



# NEWS

Newsletter of the National Association of EMS Physicians

Volume 11, No. 4

July/August 2002

## Working Together EMS and Public Health

Joseph Sabato Jr., MD, FACEP

*New Hampshire EMS Medical Control Board*

*Co-Chair, New Hampshire EMS Public Health and Safety Initiative*

At the American Public Health Association (APHA) 2000 Annual Assembly in Boston, a program session was listed as an overview of the upcoming EMS and Public Health Roundtable. The program was presented by then-President of the National Association of EMS Physicians (NAEMSP) Dr. Jon Krohmer, and Jeff Michael, PhD, of the National Highway Traffic Safety Administration (NHTSA), EMS Division. Participants were invited to attend the EMS and Public Health Roundtable Meeting in Boston two days later in conjunction with the APHA Annual Assembly. The Roundtable was a gathering of "experts in public health and emergency medical services (EMS) to identify opportunities [for improved patient care and prevention of injury]... through collaboration between local EMS and public health professionals." It was led by NAEMSP and APHA and supported by the Health Resources and Services Administration (HRSA), as well as the National Highway Traffic Safety Administration (NHTSA). I attended and I was invited back to the next two meetings of the Roundtable.

It became increasingly clear during the two subsequent meetings that although there were barriers and differences between EMS and public health, these two disciplines are complementary and not mutually exclusive. Use of the public health population based data and interventions could benefit EMS through problem identification and resource allocation. Delivery of public health services could be facilitated by

EMS through mobility and outreach. Injury prevention, surveillance, access and ambulance diversion were among the topics that emerged during the meetings as areas of mutual interest. Ironically, when the Roundtable ended in July 2001, disaster preparedness, bioterrorism and weapons of mass destruction were all areas of mutual concern documented for future development.

September 11th and the subsequent Anthrax terror galvanized national attention on the need for emergency preparedness and response. EMS, public health and public safety all intersect at the time of crisis.

When the last meeting of the Roundtable concluded, Dr. Mohammed Akhter, Executive Director of the APHA, challenged participants to bring the concept of EMS and public health working together back to their home states and communities. Noting the numerous examples that I had seen in New Hampshire on a local and statewide basis, I thought that this was a tremendous opportunity to build systematic collaboration between EMS and public health. Based upon the past injury prevention and motor vehicle safety issues in New Hampshire, public safety was invited as a key component to the New Hampshire EMS and public health collaboration. Many examples of successful public health, EMS and public safety collaboration existed in New Hampshire as in all states including: child passenger safety programs, teen driving programs,

*continued on page 9*

### Now Available

### Prehospital Systems and Medical Oversight, 3<sup>rd</sup> Edition

Kendall/Hunt publishing is offering a discount on pre-orders of *Prehospital Systems and Medical Oversight*. Ordering information is available on page 15 and on the NAEMSP website at [www.naemsp.org/products-textbooks.asp](http://www.naemsp.org/products-textbooks.asp). The textbook is scheduled for completion in early September.

#### IN THIS ISSUE:

President's Corner . . . . .	2
NAEMSP 2003 Annual Meeting-Tentative 2003 Annual Meeting Schedule . . . . .	3
NAEMSP Research Workshop . . . . .	5
Call for Abstracts and Submission Rules . . . . .	6
Position Paper Review Policy . . . . .	10
Grants Update . . . . .	11
NAEMSP Fellowship Recognition Award . . . . .	12
Call for Photographs . . . . .	12
News from the Executive Office . . . . .	13
New Members . . . . .	13
Merchandise Order Form . . . . .	14
PSMO Order Form . . . . .	15
EMS Calendar . . . . .	16

# President's Corner

A lot of Association projects and activities have come to fruition recently, and I want to take this opportunity to thank all of the individuals who have worked on those activities. It is often said that an organization is only as strong as its volunteers. NAEMSP is fortunate to have some of the most dedicated volunteers committed to doing whatever it takes to improve EMS. While there's simply not enough room to list every item and every person in this column, there are a few noteworthy projects that I'd like to mention specifically.

## National EMS Research Agenda

In June of this year, a symposium was held in Alexandria, VA to present the results of the EMS Outcomes Project and to roll out the *National EMS Research Agenda*. The *Agenda* roll out was designed to identify the next steps in the process, particularly in terms of how to implement the *Agenda's* eight recommendations. Participants included EMS professionals, medical directors, researchers, administrators, and regulators. The Research Agenda investigators, **Dr. Michael Sayre, Lynn White and Lawrence Brown**, are in the process of developing the proceedings from the symposium that will summarize the discussions and identify both the immediate and long-term activities necessary to actualize the *Agenda*. The *National EMS Research Agenda* is an important step in

the advancement of our discipline, and I thank the investigators, the writing team, NAEMSP staff, the symposium participants, National Highway Traffic Safety Administration (NHTSA), Maternal and Child Health Bureau (MCHB) and the Agency for Healthcare Research and Quality (AHRQ) for their work on and support of this project.

## Basic Medical Response to Terrorism Course Pilots

Last December, NAEMSP, the American Public Health Association (APHA) and the National Association of State EMS Directors (NASEMSD) worked with the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) to sponsor a meeting of 17 national health related organizations. The group was convened in order to identify the core competencies essential for anyone who may be involved in a medical response to terrorism. Those core competencies have since been used as the basis for the development of a draft "Basic Medical Response to Terrorism" course.

In July and August, the draft course was pilot tested in three different settings: a regional State EMS Directors Conference in Annapolis, MD; a gathering of a diverse group of health care providers in Syracuse, NY; and at the American Public Health Association



Richard C. Hunt, MD, FACEP

Headquarters in Washington, DC. We are in the process of refining the course in response to the comments received from attendees, and look forward to working with our partners to offer a course that provides a baseline level of awareness about the medical response to terrorism.

The amount of effort put into the development of this course by our members, specifically **Dr. Thomas Blackwell, Dr. Jon Krohmer, Dr. Joseph Heck, and the Casualty Care Research Center, the Terrorism Response Ad Hoc Committee members and the Operational EMS Task Force members** and the opportunity to work closely with APHA, NASEMSD, NHTSA and HRSA, has advanced the mission of our association in many ways. Thank you to all who have worked so hard on this important project.

## Grass Roots Legislative Efforts

The federal government is reviewing a \$3.5 billion dollar proposal for fiscal year 2003 that would provide for first responder training, equipment, exercises and planning. Because of the enormous impact this would have on our current EMS system, our Association's leadership has been actively involved in discussions at the federal level regarding this program. To get our message out in the most focused way possible, we called on members of NAEMSP in the districts and states of legislators most likely to influence the outcome of this proposal. We used conference call briefings to work with our members on this initiative, and e-mail and phone calls to follow-up after their conversations with legislators.

