.m. – 11:45 a.m. EMS System Showcase (Blackwell)
10:15 a.m. – 10:45 a.m. Rural
10:45 a.m. – 11:15 a.m. Urban
11:15 a.m. – 11:45 a.m. International
11:45 a.m. – 12:30 p.m. Standards and Clinical Practice Committee Position Development Forum #2
12:30 p.m. – 1:30 p.m. Lunch on own
1:30 p.m. – 2:30 p.m. Medical Response to Hurricane Floyd (Sahni/March)

This afternoon is free to enjoy this beautiful location! Be sure to return for the moderated poster session beginning at 5:00 p.m. and the themed social event following at 6:00 p.m.

5:00 p.m. – 6:00 p.m. Moderated Poster Session #2
6:00 p.m. – 8:00 p.m. Themed Social Event

Saturday, January 20

7:00 a.m. – 9:00 a.m. Committee Meetings – TBD

9:00 a.m. – 12:30 p.m.

Track I Advances in Prehospital Airway Support

9:00 a.m. – 10:00 a.m. Research Presentations #3
10:00 a.m. – 10:45 a.m. Capnography (Wayne)
10:45 a.m. – 11:00 a.m. Break
11:00 a.m. – 11:30 a.m. Alternative Airway Adjuncts
11:30 a.m. – 12:15 p.m. Rapid Sequence Induction Programs – Review and Implementation Strategies
12:15 p.m. – 12:30 p.m. Panel Discussion

Track II Preparedness Initiatives for Urban Terrorism

9:00 a.m. – 10:00 a.m. Research Presentations #4
10:00 a.m. – 10:45 a.m. Hospital Preparedness for Hazardous Materials Multiple Casualty Incident (John Hoyle, Capt., USPHS)
10:45 a.m. – 11:00 a.m. Break
11:00 a.m. – 11:45 a.m. Chemical and Biological Agent Monitoring and Detection (David Franz, DVM, PhD)
11:45 a.m. – 12:15 p.m. Response System Designs (Guillermo Pierluisi, MD, MPH)
12:15 p.m. – 12:30 p.m. Panel Discussion
12:30 p.m. – 1:30 p.m. Awards Luncheon

1:30 p.m. – 2:30 p.m.

Track I Prehospital Education

1:30 p.m. – 2:30 p.m. Principals of Competency-Based Prehospital Education
2:30 p.m. – 3:30 p.m. Alternative Continuing Education Delivery Methodology
3:30 p.m. – 4:00 p.m. Break
4:00 p.m. – 5:00 p.m. EMS Education for Resident Physicians (Perina)

Track II Prehospital Equipment Evaluation

1:30 p.m. – 2:30 p.m. Portable Ventilators
2:30 p.m. – 3:30 p.m. Hemodynamic and Other Physiologic Monitors
3:30 p.m. – 4:00 p.m. Break
4:00 p.m. – 5:00 p.m. Ambulance Designs and Safety (Forrey)

Sunday, January 21

8:00 a.m. – 11:00 a.m. President's Council Meeting
8:00 a.m. – 5:00 p.m. Incident Command System (ICS) Course
11:00 a.m. – 3:00 p.m. Board of Directors Meeting



National Association of EMS Physicians
Annual Meeting
January 18-20, 2001
Sanibel Harbour Resort and Spa, Fort Myers, Florida

Call for Abstracts and Submission Rules

GENERAL INFORMATION

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentations at the NAEMSP 2001 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show in Fort Myers, Florida. Authors are urged to submit original work involving EMS or resuscitation research. The full spectrum of out-of-hospital and resuscitation research will be considered including basic science, clinical, health services research, epidemiological, operational, economic, and educational studies. Physicians, research scientists, out-of-hospital care providers, and administrators are all encouraged to submit their work.

All abstracts will be reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP Research Committee. Papers will be selected for oral and for poster presentation, with exact numbers in each category to be determined by the number of submissions, time and space limitations at the meeting venue, etc. All selected abstracts will be published in *Prehospital Emergency Care*, the official journal of NAEMSP. Manuscript submission to *PEC* is encouraged, but right of first refusal is not required. Research submitted for consideration may not have been published previously, though prior presentation within 90 days of the meeting is acceptable.

Oral presentations will consist of a 10-minute platform presentation, followed by five minutes for questions and answers. A moderated poster session will supplement the display of poster abstracts. Cash awards will be given for Best Resident/Fellow Presentation, Best Scientific Presentation, Best Poster Presentation, and Best EMS Provider Research Presentation. Awards will be presented at the meeting.

ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY. To do so, visit NAEMSP's Web site at www.naemsp.org. An exception to the electronic submission format is submissions from outside of North America. Those submissions may be faxed to (913) 541-0156. See the FAX SUBMISSION RULES in this document for faxing rules.