*continued on page 9*

**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).

Opinions expressed in articles in *NAEMSP News* are those of the authors and not necessarily those of NAEMSP nor the editor of *NAEMSP News*. Reproduction in whole or part is strictly forbidden without prior consent of the editor.

Copyright © 2002. The National Association of EMS Physicians.

Correspondence and inquiries should be sent directly to: **NAEMSP Executive Office**, P.O. Box 15945-281, Lenexa, KS 66285-5945; (913) 492-5858; (800) 228-3677; Fax: (913) 599-5340, E-mail: [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com), Website: [www.naemsp.org](http://www.naemsp.org)

Articles for inclusion in the newsletter must be submitted by e-mail or on diskette (WordPerfect or Word). To submit material for publication, contact the editor by telephone or e-mail.

### NAEMSP News

Cai Glushak, MD, Editor  
(773) 702-9502 • Fax: (773) 702-7182  
E-mail: [cglushak@medicine.bsd.uchicago.edu](mailto:cglushak@medicine.bsd.uchicago.edu)

### Copy Deadlines

November/December 2002 issue: September 27, 2002  
January/February 2003 issue: November 29, 2002

# NAEMSP 2003 ANNUAL MEETING

*Specialty Workshops, Scientific Assembly and Trade Show*

Marriott Bay Point Resort Village ♦ Panama City Beach, Florida ♦ January 16-18, 2003

The following is a draft preliminary program of NAEMSP's January 2003 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 website at [www.naemsp.org](http://www.naemsp.org) for updates and more information. The preliminary program will be mailed to all NAEMSP members in late September. Various pre-conference and post conference workshops will also be held, including the NAEMSP National EMS Medical Directors Course and Practicum, the leading EMS medical director educational course.

Don't miss this opportunity to participate in these exceptional educational offerings and to network and socialize with the EMS leadership and your colleagues at this fantastic resort! You can visit the Marriott Bay Point Resort Village website at [www.marriottbaypoint.com](http://www.marriottbaypoint.com). It is never too early to make your hotel reservation! Contact the hotel at (850) 236-6000 and mention you are with NAEMSP to receive the special group rate of \$110 plus tax for a single or double occupancy room.

## Preliminary Schedule of Events

### Pre-conference Activities

#### *Sunday, January 12*

1:00 p.m. – 6:00 p.m. NAEMSP Medical Directors Course and Practicum

#### *Monday, January 13*

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

#### *Tuesday, January 14*

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

8:00 a.m. – 9:00 a.m. Finance Committee Meeting

9:00 a.m. – 5:00 p.m. NAEMSP Board of Directors Meeting

6:00 p.m. – 9:00 p.m. NAEMSP Research Workshop

#### *Wednesday, January 15*

8:00 a.m. – 1:00 p.m. NAEMSP Medical Directors Course and Practicum

8:00 a.m. – 5:00 p.m. Legal Aspects of EMS Systems Management

8:00 a.m. – 5:00 p.m. Neely Conference

8:00 a.m. – 5:00 p.m. Operational Field Exercise

9:00 a.m. – 4:00 p.m. NAEMSP Research Workshop

5:00 p.m. – 7:00 p.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 4.

8:00 p.m. – 9:00 p.m. **PRESIDENT'S RECEPTION**

### Conference Activities

#### *Thursday, January 16*

7:00 a.m. – 9:00 a.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 4.

8:00 a.m. – 9:30 a.m. **CONTINENTAL BREAKFAST IN EXHIBIT HALL**

8:00 a.m. – 1:30 p.m. **EXHIBIT HALL OPEN**

8:00 a.m. – 1:30 p.m. **POSTER PRESENTATIONS OPEN: SESSION A**

### ◆ GENERAL SESSIONS ◆

8:45 a.m. – 9:00 a.m. Introduction and Welcome

9:00 a.m. – 10:00 a.m. C.J. Shanaberger Memorial Lecture and Keynote Address

10:00 a.m. – 11:00 a.m. President's Address and NAEMSP Business Meeting

11:00 a.m. – 11:30 a.m. **REFRESHMENT BREAK IN EXHIBIT HALL**

11:30 a.m. – 12:30 p.m. Research Presentations Hour #1

12:30 p.m. – 1:30 p.m. **LUNCH ON OWN**

12:30 p.m. – 1:30 p.m. **ADVOCATES FOR EMS LUNCHEON** (*additional fee required*)

12:30 p.m. – 1:30 p.m. *Prehospital Emergency Care* (PEC) Editorial Board Meeting and Luncheon (by invitation only)

### Seminar of Medical Direction

1:30 p.m. – 2:30 p.m. Disciplinary Action – The Legal Aspects: What Every Medical Director Should Know

2:30 p.m. – 3:30 p.m. Approaches to the "Toughest" Medical Director Decisions

3:30 p.m. – 4:00 p.m. **REFRESHMENT BREAK**

4:00 p.m. – 5:00 p.m. Unique Aspects and Challenges of Rural Medical Direction

5:00 p.m. – 6:00 p.m. Moderated Poster Session A

6:30 p.m. – 7:30 p.m. **WELCOME RECEPTION IN EXHIBIT HALL**

#### *Friday, January 17*

7:00 a.m. – 9:00 a.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 4.

7:00 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST IN EXHIBIT HALL**

7:00 a.m. – 3:30 p.m. **EXHIBIT HALL OPEN**

7:00 a.m. – 3:30 p.m. **POSTER PRESENTATIONS OPEN: SESSION B**



## Friday, January 17 (continued)

### ◆ GENERAL SESSIONS ◆

- 8:00 a.m. – 9:00 a.m. Research Presentations Hour #2  
9:00 a.m. – 10:00 a.m. National Preparedness – The FEMA Perspective  
10:00 a.m. – 10:30 a.m. **REFRESHMENT BREAK IN EXHIBIT HALL**  
10:30 a.m. – 11:30 a.m. Emergency Ventilation Devices for Prehospital Care  
11:30 a.m. – 12:30 p.m. Research Presentation: Issues with IRB Approval Under Emergency Exception Rule – The PAD Trial Experience  
12:30 p.m. – 1:30 p.m. **DIVERSITY LUNCHEON (additional fee required)**  
12:30 p.m. – 1:30 p.m. **LUNCH ON OWN**  
1:30 p.m. – 3:45 p.m. EMS System Showcase  
3:45 p.m. – 4:00 p.m. **REFRESHMENT BREAK IN EXHIBIT HALL**  
4:00 p.m. – 5:00 p.m. Tactical EMS Response Models  
5:00 p.m. – 6:00 p.m. Moderated Poster Session B  
6:00 p.m. – 8:00 p.m. **FRIDAY NIGHT BEACH PARTY**

## Saturday, January 18

- 7:00 a.m. – 9:00 a.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings*) – See tentative schedule on page 4.  
7:00 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST**  
7:00 a.m. – 2:00 p.m. **POSTER PRESENTATIONS OPEN: SESSION B**

### ◆ GENERAL SESSIONS ◆

- 8:00 a.m. – 9:00 a.m. Recommended Standardized Definitions for Monitoring and Reporting Prehospital Airway Management  
9:00 a.m. – 10:00 a.m. Personnel Interactions – Can't We All Get Along?  
10:00 a.m. – 10:15 a.m. **REFRESHMENT BREAK**  
10:15 a.m. – 11:15 a.m. Ensuring Quality in EMS – The Errors Reduction Model  
11:15 a.m. – 12:15 p.m. International Disaster Response – The Israeli Experience  
12:15 p.m. – 1:30 p.m. **AWARDS LUNCHEON**

### ◆ CONCURRENT SESSION I: 1:45 p.m. – 3:15 p.m. ◆

#### TRACK I: Bioterrorism Response

- 1:45 p.m. – 2:30 p.m. Training Programs – What All Providers Should Know  
2:30 p.m. – 3:15 p.m. Community Response Plans to Bioterrorism

#### TRACK II: Caring for Children

- 1:45 p.m. – 2:30 p.m. Unique Aspects of Providing Prehospital Care for Children  
2:30 p.m. – 3:15 p.m. Promoting Provider Confidence in Caring for Children  
3:15 p.m. – 3:30 p.m. **REFRESHMENT BREAK**

### ◆ CONCURRENT SESSION II: 3:30 p.m. – 5:00 p.m. ◆

#### TRACK III: Building the EMS Team

- 3:30 p.m. – 4:15 p.m. Handling Stress of Emergency Responses in Our Personnel – What the Medical Director Can Do  
4:15 p.m. – 5:00 p.m. Collaborations From the Field Providers Perspective

#### TRACK IV: Hot Topics

- 3:30 p.m. – 4:15 p.m. Accuracy of Prehospital Triage and Non-transport – What Does the Evidence Show?  
4:15 p.m. – 5:00 p.m. Creating the National EMS Information System

### ◆ CONCURRENT SESSION III: 1:45 p.m. – 6:00 p.m. ◆

- 1:45 p.m. – 6:00 p.m. Basic Medical Response to Terrorism Course (Basic MRT)

## Post Conference Activities

### Sunday, January 19

- 8:00 a.m. – 10:00 a.m. President's Council Meeting  
10:00 a.m. – 12:00 p.m. Board of Directors Meeting  
8:30 a.m. – 5:00 p.m. Incident Command System Course

## Tentative 2003 Annual Meeting Committee/Task Force Meeting Schedule

### Tuesday, January 14, 8:00 a.m. – 9:00 a.m.

Finance Committee (Dr. Robert O'Connor)

### Wednesday, January 15, 5:00 p.m. – 7:00 p.m.

Standards and Clinical Practice (Dr. Ritu Sahni)

Pediatrics Task Force (Dr. Richard Orr)

### Thursday, January 16, 7:00 a.m. – 9:00 a.m.

Diversity Task Force (Lori Moore)

EMS Physician Certification Task Force (Dr. Jon Krohmer)

Operational EMS Task Force Sub-Groups (Dr. Edward Racht)

Research Committee (Dr. Robert Swor)

Rural Affairs Task Force (Dr. Douglas Kupas)

Industry Relations Task Force (Dr. Michael Sucher)

### Friday, January 17, 7:00 a.m. – 9:00 a.m.

Air Medical Services Task Force (Dr. Stephen Thomas)

EMS Administrators Task Force (William Chapleau)

Operational EMS Task Force (Dr. Edward Racht)

International Affairs Task Force (Dr. Francis Mencl)

Communications Committee and Technology Task Force (Drs. Cai Glushak and Greg Mears)

EMS Fellows and Fellowship Graduates Task Force (Dr. Guillermo Pierluisi)

### Saturday, January 18, 7:00 a.m. – 9:00 a.m.

Terrorism Response Ad Hoc Committee (Dr. Thomas Blackwell)

Future Funding Task Force (Dr. Robert O'Connor)

Membership Committee (Dr. David Cone)

Program Committee (Dr. Debra Perina)

Want to learn  
more about  
EMS Research?



# NAEMSP's Annual Research Workshop

NAEMSP is proud to offer a Research Workshop in conjunction with its annual meeting. The workshop was developed to provide participants with the opportunity to improve their research skills and to develop practical strategies for conducting EMS research. Guided by faculty members, participants will work in groups to develop an EMS research proposal. Fundamental research principles discussed will include:

- ◆ Formulating a research question
- ◆ Selecting an appropriate study design
- ◆ Data collection and management
- ◆ Statistical planning and analysis
- ◆ Ethical consideration and consent issues
- ◆ Publishing and presenting research results

This is an excellent opportunity to learn and enhance research skills, as well as exchange ideas and experience the collaborative spirit.

The 2003 workshop will be held January 14 (6 p.m. – 9 p.m.) and January 15 (9 a.m. – 4 p.m.) at the Marriott Bay Point Resort Village, Panama City, Florida. Faculty will include: Jane Brice, MD, MPH; E. Brooke Lerner, Ph.D., EMT-P; Lynn White, MS; David Cone, MD; Ronald Moscati, MD; Robert O'Connor MD, MPH; and Robert Swor, D.O. For more information contact NAEMSP at (800) 228-3677 or (913) 492-5858 (email: [info-naemsp@goamp.com](mailto:info-naemsp@goamp.com) or visit: [www.naemsp.org](http://www.naemsp.org)).

## General Information

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentations at the NAEMSP 2003 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Panama City Beach, 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, Best EMS Provider Research Presentation and Best Cardiac Arrest Research Presentation. Awards will be presented at the Awards Luncheon at the annual meeting.

### ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY.

To do so, visit NAEMSP's website at [www.naemsp.org](http://www.naemsp.org). An exception to the electronic submission format is submissions from outside of North America. Those submissions may be faxed to (913) 599-5340. See the FAXED SUBMISSION RULES in this document for faxing rules.