Abstract Deadline is Friday, September 8, 2000. Abstracts must be received electronically by midnight Central Time on Friday, September 8. No exceptions will be granted.

Questions can be directed to the NAEMSP Executive Office at (800) 228-3677.

ELECTRONIC SUBMISSION RULES

1. Abstracts must be submitted electronically, with the exception of submissions from outside of North America, which may be faxed.

2. Without exception, submissions must be received at the NAEMSP Executive Office in Lenexa, Kansas by midnight, Central Time on Friday, September 8, 2000. Late submissions will not be considered.
3. To ensure blinding, no identifying information should appear in the abstract.
4. The abstract must include:
 - a. Statement of purpose or hypothesis, with other brief introductory material as needed.
 - b. Statement of methods, to include such information as design, setting, participants/subjects, interventions/observations, etc. as needed to clearly demonstrate how the study was carried out.
 - c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc.) to reach conclusions.
 - d. Statement of conclusions reached, with important limitations if needed.

FAXED SUBMISSION RULES (only for submissions from outside of North America)

1. Without exception, submissions must be received at the NAEMSP Executive Office in Lenexa, Kansas by midnight, Central Time on Friday, September 8, 2000. Late submissions will not be considered.
2. Abstracts should be typed using a fixed (not proportional) font such as Courier, within a box measuring 7.0" wide X 8.0" high. Horizontal dimensions must not exceed 12 characters per inch (please note that a "12 point" font is not necessarily 12 characters per inch). Vertical dimensions must not exceed 3 lines per inch (a maximum of 24 double-spaced lines), or with a combination of double-spaced text and single-spaced tables. Tables may be used and may be single-spaced, but must be of the same typeface as the body of the abstract. No illustrations, references, or names of institutions of authors are permitted in the abstract. Avoid bold print, underlines, etc. All text must fit within the box, which is 7.0" wide and 8.0" high. Authors unsure whether their abstracts conform to the submission rules may fax a "trial" submission to NAEMSP prior to the deadline. Abstracts not meeting the criteria may be resubmitted, but must be received prior to the deadline and meet all other submission rules. Please note that using electronic Web-based submission eliminates the need for the above typesetting rules.



3. To ensure blinding, no identifying information should appear in the abstract. Authors must provide a cover letter indicating the title of the work; names and academic degrees of all authors; institutions/affiliations of all authors; mailing address for the corresponding author (including phone, fax, and e-mail if possible); information regarding prior presentation (permitted within the preceding 90 days); a statement certifying that the research has been approved by an institutional review board or animal/human subjects protection committee where appropriate; and a statement of commitment to attend the NAEMSP Annual Meeting to present the abstract if selected.
4. The abstract must include:
 - a. Statement of purpose or hypothesis, with other brief introductory material as needed.
 - b. Statement of methods, to include such information as design, setting, participants/subjects, interventions/observations, etc. as needed to clearly demonstrate how the study was carried out.
 - c. Summary of results presented in sufficient detail to support conclusion, with brief mention of statistics used (p values, confidence intervals, etc.) to reach conclusions.
 - d. Statement of conclusions reached, with important limitations if needed. ★

Call for International Posters

GENERAL INFORMATION

The National Association of EMS Physicians is now accepting abstract submissions for review for an international poster session at the NAEMSP 2001 Annual Meeting to be held at the Sanibel Harbour Resort & Spa, Fort Myers, Florida. The purpose of this poster session is to educate attendees about various models of EMS delivery, encourage networking and information exchange among EMS professionals from various countries, and provide a venue for dissemination and discussion of information about innovative EMS projects. Authors are encouraged to submit abstracts describing large (national or regional) non-U.S. EMS systems for consideration for presentation. All abstracts will be reviewed and scored in a blinded fashion by a subcommittee of the NAEMSP Program Committee, and submissions will be selected based on content, educational value, and space limitations at the meeting venue. Following the standard editorial review process, and as space permits, selected abstracts may be published in the January 2001 issue of *Prehospital Emergency Care*, the official journal of NAEMSP. Presenting authors will be responsible for costs involved in travel to the conference, lodging, registration, etc.

STRUCTURE

The abstract may be a general description of an EMS system, or may focus on a specific aspect of the system, such as medical oversight, integration with the overall health care system, or development of a unique program. The usual research abstract format (objectives, methods, results, conclusions) is not required, and authors are requested instead to format the abstract in such a way as to provide maximal organization and information to the reader. There are no required section titles or subheadings, but general information in the following categories is requested:

1. Essential parameters of your nation/region: estimated population and demographics, and a brief description of the geography, including square kilometers covered by the EMS system.

2. Basic description of the prehospital care system: number and type of ambulance services and ambulances, number and levels of training/certification for prehospital personnel, annual call volume, medical direction and involvement of EMS physicians, and legislation or regulation of the system.

A more detailed template of information required on the poster is available; however, only the more abbreviated information listed previously is required to appear in the abstract.

SUBMISSION RULES

Electronic submission via the Internet is strongly encouraged, using NAEMSP's Web-based abstract form, onto which a word processing document may be pasted. Abstracts must be limited to 2,000 text characters, including all punctuation, spaces, abbreviations, etc. Tables are acceptable, as long as the total character count does not exceed 2,000. The Web form will not accept an abstract of more than 2,000 characters, and a button is provided to test the number of characters. To ensure blinding for the review process, no illustrations, references, or names of institutions or authors are permitted in the abstract, though names of countries and cities are permissible. If Internet submission is not possible, fax submissions will be accepted (913/541-0156), with the same 2,000 character limit. If submitting by fax, use double spacing (no more than three lines per inch) for the body of the paper and no more than 12 characters per inch. Single spacing is acceptable for tables. Authors using fax submission must also send a cover letter indicating the title of the work; names and academic degrees of all authors; institutions/affiliations of all authors; mailing address for the corresponding author (including phone, fax, and e-mail if possible); and a statement of commitment to attend the 2001 NAEMSP Annual Meeting to present the abstract if selected. (Internet authors will find all of this information requested on the Web form.)

Abstract deadline is midnight, Central Time, Friday, September 8, 2000. Questions can be directed to the NAEMSP Executive Office at (800) 228-3677 or info-naemsp@goAMP.com. ★

EMS Week Events

Maryland

The highlight of EMS Week in Maryland is the statewide EMS "Stars of Life" Awards presentation. The Maryland Institute for Emergency Medical Services Systems (MIEMSS), the state-led EMS agency, honors men and women across Maryland who have contributed to the state's EMS system. Award categories include: *Maryland Star of Life* (given to EMS personnel for an outstanding rescue); *Maryland EMS Citizen* (given to a non-EMS person demonstrating quick thinking, fast action and heroism); *EMS Provider of the Year* (given to a provider who has made outstanding contributions to the EMS system in areas such as quality assurance, public or EMS education, prevention, delivery of EMS services, or new technology); *Emergency Medical Dispatcher of the Year*; *Outstanding EMS Program* (for an innovative approach to reducing death and disability); *Leon W. Hayes Award for Excellence in EMS* (given to an individual committed to improving patient care, education and prevention in EMS); and *Emergency Medical Services for Children* (for making the difference in the outcome of an incident involving children).

On a local level, EMS providers celebrate with activities such as open houses, health fairs, visits to schools, fire and rescue equipment demonstrations, teddy bear clinics, simulated crashes and rescue demonstrations, and CPR training. This year Maryland's EMS Region III, which consists of Baltimore City and Baltimore, Howard, Anne Arundel, Harford and Carroll counties, is planning numerous activities for EMS Week. Their events include the following:

- EMS Olympics featuring a skills competition for ALS and BLS teams.
- Bike Medic Rodeo with activities such as obstacle courses, precision-maneuvering events, and timed response and patient care competitions.
- An EMS Week demonstration and displays at Baltimore's Inner Harbor area.
- An EMS Golf Tournament to benefit EMS training and prevention activities of the participating organizations.
- An EMS Millennium Celebration featuring an EMS Olympics Awards ceremony, dinner and dance.
- A Prevention Parade and Festival in Baltimore.

Minnesota

Regions Hospital EMS in St. Paul, Minnesota, will hold their 8th Annual EMS Vehicle Wash and Barbecue on Tuesday, May 16. Doctors and other hospital staff will be washing ambulances and other rescue apparatus to show their appreciation to local EMS agencies. Door prizes donated by EMS vendors are raffled off for EMS personnel as they are treated to a barbecue. Last year over 40 police/fire/EMS vehicles were washed during this event!

CALIFORNIA CORNER

John F. Brown, MD, President,
EMS Medical Director's Association of California

California's EMS organization is based upon a decentralized state model, with the EMS Authority located in Sacramento as the regulatory body reporting to the EMS Commission. Local EMS agencies provide regulatory oversight for each county in the state. The EMS Medical Director's Association of California (EMDAC) is an organization of Local EMS Agency Medical Directors, along with medical directors of statewide EMS providers, such as the California Highway Patrol and American Medical Response.

EMS trends currently affecting California include a high rate of emergency department utilization with resulting ambulance diversion, increasing constraints on prehospital care reimbursement, emergency department closures, lack of integration of prevention programs with EMS systems, and a paucity of data and data analysis to drive decision making. In answer to these issues, the state EMS Authority has developed a Vision Process that incorporates stakeholders at many levels in an attempt to develop collaborative solutions to these problems and avoid costly and potentially counter-productive legislative initiatives. I currently sit on the prevention/outreach group, and we are developing a registry of prevention programs with public access and recommendations for integration of prevention methodologies into EMS practice.