**Abstract Deadline is Friday, September 6, 2002.** Abstracts must be received electronically by **12:00 Noon Central Daylight Time, on Friday, September 6, 2002.** No exceptions will be granted.

Questions can be directed to the NAEMSP Executive Office at (800) 228-3677 or by e-mail at [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com).

## 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 **12:00 Noon, Central Daylight Time on Friday, September 6, 2002.** 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

(for submissions from outside of North America)

1. Without exception, submissions must be received at the NAEMSP Executive Office in Lenexa, Kansas by **12:00 Noon, Central Daylight Time on Friday, September 6, 2002.** 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 three 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. ✱

## General Information

The National Association of EMS Physicians is now accepting pediatric abstracts for review for oral and poster presentations at the NAEMSP 2003 Annual Meeting: Specialty Workshops, Scientific Assembly, and Trade Show in Panama City Beach, Florida. Authors are urged to submit original work involving pediatric emergency medical services 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. A cash award, airfare, hotel lodging for three nights and complimentary registration to the 2003 Annual Meeting will be given for the Best Pediatric Presentation. Awards will be presented at the Awards Luncheon at the annual meeting.

### ABSTRACTS MUST BE SUBMITTED ELECTRONICALLY.

To do so, visit NAEMSP's website at [www.naemsp.org](http://www.naemsp.org). An exception to the electronic submission format is submissions from outside of North America. Those submissions may be faxed to (913) 599-5340. See the FAXED SUBMISSION RULES in this document for faxing rules.

**Abstract Deadline is Friday, September 6, 2002.** Abstracts must be received electronically by **12:00 Noon Central Daylight Time, on Friday, September 6**. No exceptions will be granted.

Questions can be directed to the NAEMSP Executive Office at (800) 228-3677 or by e-mail at [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com).

## 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 **12:00 Noon, Central Daylight Time on Friday, September 6, 2002**. 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

(for submissions from outside of North America)

1. Without exception, submissions must be received at the NAEMSP Executive Office in Lenexa, Kansas by **12:00 Noon, Central Daylight Time on Friday, September 6, 2002**. 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. ★

## General Information

The National Association of EMS Physicians is now accepting abstract submissions for review for an international poster session to be held at the NAEMSP 2003 Annual Meeting to be held at the Marriott Bay Point Resort Village in Panama City Beach, 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 2003 issue of *Prehospital Emergency Care*, the official journal of NAEMSP. Presenting authors will be responsible for all costs including: transportation, meals, lodging and registration.

## 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 attached; however, only the more abbreviated information listed above is required to appear in the abstract.

## Submission Rules

Electronic submission via the Internet is strongly encouraged, using NAEMSP's web-based abstract form. The abstract submission form can be found on the NAEMSP website at [www.naemsp.org](http://www.naemsp.org). The web-based abstract submission allows a word processing document to be pasted onto the form. Abstracts must be limited to 2000 text characters; including all punctuation, spaces, abbreviations, etc. Tables are acceptable, as long as the total character count does not exceed 2000. The web form will not accept an abstract of more than 2000 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 (913-599-5340), with the same 2000 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 2002 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 12:00 Noon Central Daylight Time, Friday, September 6, 2002.** Questions can be directed to the NAEMSP Executive Office at (800) 228-3677 or (913) 492-5858. You may also e-mail the office at [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com).★

*continued from page 1*

use of highway safety data to promote seat belt use in older passengers, drowning prevention programs and safe community programs which grew ad hoc out of local community needs and interest.

The New Hampshire EMS Public Health and Safety Initiative has been meeting since November 2001 with over 20 individuals and organizations participating. The meetings have provided a forum for collecting and promoting examples of successful collaborations between EMS, public health and public safety; identifying resources within each; identifying opportunities for improved patient care and injury prevention; and promoting dialogue between the disciplines. Establishing and maintaining systematic communication is the next goal.

EMS physicians occupy a key role in identifying issues in their practices and helping to bring together diverse groups such as public health and public safety

for constructive action. Overcoming barriers between these disciplines is a key challenge that lends itself to emergency medicine since EMS physicians and professionals are used to sitting at the intersection of the conflict of many interests. The mandate for emergency preparedness is resulting in many of these same diverse groups working together on the local level as well.

Major Disaster Declarations listed by the Federal Emergency Management Agency for 2002 include severe storms, floods, fire, earthquakes, tornadoes, typhoons and winter storms. These are all natural disasters that local communities have and will continue to face. EMS, fire, public safety and public health systems actions on the local level will make a difference in patient outcome and successful disaster management.

A lot of the fear since September 11th is reminiscent of the fear of the cold war years: in preparation for the possibility of nuclear exchange, fallout shelters were not created but declared and prepared out of existing public buildings. Fallout shelters served a daily function that was enhanced to serve in

an emergency. Today, EMS, public health and public safety collaboration can serve as a daily function that is ready for disaster and emergencies. Bringing these forces together for preparedness is a tremendous opportunity for collateral gain.

A recent article in the *American Medical Association AmedNews* (June 24, 2002) points out the waning interest by physicians in terrorism and weapons of mass destruction. In some ways it makes sense that people focus on things that impact their daily practice and lives.

Someone recently reminded me that all public health, like politics, is local. It is what impacts the local community that makes the difference. An epidemic of car crashes is no less a disaster for a community than a flood. The people that can make the difference are at the same people that are at the scene and on the front line. Let us take this opportunity and use it as a building block for future progress. One profession or one group cannot make significant and sustained progress alone. ★

---

## President's Corner

*continued from page 2*

Embarking on legislative efforts with our members in this way was new for all of us. It was enormously gratifying to see the enthusiasm of our members who participated in this effort. While this was a small start, we hope to work with many more of our members in other initiatives like this in the future. **To those who participated, many thanks.**

## General Motors and NAEMSP

I was privileged to participate, along with NHTSA Administrator, Dr. Jeffrey Runge, in General Motors (GM) announcement of the GM Advanced Automatic Crash Notification (AACN) system. The current OnStar system provides automatic notification of airbag deployments and opens voice communi-

cation between the OnStar center and vehicle occupants at the time of any crash involving airbag deployment. Currently, OnStar responds to about 500 airbag deployments each month.

The new system will estimate the severity of the crash, providing change in velocity and direction of impact data in real time, and will be able to provide that data to dispatch centers. These advances hold the promise of enabling us to develop algorithms that predict injury patterns and injury severity that can be used to guide EMS response and triage decisions.