Current "hot-button" topics in the state include whether or not to authorize the use of amiodarone; which type of airway management to utilize for children; what the technique of choice should be to back up needle cricothyroidotomy in patients with difficult airways; what the criteria should be for emergency departments to receive pediatric cases; and to what degree can treatment protocols be standardized across the state. Major studies just finished or in progress include the Prehospital Treatment of Status Epilepticus and the use of Rapid Sequence Intubation for head trauma patients in the field by paramedics. We await the new AHA guidelines for ACLS with anticipation and a certain degree of dread. ★

EMS WEEK EVENTS

If you have an EMS Week event you would like to let our members know about, e-mail it to us at info-naemsp@goAMP.com. Items submitted by the May 27 deadline will be published in the July issue of *NAEMSP News*. Photographs are encouraged.

New Design for NAEMSP Web Site

If you have been to our Web site lately, you have seen the redesign that is in progress. This is the work of one of our volunteer members, Dr. Steve Weiss, a member of the Technology Task Force. The task force has been exploring ways to update and improve the Web site to better service our members along with the staff. While this has been in progress, we have heard from some of you that the site has been somewhat confusing, and we apologize for any inconvenience you may have experienced. We have integrated the "two" sites that were in place into one, easier to navigate site. We will continue to work on the redesign of the site to make it more user-friendly.

Another area on our Web site under development is a "Members Only" area, which will include information available only to members, such as newsletters, membership directories, and eventually, online renewal. You may have noticed the "Members Only" password on the site. Until now, no information was posted to this area, so no password was necessary. However, we have recently posted the January and March newsletters on the site. You must be a member to view these newsletters online, and the **current password to access the Members Only area is: Sanibel (you must use a capital S with the rest of the letters in lower case)**. Once entered, click on the "Member Services" button under Services at the top of the page. Please remember that this password and posted information is for NAEMSP members only. We ask that you not give this password to nonmembers, as they have not paid for the benefits as you have.

For future improvements, the Technology Task Force and executive office staff are working with a professional Internet Service Provider (ISP) to develop a more official Members Only area with individual passwords for each member, a much more secure route to take. Members will each be sent individual passwords when that feature is available. We are also working with the ISP to further redesign the Web site to enhance some features and update the appearance. Watch for these exciting changes to take place in the next few months.

wardrobe used in the series. It will be a part of several national events around the country for viewing. Television show stars Randy Mantooth (Johnny Gage) and Kevin Tighe (Roy DeSoto) will be touring with the vehicle on many of the stops. Visit the Squad 51 Web site at www.squad51.org for information on tour locations. The tour will culminate during EMS Week when Mantooth and Tighe will be in Washington, DC. Artifacts from the show, donated by Universal Studios, will be accepted by the Smithsonian Institution on May 16 and be on permanent display thereafter.

NAEMSP is proud to be a partner with ACEP in distributing information about EMS Week. NAEMSP is a 3rd Alarm sponsor of the Squad 51 restoration.

Another event is the **EMS Memorial Service**, which will be conducted on May 27, 2000, at 7:00 p.m. EDT, in Roanoke, Virginia. This year 27 EMS providers from eight states will be honored. Since the Memorial Service was established in 1993, a total of 168 providers from 39 states have been recognized. Approximately 750 EMS providers and family members from across the nation are expected to attend this sixth annual national event. The names of the honorees will be engraved on individual brass leaves that become part of the "Tree of Life," a permanent memorial to EMS personnel who died in the line of duty. The service and permanent memorial are the only ones of their kind dedicated solely to EMS personnel. Visit the Memorial Service's Web site at www.naemt.org/nemsms for more information on the ceremony and this year's honorees.

The **National Moment of Silence** is a project of the National EMS Memorial Service, which offers EMS providers and agencies around the nation the opportunity to join with those in attendance at the National EMS Memorial Service in honoring and remembering those members of our nation's emergency medical services who have made the ultimate sacrifice and given their lives in the line of duty.

The National Moment of Silence seeks voluntary participation by all EMS providers, agencies and emergency communications centers in observing a moment of radio silence time to coincide with the moment of silence observed during the actual service held annually in Roanoke. Participating agencies are provided with a "suggested script" outlining the time of the moment of silence, set this year for 20:00 hours EDT, Saturday, May 27, 2000. While the suggested length is 60 seconds, participants are free to adjust that to meet the specific needs of their service areas.