I applaud the efforts of **General Motors** to introduce this new injury control technology. Importantly, they have asked NAEMSP to work with them to determine how to best integrate this information into our public safety response system.

As EMS physicians we're frequently presented with some "newest and best" technology, and asked to implement those technologies based on the devel-

opers' vision. What is so very different about GM's Advanced Automatic Crash Notification system is that we're being asked – in the beginning stages — to work with the corporation to sort out how to best implement the technology. We thank GM for this opportunity to participate, and for choosing an approach to AACN implementation that provides the best potential benefit for both the customers of General Motors and the patients for whom we provide medical care.

## NAEMSP Website

I would be remiss if I didn't mention the outstanding job that **Dr. Greg Mears** did in redesigning the NAEMSP website with our staff and our Internet service provider. I hope every one of you will visit the website and see what upgraded services and information NAEMSP has to offer you. ★

# Position Paper Review

Robert M. Domeier, MD, FACEP  
Member-at-Large, Board of Directors

The NAEMSP Board of Directors (BOD) recently approved a process for periodic position paper review. NAEMSP first began publishing position papers in 1989 but has had no process for review of these papers. The BOD approved a process that will require a review of all current position papers more than five years old by the Standards and Clinical Practice Committee. Additionally, all newer papers will be reviewed at the five-year anniversary of their publication. The Standards and Clinical Practice Committee will make one of four possible recommendations: Deletion, Deletion of the existing paper and revision, Revision of the existing paper or Reaffirmation of the existing paper. The BOD may approve the recommendation or take an action of its own.

As of May 2002, the NAEMSP Board of Directors has taken several actions listed below.

Due to the large number of position papers remaining to be reviewed, it will take several months to complete the review of papers published prior to 1998. Revisions of several of the position papers are in progress. Position papers published in 1998 will be reviewed by the Standards and Clinical Practice Committee and recommended actions presented to the BOD at the 2003 annual meeting. An updated *Position Paper Anthology* can be purchased from the NAEMSP office. ★

## RECLASSIFIED

The Board has reclassified these papers as resource or concept papers making them exempt from the position paper review process.

Neely KW. **Managed Care and EMS: An Interrogatory Model to Assist Communities in Evaluating Innovative Partnerships.** *PEC* 2000;4(3):274-279.

Krohmer JR, Swor RA, Benson N, Meador SA, Davidson SJ. **Prototype Curriculum for a Fellowship in Emergency Medical Services.** *PDM* 1994;9(1):73-77.

The Curriculum paper is a joint project with the Society of Academic Emergency Medicine and is currently being updated.

## DELETED

These position papers have been deleted.

Callaham M. **EMS Base Station Function and Design: On-Line Medical Control.** *PDM* 1989;4(1):53-56.

Goth P, Garnett G. **Clinical Guidelines for Delayed/Prolonged Transport: 1. Cardiorespiratory Arrest.** *PDM* 1991;6(3):335-340.

Goth P, Garnett G. **Clinical Guidelines for Delayed or Prolonged Transport: III. Spine Injury.** *PDM* 1993;8(2):176-178. Republished as a corrected version: *PDM*. 1993;8(4):369-371.

## REAFFIRMED

These position papers were reaffirmed.

Goth P, Garnett G. **Clinical Guidelines for Delayed or Prolonged Transport: IV. Wounds.** *PDM* 1993;8(3):253-255.

Domeier RM, O'Conner RE, Delbridge TR, Hunt RC. **Use of Pneumatic Anti-shock Garment (PASG).** *PEC* 1997;1(1):32-35.

Glushak C, Delbridge TR, Garrison HG. **Ambulance Diversion.** *PEC* 1997;1(2):100-103.

## REVISED

These position papers have been revised. When the revisions are published they will replace the existing papers listed below.

NAEMSP Air Medical Services Task Force. Eljaiek LF, Norton R, Carmona R. **Medical Director for Air Medical Transport Programs.** *PDM* 1995;10(4):283-284.

Krohmer JR, Hunt RC, Benson N, Bieniek RB. **Flight Physician Training Program.** *PDM* 1993;8(2):183-184.3

# GRANTS Update

## National EMS Research Agenda

The *National EMS Research Agenda* document is available online by visiting [www.naemsp.org](http://www.naemsp.org) and clicking on the grants tab. In addition, the *National EMS Research Agenda* is available for download in pdf format. The *National EMS Research Agenda* was also published as a supplement to the July/September issue of *Prehospital Emergency Care*, Volume 6 Number 3.

A symposium to roll out the *National EMS Research Agenda* and the EMS outcomes project occurred on June 3 and 4 in Alexandria, Virginia. Over 100 EMS professionals, researchers and federal policy makers discussed implementation of the *Agenda*. The presentations given at the meeting can also be reviewed on the website.

## National EMS Core Content

A second meeting of the National EMS Core Content Task Force will be held in the fall to review the draft schedule and method of updating the *National EMS Core Content*. The meeting date and location will be posted on the NAEMSP website.

## Neely Conference

The Neely Conference proposes to develop a medical necessity criterion for EMS research derived from peer-reviewed literature and expert judgment that can be used in research protocols studying triage systems and EMS systems. A one-day conference will be held on Wednesday, January 15, 2003, in conjunction with the NAEMSP 2003 Annual Meeting at the Marriott Bay Point Resort Village, Panama City, Florida. Registration for this meeting will be included with the NAEMSP 2003 Annual Meeting preliminary program brochure and online registration will be available in mid-September on the NAEMSP website.

## Pediatric and Adolescent Mental Health Emergencies

Emergency Medical Services for Children (EMSC), a division of the Maternal and Child Health Bureau (MCHB), funded this project through a Partnership for Children grant. The final report has been prepared by John D. Hoyle, Jr., MD, and Lynn White, MS, and is scheduled to be published in *Prehospital Emergency Care* early in 2003.

## Partnership for Children

The next meeting of the EMS Partnership for Children consortium will be held in Washington, D.C. on September 24-25, 2002. Michael P. Flanagan, NAEMSP's Grants Project Director, and Kathleen Brown, MD will represent NAEMSP. The purpose of the meeting is to provide member organizations of the Partnership for Children (PFC) with an opportunity to gather and share information and advance the goals of PFC, which encourages the development and distribution of best clinical practices guidelines along with educational and research programs related to emergency medical services for children.

## Pediatric Emergency Care Research Workshop

NAEMSP has submitted an application to Emergency Medical Services for Children (EMSC) to fund a Pediatric Emergency Care Research Workshop. The purpose of the contract will be to develop a two-day workshop that will be held in conjunction with the NAEMSP 2003 Annual Meeting. The workshop would focus on Pediatric Emergency Care Research. The workshop would be held on January 15-16, 2003, at the Marriott Bay Point Resort Village, Panama City, Florida.

The first day of the workshop would be customized and the second day would consist of breakout sessions specific to Pediatric Emergency Care Research. The workshop would run concurrently and be integrated with the NAEMSP 2003 Annual Meeting General Sessions. The second day of the workshop would also include attendance at the Oral Abstract Presentations. Following the Pediatrics Workshop, the Steering Committee would prepare an Evaluation Summary and preparations for future enhanced Pediatric Emergency Care Research Workshops. We are awaiting approval of the grant application, which should occur sometime this fall.

# REMINDER.....

## Nominate Your Fellow for the NAEMSP Fellowship Recognition Award

The NAEMSP EMS Fellowship Recognition Award recognizes those physicians who have demonstrated commitment to prehospital emergency care by having completed a bonafide fellowship in emergency medical services.

To be eligible for the recognition award, the physician must have completed the EMS fellowship after June 30, 2000 and be nominated by his or her fellowship director. Nomination forms may be obtained from the NAEMSP Executive Office by calling (800) 228-3677, ext. 448 or e-mail your request to [info-naemsp@goAMP.com](mailto:info-naemsp@goAMP.com). Using this form, fellowship directors must indicate that the graduated fellow has acquired expertise in several areas of EMS medical direction and has fulfilled a research requirement. Additionally, both the fellowship director and the EMS fellow must be members of NAEMSP.

Now is the time to look toward our January 2003 annual meeting, when NAEMSP hopes to acknowledge several soon to graduate EMS fellows. Fellowship directors should be guiding fellows toward completion of projects and ensuring that last year's graduates fulfill leftover obligations.

Again, nomination forms can be obtained from the NAEMSP Executive Office. The submission deadline for the January 2003 awards is **November 27, 2002**.

### 2002 Fellowship Recognition Award Recipients

Kathryn H. Brinsfield, MD, Boston Emergency Medical Services  
Bryan McNally, MD, Boston Emergency Medical Services  
Russell D. MacDonald, MD, MPH, CCFP, FRCPC, Boston Emergency Medical Services  
Alex Isakov, MD, Boston Emergency Medical Services  
Scott D. Weir, MD, Yale University  
Andrew Milsten, MD, University of Maryland  
Deborah Funk, MD, Albany Medical College

## Call for Photographs

Many of us involved in EMS have great action photos depicting various elements of prehospital systems. You now have the opportunity to show off your best!

Once again, NAEMSP will sponsor a photo contest at the 2003 annual meeting in Panama City Beach, Florida. The NAEMSP Program Committee would like to encourage all interested members to submit EMS-related photos for the contest. Approved entries will be displayed in the poster hall during the entire meeting. First, second and third place winners will be selected by a subgroup of the program committee, and the winners will be announced at the Awards Luncheon.

Please remember that these photos will be publicly displayed. Any patient identifiers should not be visible without the written consent of the patient or their immediate family member. Photo captions may be included, although this is not mandatory. It must be understood that these photos are for public display and all captions must be professional in content.

If you have photos you wish to submit, please send an 8 x 11 copy no later than **November 15, 2002**, to: Dr. Debra Perina, P.O. Box 800699, Charlottesville, VA 22908.

### *Mark Your Calendar*



## 2003 Annual Meeting

Preliminary education program brochures will be mailed to all NAEMSP members and posted on the website in late September. Make your reservations now! Be sure to mention NAEMSP to secure the **special group room rate of \$110** plus tax. See pages 3-4 for the preliminary program schedule.

**January 16 – 18, 2003**  
**Marriott Bay Point Resort Village**  
**4200 Marriott Drive**  
**Panama City Beach, FL 32408**  
**(850) 236-6000**

# News From the Executive Office

Dede Gish-Panjada, MBA, Executive Director,  
and Jennifer L. Kimzey, Association Manager

## Get Involved!

Are you interested in becoming involved in NAEMSP? Committee and task force participation is an excellent way to do this. Our experience is that individuals who get actively involved in their professional association have a higher degree of job satisfaction, remain on the leading edge of their practice, and are motivated to perform at higher levels than those who are not involved. If you are interested in being more involved with a committee, or becoming a committee chair, please contact Monica Frihart, staff liaison to the Membership Committee at [mfrihart@goAMP.com](mailto:mfrihart@goAMP.com) or contact Jennifer Kimzey, Association Manager at [jkimzey@goAMP.com](mailto:jkimzey@goAMP.com)!

## NAEMSP Website

We here at the Executive Office are very excited about the updated website. We hope that the new design will make it easier to find the information for which you are looking. Later in the year we will be adding search capabilities to make the website an even more effective resource. In the meantime, if you have a suggestion, please forward it to our Technology Task Force Chair, Dr. Greg Mears at [gdm@med.unc.edu](mailto:gdm@med.unc.edu).

## NOW AVAILABLE

### Prehospital Systems and Medical Oversight, 3rd Edition

Kendall/Hunt publishing is offering a discount on pre-orders of Prehospital Systems and Medical Oversight. Ordering information is available on the NAEMSP website at [www.naemsp.org/products-textbooks.asp](http://www.naemsp.org/products-textbooks.asp). The textbook is scheduled for completion in early September. Order the textbook before it is available and receive a discount!

## SHOWCASE YOUR SCIENTIFIC RESEARCH

The "2003 Call for Abstracts" submission information is included in this issue. The abstract deadline is **Friday, September 6, 2002 at 12:00 noon CDT**. This year, we are again using the electronic-submission-only format, with the exception of overseas submissions, which may be faxed to the NAEMSP Executive Office. For the NAEMSP 2003 Annual Meeting, the National Center for Early Defibrillation (NCED) has again decided to support a Best Cardiac Arrest Presentation Award. In addition to this and other awards for abstract presentations at the meeting, a special Pediatric Call for Abstracts had been developed with the support of the Maternal and Child Health Bureau (MCHB), Emergency Medical Services for Children (EMSC). The "Call for International Posters" continues to grow and evolve and is also included in this issue. See pages 6-8 for complete submission details on the Call for Abstracts, Call for Pediatric Abstracts and Call for International Posters, or visit the NAEMSP website at [www.naemsp.org](http://www.naemsp.org).