Agencies wishing to participate may download an information packet from the Memorial Service Web site at www.naemt.org/nmos. ★

NAEMSP Welcomes New Members



Warner Anderson, MD
Carl Bottorf, RN
Renee Foutz
Robert French, MD
Andrew Garrett, MD, EMT
Derrel Graham, MD, FACEP
Deborah Haliscak, RN
William Hall, MD, EMT-P
Todd Hayward, DO
William Heegaard, MD

Christopher Hugo, MD
Christopher Kahn, EMT-1A
Clayton Kazan, EMT
Philip Moran, MD
Eric Mowatt-Larssen, MD
Adam Oplinger, NREMT-P
Gary Orlow, EMT, JD
Julie Shamas, MD
Someshwar Sharma, EMT-P
David Simpson, DO

Allen Sims, EMT-P
Douglas Stafford, MD
David Stuhlmiller, MD
Cyril Walsh
Donald Walsh, PhD, EMT-P
Daniel Weeks, DO
Scott Weir, MD
Bruce Whitman, DO

Committee Reports

Education Committee Develops New Base Station Course

Ed Dickinson, MD, Chair

The EMS Education Committee has completed the Base Station Physicians' Course, and the program is currently being formatted for distribution. The course is designed to be of use to all physicians who provide online medical direction to prehospital providers. It is a modular course that can be used in its entirety as the basis for a formal base station course or on a section-by-section basis to augment other educational programs and learning.

The sections include:

- History of EMS.
- Prehospital Providers (including levels of certification, training and skills).
- Communications.
- Base Station Physician Interaction with EMT-B's (in keeping with the revised DOT EMT-B curriculum).
- Medical-Legal (aspects of medical direction and base station operations).

The course is expected to be available on CD-ROM by late May. Contact the NAEMSP Executive Office at (913) 492-5858, ext. 448, for more information or an order form. ★

EMS Fellows and Fellowship Graduates Committee

Kim Mitchell, MD, Chair

The EMS Fellows and Fellowship Graduates Committee met for a very productive two hours at the January 2000 Dana Point gathering of NAEMSP. As usual, the meeting was well attended with over 20 interested participants in spite of the early hour. The session began with a review of a Power Point presentation authored by various committee members and organized into an "Introduction to Emergency Medical Services" by Dr. Carl Goodman. Members agreed that the first draft of the presentation represented a strong foundation to build upon. The underlying tone, however, seemed to be one of education rather than recruitment. Key questions to be addressed in future revisions of the program include motivation for pursuing fellowship, benefits of fellowship training and the daily operational aspects of the fellowship year(s). Discussion shifted to newer technology such as the Internet and the potential for posting this recruitment information on a Web site free to fellowship candidates, with paper copies available for those without Internet access.

Next, the committee tackled the issue of an EMS fellowship registry to track past and present fellows, as well as their present locations and positions. Scattered information is available from various sources, but the committee would like to act as a clearinghouse for this information. We look forward to cooperating with the Fellowship Directors Committee to determine the optimal means of maintaining an up-to-date database of fellowship-trained EMS physicians.

The issue of subspecialization of EMS again reared its head. Objections to the request for subspecialty status were reviewed, especially the belief that EMS does not represent a unique body of knowledge. The committee entertained suggestions to address the issues including developing a standard curriculum for EMS fellowships, furthering efforts to define the uniqueness of EMS, and modeling future attempts at subspecialization upon disciplines that have already achieved that goal. We were reminded that this is a long-term goal, especially in the current climate that does not favor subspecialization.

The meeting closed on a note of optimism. Many enthusiastic committee members are working on the issues raised at the annual meeting. We hope to be in contact again in the next few months to discuss progress and future direction, and we heartily welcome any input from our colleagues in NAEMSP. ★

Nominating Committee

Robert Swor, DO, Chair

Two NAEMSP Board of Director Physician Member-at-Large positions and one Professional Member-at-Large position will be open as of January 20, 2001. **Nominations are being solicited now for individuals interested in running for these positions.** The Nominating Committee will hold a conference call to name the nominees in June. If you are interested in running for one of these positions or need more information, contact me at raswor@aol.com. ★

Research Committee

Michael Sayre, MD, Chair

The Research Committee has elected to continue with the all-electronic abstract submission process this year. By the time you are ready to submit abstracts, we plan to have an updated electronic form. To assist in this project, we will be using the same Web development firm (www.new-innov.com) as last year.

Some changes will be made in the scoring system. First, we want to make sure that the research is of interest to **you**, our audience. Second, we want to give higher priority to stronger study designs. For example, a randomized clinical trial will score higher than a survey. Of course, if few randomized clinical trials are submitted (and few have been in the past), then submitted designs will be graded accordingly.

As the number of abstract submissions has continued to increase, we are seeking additional reviewers to spread the work around. The review process is completely Web based. Reviewers will spend an estimated four to eight hours over a week-long period reviewing abstracts. They will also need to be connected to the Internet during the review process. If you would be willing to serve as an abstract reviewer, please e-mail me at Michael.Sayre@uc.edu. I will contact you in the late summer.