## NAEMSP Welcomes New Members



Jason Borton, MD  
Robert Brumblay, MD, FACEP  
Sonia Callejas, MD  
Aaron Daggy, MD  
Alexander Eastman, MD  
Kevin Easton, EMT-P  
Christopher Fullagar, MD  
Robert Hansen, MD, FACEP  
Halim Hennes, MD, MS  
James Hunderup, MD, NREMT-P  
James Ireland, MD  
Michael Jorolemon, DO  
Stephen Kotch, MD  
Joshua Kucker, MD  
Tom Lateulere, NREMT-P  
Michael Lowell, MD, FRCP  
David Lobel, MD  
Stephen Lyons, NREMT-P  
John Gerard McManus, MD  
Manuel Mendoza, MD  
Lee Millward, MD  
R. Joseph Paquette, MD  
Michelle Perez, MD  
Elizabeth Phillips, MD  
Paul Satterlee, MD  
Eli Segal, MD  
Ken Styskal, MD  
Jeffrey Violette, DO  
Dale Wilson, EMT-P I/C  
Richard Ybarra, MD

# Welcome



# NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP)

## Merchandise

### GOLF SHIRTS

sizes XL, L, M . . . . . **\$22.00**  
available in black, white or navy  
100% cotton  
NAEMSP logo on black and white shirts is turquoise, gray & white; logo on navy shirt is navy, red & gray; logo is embroidered on left breast

### SWEATSHIRTS . . . . . **\$18.00**

Lightweight ash crewneck sweatshirt  
sizes XXL, XL, L, M  
NAEMSP logo is turquoise, gray & white OR navy, red & gray (orders filled as available); logo is embroidered on left breast

### DENIM SHIRTS . . . . . **\$36.00**

Sizes XXL, XL, L, M  
100% cotton  
NAEMSP logo is turquoise, gray & white; logo is embroidered on left breast

### ATHLETIC SHORTS . . . . . **\$15.00**

ash gray  
sizes XL, L, M  
100% cotton  
NAEMSP logo is white; logo is screen-printed on left leg

### T-SHIRTS

size adult XL, L, M. . . . . **\$10.00**  
children L, M, S. . . . . **\$8.00**  
short sleeve, 100% cotton  
available in ash and navy  
NAEMSP logo is embroidered on left breast

### ROMPERS

size 24 months . . . . . **\$10.00**  
available in peach and melon  
100% cotton  
NAEMSP logo is turquoise, gray & white; logo is silkscreened on center front

### PINS

logo pin . . . . . **\$5.00**  
measures approximately 1/2" x 1/2"  
gold metal  
NAEMSP logo is turquoise & gold

### BASEBALL CAPS . . . . . **\$15.00**

khaki w/forest brim  
khaki w/khaki brim  
NAEMSP logo is embroidered on caps

### PATCHES

NAEMSP logo patch . . . . . **\$5.00**  
patch measures approximately 2" x 3",  
NAEMSP logo is turquoise, white and black;  
100% embroidered

### STICKERS/DECALS

NAEMSP sticker decal. . . . . **\$1.00**  
sticker measures approximately 2" x 3",  
NAEMSP logo is turquoise, white and black  
NAEMSP static decal. . . . . **\$1.00**  
decal measures approximately 2" x 3",  
NAEMSP logo is turquoise, white and black

## NAEMSP Merchandise Order Form

**NAEMSP, P.O. Box 15945-281, Lenexa, KS 66285-5945**  
**Phone: (913) 492-5858, Toll Free: (800) 228-3677, Fax: (913) 599-5340**  
**E-mail: info-naemsp@goAMP.com Website: www.naemsp.org**

Name: \_\_\_\_\_  
Preferred phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Methods of payment accepted include check, money order or credit card. **Payment must be included with order.**

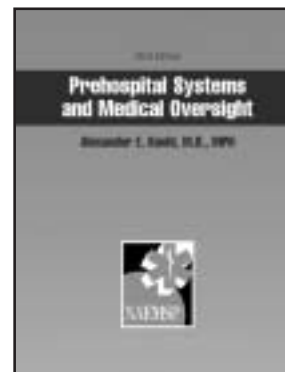
### Method of Payment

Check or Money Order (*made payable to NAEMSP*)  
 Credit Card:  Visa  MasterCard  American Express  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature (*required for credit card payment*): \_\_\_\_\_

Quantity	Item Description	Size	Item Color	Logo Color	Unit Price	Total
<b>Items will be shipped via UPS Ground Service. If you would like information on other shipping options, please contact the NAEMSP Executive Office. We can ship through certified mail or FedEx, at the customer's expense.</b>						Subtotal
<b>Add shipping &amp; handling (\$5.00)</b> Kansas residents must add 7.275% sales tax						
<b>TOTAL</b>						

Return order form to:  
**NAEMSP, P.O. Box 15945-281, Lenexa, KS 66285-5945**  
or Fax to (913) 599-5340

## Prehospital Systems and Medical Oversight



2002/1000 pages/perfect/0-7872-7071-7  
 NAEMSP members: \$75.00\*/List price: \$90.00\*

*\*Prices are subject to change without notice.*

This guide from the National Association of Emergency Medical Services Physicians addresses the medical aspects of designing, implementing, and operating EMS systems. This text represents the product of a 3-year, interdisciplinary effort to collate the thoughts, recommendations, and predictions of many EMS professionals, including non-physicians.

### Contents include:

History of EMS • Models and Legislation: Urban, Rural, Wilderness, Fire, Private, Military, International • Phases • Levels • Design • Funding • Reimbursement Trends • Interventions • Communications • Strategy of Priority Dispatch • Response Modes • First Responders • Resuscitation • Information Systems • Evaluation • Research • Medical Oversight: Indirect, Direct, On-Scene Supervision • Education • Quality Management • Risk Management • Legal Issues • Ethics • Political Realities • Empowerment and Authorization • ED MDs • Nurse • Non-Physician Providers • Volunteers • State • Federal • Team Building • Media • RMA • Bystander • MAST (Pneumatic Anti-shock Garment) • AED • Pediatric • Geriatric • Air Medical • Interfacility Transport • Providers in ED • Inappropriate Utilization • Procedures: Drugs, Analgesia, Shortness of Breath, Chest Pain, Dysrhythmia, Cardiac Arrest, Shock and Hypotension, Trauma, OB GYN, PEDS, Poisoning, Behavioral, Altered Level of Consciousness • Due Process • Infectious Disease • Haz Mat • MCI • Catastrophic Events • WMD • Tactical EMS • Diversion • Regionalization • Mass Gatherings • Critical Incident Debriefing • Public Health • Injury Prevention • Managed Care

To order today call 800-338-8290, fax 800-772-9165,  
 or return the order form below.