I hope that you are involved in research and plan to submit an abstract to our next meeting. You can also encourage paramedics, medical students or residents to perform research and submit it to the meeting.

If you have any questions or concerns about the process, please contact either me (513/558-4995 or Michael.Sayre@uc.edu) or Lynn White (Lynn.White@worlnet.att.net). ★

Tactical EMS Task Force

Joseph J. Heck, DO, FCOEP, Chair

The Uniformed Services University, Casualty Care Research Center (CCRC) will present the 4th Annual International Tactical EMS Symposium in Arlington, Virginia, June 10-11, 2000. This year's theme is "TEMS 2000 – Combating Terrorism." The first day of the conference will focus on crisis management, while the second day will concentrate on consequence management. The **NAEMSP Tactical EMS Task Force** will hold its semi-annual meeting in conjunction with this event. For further information, contact CCRC at (301) 295-6263, visit the CCRC Web site at www.usuhs.mil/ccr/ccr.html, or contact me at rescuedoc@aol.com. ★

OSHA's Proposed Ergonomics Standard Is Flawed; More Research Needed on MSDs

Editorial Submitted by Steve Haraczak, Executive Vice President, American Ambulance Association

Note: This editorial expresses the views of the American Ambulance Association and not necessarily those of NAEMSP.

Background

In February 1999, the Occupational Safety and Health Administration (OSHA) issued the first working draft of a proposed ergonomics program standard. Ergonomics is a relatively new science that involves fitting a job, a workspace and equipment to the physical limitations of the worker doing the job.

According to OSHA, the objective of the proposed ergonomics standard is to reduce or eliminate the number and severity of specific types of workplace injuries, called musculoskeletal disorders (MSDs). These MSD injuries include strains, sprains and tears, back pain, soreness and hurt back, carpal tunnel syndrome, hernia and connective tissue diseases and disorders. Overexertion, a repetitive motion or bodily reaction (such as bending, climbing or crawling) often causes these MSD injuries.

The proposed OSHA ergonomics standard would require employers to set up an ergonomics program in their workplace to identify and control hazards that are reasonably likely to be causing or contributing to work-related musculoskeletal disorders (WMSDs). Other key elements of an ergonomics program are job hazard analysis, employee training and medical management.

The American Ambulance Association (AAA), which represents almost 900 ambulance operations providing emergency and non-emergency medical transportation services, views prehospital care not only as a public service, but also as an essential part of the total health care system. Thus, the AAA feels strongly about the negative impact of OSHA's proposed ergonomics program standard on our membership and their continued provision of ambulance transport services to the communities they serve.

The AAA and its members work hard to promote employee safety, but we cannot support OSHA's proposed standard on ergonomics. If it is used as the basis for a final rule, the AAA believes the standard will not result in a decrease in MSDs in our industry, but will greatly increase costs and create severe economic consequences for the ambulance industry.

First, the AAA believes that no ergonomics standard should be implemented until the

National Academy of Sciences (NAS) research, as called for by Congress in 1998, is complete and available for review. However, this study, which is integral to the promulgation of OSHA's ergonomic rule, will not be completed until 2001. In addition, the National Institute for Occupational Safety and Health's (NIOSH) own review of literature found that available studies have not determined either the causal mechanical factors involved or the full clinical spectrum of the reported musculoskeletal disorders. The inability of OSHA to consider relevant scientific information, as mandated by Congress, in the review of this ergonomic program standard is wrong. OSHA should postpone issuing the proposed rule now and reopen the comment period when the NAS study is complete.

However, if OSHA decides to go ahead and implement the proposed ergonomics standard, the AAA believes that the ambulance services industry should be exempt from compliance. This is because the ambulance industry has virtually all the same work conditions and factors present in the industries (agriculture, construction and maritime operations) that OSHA has chosen to exempt from the rule. Ambulance field employees work in an environment totally beyond the control of their employers; therefore, it is unreasonable to expect the ambulance industry to be able to comply with the proposed standard in those settings.

Ambulance providers already actively seek to protect their employees from injuries, lifting and back injuries in particular. This ergonomics standard would create unnecessary burden and expense for ambulance providers and would not provide ambulance EMTs and paramedics with any more protection than they already receive. In addition, the cost to implement the standard is not economically feasible for the ambulance industry, as the industry has limited ability to pass on costs to consumers due to rate control under government health insurance programs.

Also, since OSHA standards do not apply universally to state and local governments, this proposed standard would put the private ambulance industry at a disadvantage with its state and local competitors. Because a great deal of ambulance operations in the U.S. are provided by local governments through their paid or volunteer fire departments or other designated EMS agencies, local governments compete directly with private ambulance services. If private ambulance services must comply with this standard or risk an OSHA citation, while local government ambulance providers are

not required to comply and face no threat of citations, the local government ambulance provider will experience a marked competitive advantage over the private ambulance service.