Please send me

### Prehospital Systems and Medical Oversight

Check or money order enclosed (payable to Kendall/Hunt)  
 Charge my account upon shipment:  VISA  MasterCard  AmEx

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Qty	Title/ISBN	Price	Total
	<b>Prehospital Systems and Medical Oversight</b> ISBN 0-7872-7071-7 NAEMSP members List price <i>*Price is subject to change without notice.</i>	\$75.00* 90.00*	
	AL, AZ, CA, CO, FL, GA, IA, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, NC, NJ, NM, NY, OH, PA, SC, TN, TX, UT, VA, WA, & WI please add sales tax.		
	<b>U.S. Postage:</b> \$10.00 for the first item, and \$1.00 for each additional item.		
	<b>TOTAL</b>		



**Send to:**  
**KENDALL/HUNT PUBLISHING COMPANY**  
 4050 Westmark Drive P.O. Box 1840 Dubuque, Iowa 52004-1840  
 PED102/dzl 61260060

# EMS Calendar

**September 13-15, 2002:** Advanced Hazmat Support Course. Location: New York City, NY. Contact: (520) 626-2305, or visit [www.ahls.org](http://www.ahls.org).

**September 17-18, 2002:** Intelligence, Security, and Terrorism, Our Role within Homeland Defense. Location: El Paso, TX. Contact: (915) 834-8628.

**September 17-20, 2002:** Airmed 2002 Swiss Air-Rescue/Rega Airmed 2002 World Congress Conference. Location: Interlaken, Switzerland. Contact: (011) 41-33-827-62-00, or visit [WWW.AIRMED2002.organization@rega.ch](mailto:WWW.AIRMED2002.organization@rega.ch).

**September 18-20, 2002:** Chemical, Biological and Radiological Terrorism Conference. Location: Las Vegas, NV. Contact: (888) 670-8200, or visit [www.nigi.org](http://www.nigi.org).

**September 19-21, 2002:** Creative Approaches to Patient Care Transport 2002 Leadership Conference. Location: Atlanta, GA. Contact: (816) 431-2600.

**September 26-28, 2002:** FEMF Sand Key EMS Summit 2002. Location: Clearwater Beach, FL. Contact: (800) 766-6335, or visit [www.femf.org](http://www.femf.org).

**September 30 – October 2, 2002:** Advanced Hazmat Life Support. Location: Rancho Mirage, CA. Contact: (520) 626-2305, or visit [www.ahls.org](http://www.ahls.org).

**October 1-5, 2002:** EMS Expo. Location: Nashville, TN. Contact: (877) EMS-EXPO, or visit [www.naemt.org](http://www.naemt.org).

**October 3-5, 2002:** Advanced Hazmat Life Support. Location: Seattle, WA. Contact: (520) 626-2305, or visit [www.ahls.org](http://www.ahls.org).

**October 6-8, 2002:** ACEP Scientific Assembly. Location: Seattle, WA. Contact: (800) 798-1822, or visit [www.acep.org](http://www.acep.org).

**October 11-13:** BASICS 25th Anniversary Conference. Location: Solihull, England. Contact: [www.basics.org.uk](http://www.basics.org.uk).

**October 15-18, 2002:** FireTech Reno. Location: Reno, NV. Contact: (888) 897-8002.

**October 21-26, 2002:** National Association of State EMS Directors (NASEMSD) 2002 Annual Meeting. Location: Portland, Maine. Contact: NASEMSD Executive Office at (703) 538-1799, or visit [www.nasemsd.org](http://www.nasemsd.org).

**October 21-24, 2002:** BioDefense Mobilization Conference & Exhibition. Location: Philadelphia, PA. Contact: [www.bio-defense.org](http://www.bio-defense.org).

**October 23-27, 2002:** AAA Annual Conference & Trade Show. Location: Indianapolis, IN. Contact: (800) 523-4447, or visit [www.the-aaa.org](http://www.the-aaa.org).

**October 24, 2002:** CAAS Fall 2002 Accreditation Seminar. Location: Indianapolis, IN. Contact: (847) 657-6828, or visit [www.caas.org](http://www.caas.org).

**October 28-30, 2002:** Emergency Communications Technologies Conference & Expo. Location: Los Angeles, CA. Contact: (888) 670-8200, or visit [www.comcare.org](http://www.comcare.org).

**November 1-3, 2002:** New York State EMS Conference. Location: Syracuse, NY. Contact: (518) 402-0996.

**November 8-9, 2002:** 5th Annual Trauma Conference, Deaconess Hospital. Location: Evansville, IN. Contact: (812) 450-7356.

**November 9-13, 2002:** American Public Health Association Annual Meeting. Location: Philadelphia, PA. Contact: (202) 777-APHA, or visit [www.apha.org](http://www.apha.org).

**November 14-15, 2002:** Detroit Trauma Symposium. Location: Detroit, MI. Contact: (313) 577-5005, or visit [www.dmc.org](http://www.dmc.org).

**November 17-20, 2002:** American Heart Association Scientific Sessions 2002. Location: Chicago, IL. Contact: (214) 706-1543, or e-mail [sessions@heart.org](mailto:sessions@heart.org).

**December 8-13, 2002:** Institute for Emergency Medical Education, Current Concepts in Emergency Care. Location: Maui, Hawaii. Contact: Lee Ann Williams (800) 657-2550, or visit [www.ieme.com](http://www.ieme.com).

**January 16-18, 2003:** National Association of EMS Physicians (NAEMSP) 2003 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show. Location: Marriott Bay Point Resort Village, Panama City Beach, Florida. Contact: (913) 492-5858, ext. 448, (800) 228-3677, or visit [www.naemsp.org](http://www.naemsp.org) for more details.

**April 5-6, 2003:** Central and Eastern European Conference for Emergency and Disaster Medicine. Location: Budapest. Contact: [http://josa.szabnet.hu/pr\\_iroda/hsem/rendezveny.htm](http://josa.szabnet.hu/pr_iroda/hsem/rendezveny.htm).

**April 30 – May 2, 2003:** National Academies of Emergency Dispatch Annual Navigator Educational Conference. Location: Anaheim, CA. Contact: (800) 960-6236, or visit [www.emergencydispatch.org](http://www.emergencydispatch.org).

*The deadline for article and advertisement submissions for the November/December 2002 issue of [NAEMSP News](http://www.naemsp.org) is September 27, 2002.*