Back pain can be a problem in the ambulance industry, but the AAA cannot agree with the assumption that back pain is a covered MSD. Back pain usually has a multitude of causative factors. To assume that back pain or an injury is work-related is to ignore all the other causes of back pain and/or injury. Any standard that is implemented must provide employers with the protection of being able to distinguish between work-related and non-work-related musculoskeletal disorders. Right now there is no true "bright line" to define when an employer has eliminated or substantially reduced MSD hazards.

The proposed OSHA standard also is unreasonable because an employer could be forced into expensive interventions to see if they will work, when there is no evidence that they ever will. The proposed controls – especially the trigger of one reported MSD – will not lead to preventing injuries.

The AAA also believes the standard's requirements for medical management of MSDs would inappropriately inject the employer into the doctor-patient relationship and create extra burdens by requiring the employer to furnish a summary of the standard's requirements to the physician.

In addition, the AAA believes that OSHA has exceeded its legal authority with its proposed "work restriction protection" (WRP). The proposed WRP undermines the existing worker's compensation system.

Clearly, the science to support going forward with this proposed ergonomics rule is lacking. The AAA believes that taxpayer funds would be better spent pursuing the answer to one basic question: How exactly does an ambulance employer protect his employees from lifting injuries in a diversity of settings?

The ambulance industry is already doing all it can to protect its workers from ergonomic injury. Ambulance employers provide extensive training to employees on proper lifting techniques. Thus, the AAA believes strongly that the time and expense of finalizing and enforcing a flawed ergonomics standard would be better spent on additional research, especially research that clearly demonstrates the cost effectiveness of implementing ergonomic programs, and the dissemination of this research information to relevant industries. ★

News From the Executive Office

Dede Gish-Panjada, Executive Director, and Beth Panther, Association Manager

We are happy to report that spring has arrived in Kansas City and hopefully in your area, too. We are looking forward to our upcoming NAEMSP Board of Directors meeting being held on Sunday, May 21, during the Society for Academic Emergency Medicine (SAEM) annual meeting in San Francisco. Since moving to only one educational meeting per year at which the board meets in person, it is important that the board members have the opportunity to meet face-to-face at least one other time during the year. This meeting time is used to set the course for the association's future and discuss future member services and philosophical and financial issues. Meeting during the SAEM conference is a great and affordable opportunity because many of our board members will already be attending.

Expose Peers to Your Scientific Research!

The "Call for Abstracts" is included in this issue. The abstract deadline date is **Friday, September 8, 2000**. We are again using the electronic-submission-only format this year, with the exception of overseas submissions, which may be faxed. The 2001 educational program schedule allows for approximately 20 oral abstract presentations. The Research Committee hopes to accept approximately 60 abstracts for poster presentations. For the first time at NAEMSP 2001, we are publishing a "Call for International Posters." Accepted posters for this submission category will be displayed during the three days of the meeting. See pages 4-5 for complete submission details on the Call for Abstracts and the Call for International Posters.

2001 Annual Conference: January 18-20, Sanibel Harbour Resort, Florida

The 2001 draft preliminary education program is included in this issue. You can see that the schedule is once again packed with excellent educational offerings and networking opportuni-

ties at social events. If you have any suggestions or comments about the program, direct them to Program Chair Dr. Tom Blackwell at tblackwell@carolinas.org. Comments from the 2000 Annual Conference evaluation forms have been summarized and forwarded to the 2001 Program Planning Committee for their consideration and potential implementation. Please remember that this is a draft program and is subject to change. As the program evolves, it will continue to be published in future issues.

Position Papers Available

We are excited to announce that NAEMSP's position papers are now available on our Web site at www.naemsp.org. In January the board voted to make these papers available to all who may wish to use them by posting them on the Web site. This allows NAEMSP's position on these important topics to be widely disseminated. The following three new papers have already been approved in 2000: "Early Defibrillation;" "Medical Direction of Interfacility Transports;" and "Acute Stroke: Implications for Prehospital Care." See the related note regarding changes to our Web site on page 7.

We Salute and Honor YOU

Last but not least, during EMS Week 2000, we wish to honor and congratulate **all of you**, our members, for the fantastic work that you do in EMS, not just at this time of the year, but throughout the entire year. We are proud to work with such fine individuals who have dedicated their careers to helping others and saving lives. We hope that your local areas are honoring you for your efforts throughout the year. Please let us know of any special events that occur in your area, and we will be sure to include them in the July issue of the newsletter. Photos are encouraged. The submission deadline for that issue is May 27. Thank you! ★

— The National Association of State EMS Directors (NASEMSD) —

The National Association of State EMS Directors (NASEMSD) was formed in 1980 as a nonprofit organization. Its mission is to provide leadership and support in developing effective EMS systems throughout the nation and in formulating national EMS policy, and to foster communication and sharing among state EMS directors.

Membership in NASEMSD NASEMSD membership offers a variety of opportunities for individuals, agencies and other organizations to participate in activities with state EMS directors. The four categories of membership include: state EMS medical director member, associate member, corporate member, and sponsoring member.

NASEMSD Annual Meeting The NASEMSD 2000 Annual Meeting will be held at the Catamaran Resort Hotel, San Diego, California, October 17-21, 2000.

Current Activities NASEMSD recently drafted its Strategic Plan, which includes goals to solidify NASEMSD's position as the national lead organization for comprehensive EMS systems and to improve services and support to its members. Strategies under the former include establishing national policy capacity for NASEMSD; identifying key issues and an internal consensus

process; and evaluating the quality of work. Strategies under the latter include enhancing education to members; increasing member participation; retaining "in-house" MCH-EMS expertise; improving communications; and providing technical assistance to state EMS offices.

The association is completing several projects under an Emergency Medical Services for Children (EMSC) Partnership for Children (PFC) contract, including a report on a recent consensus meeting on pediatric trauma issues and a report studying the feasibility of establishing a national EMS database.

NASEMSD recently was awarded a Partner in Communications (PIC) contract with the Maternal and Child Health Bureau. It is completing arrangements now to implement a staff organization structure to further PIC objectives of strengthening EMS constituents' understanding and knowledge of relevant maternal and child health issues and their impact on individual state EMS constituencies. Work is also being done to establish more effective methods of collaboration on specific maternal and child health issues.

Contact Information Information may be obtained by contacting the NASEMSD Headquarters Office at (703) 538-1799 or visiting the Web site at www.nasemsd.org. ★

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EMS Calendar

May 21, 2000: NAEMSP Board of Directors Meeting. Location: San Francisco, California. Contact: (913) 492-5858.

May 24-26, 2000: National Rural Health Association (NRHA) 23rd Annual Conference. Location: New Orleans, Louisiana. Contact: (816) 756-3140.

May 31-June 1, 2000: Medical Direction: National Standard Curriculum Pilot Test Study. Location: Fire Academy, Concord, New Hampshire. Contact: (913) 492-5858, ext. 414.

May 31-June 3, 2000: EMS Magazine Exposition. Location: Charlotte, North Carolina. Contact: (877) EMS-EXPO.

June 1-4, 2000: International Association of Fire Chiefs (IAFC): International Hazardous Materials Response Team Conference. Location: Hunt Valley, Maryland. Contact: (703) 273-9815.

June 17-20, 2000: 5th International Conference on Pediatric Trauma, Kiwanis Pediatric Trauma Institute, New England Medical Center, Memorial Hospital. Location: Vail/Beaver Creek, Colorado. Contact: (617) 636-6381 or www.pedtraumaconf.org.

June 19-21, 2000: InterMed 2000. Location: Toronto, Ontario, Canada. Contact: (514) 731-1015; e-mail: ggauthier@mpe.ca.

June 19-22, 2000: AIRMED 2000: Climbing to a Higher Level. Location: Stavangue, Norway. Contact: (011) 47 64-938999; e-mail: service@airmed.no.

August 2-6, 2000: National Conference of Family Practice Residents and Medical Students. Location: Kansas City, Missouri. Contact: (800) 274-2237.

August 25-28, 2000: Fire-Rescue International 2000. Location: Dallas, Texas. Contact: (800) 541-6058.

August 28-September 1, 2000: Navigator 2000. Location: Las Vegas, Nevada. Contact: National Academy of Emergency Medical Dispatch, (800) 960-6236.

September 7, 2000: National EMS Research Agenda National Review Team Meeting. Location: TBD. Contact: (913) 492-5858, ext. 414.

September 8, 2000: National EMS Research Agenda Writing Team Meeting. Location: TBD. Contact: (913) 492-5858, ext. 414.

September 24-28, 2000: PECEMS 2000: 5th Pan-European Conference on Emergency Medical Systems; PECEMS Foundation. Location: Izmir, Turkey. Contact: (011) 31 55 360-4490 (Neth); e-mail e.dykstra@wxs.nl.

October 17-21, 2000: NASEMSD 2000 Annual Meeting. Location: San Diego, California. Contact: (703) 538-1799.

January 18-20, 2001: NAEMSP Annual Meeting. Location: Sanibel Harbour Resort & Spa, Fort Myers, Florida. Contact: (913) 492-5858, ext. 448.

The deadline for article and advertisement submissions for the July 2000 issue of [NAEMSP News](#) is May 27.



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