



NEWS

Newsletter of the National Association of EMS Physicians

Volume 10, No. 5

November/December 2001

To Our Members

Richard C. Hunt, MD, FACEP,
NAEMSP President

September 26, 2001 – The following message was sent to all NAEMSP members via e-mail.

The hearts and souls of NAEMSP's membership, and of all United States citizens, have been deeply saddened from the tragedies of September 11. We have each spanned the entire range of human emotions since that Tuesday: grief, anger, and in the case of knowing someone is OK, even elation. Firefighters and police officers have died. Given the enormity of this attack, it is probable that EMS providers and physicians have died. Each NAEMSP member has been impacted by this event. Our membership's "mode" is to respond immediately. Many of us have been involved in the disaster response. For myself, I have led four meetings working to prepare the Syracuse area for potential incoming patients from New York City, as well as keeping the current Syracuse health care system intact under these circumstances.

We all have a need to jump in and help. At this writing it is my understanding that there is no need for additional volunteer EMS providers or EMS physicians in New York City or Washington, DC. Obviously, Disaster Medical Assistance Team (DMAT) and military obligations may require members to respond at a moment's notice. While there may not be an urgent need now for you to be in the middle of the response in New York City or Washington, it is unclear what the days ahead may bring. The members of NAEMSP may indeed be called

continued on page 7

Response to a Terrorist Attack in California: "Complex Emergencies" Come Home

John F. Brown, MD, NAEMSP Member

"Complex Emergency" is a new term added to the field of disaster medicine in the 1990's. It was first used to describe the situation in Northern Iraq when thousands of Kurdish refugees faced health problems related to exposure, hunger, communicable disease and warfare. Complex emergencies pose difficult problems for disaster planning and response due to the intertwining of environmental and human factors to create large numbers of affected individuals and hamper attempts to assist them.

Terrorists utilizing a weapon of mass effect, such as large-scale conventional explosive devices, radioactive materials, chemical or biological agents, constitutes such a complex emergency for EMS providers. San Francisco, Los Angeles, San Jose and San Diego began preparing their response systems—called Metropolitan Medical Response Systems—in 1998. Extensive planning for all hazards were completed that year and training and drills undertaken. A cache of medications and treatment supplies were purchased and have been actively maintained and improved—we can rapidly initiate prophylaxis or treatment while preparing for necessary backfill of materials from outside sources. A Biological Threat Response Plan was developed and, along with it, epidemiological investigation teams, hospital training and implementation of hospital preparedness standards, partnerships with community organizations including the local medical societies that have implemented a Physician Communication System, and improved laboratory surveillance.

The San Francisco Biological Threat Response Plan, developed as a component of our MMRS, parallels the response structure of existing City and Provider Agency Emergency Response Plans. These plans prepare for Level 1 (Mild), Level 2 (Moderate) and Level 3 (Severe) scenarios. The key factor in the plan is not to "stage" a particular event at a particular level, but rather to match resources to need.

While most California cities have the personnel and equipment in place to deal with a Level 1 incident in the short run, none are able to sustain this response indefinitely and will need additional resources to adequately address Level 2 and 3 incidents. This does not impugn the capability of our emergency care personnel—responses would be initiated immediately to any incident—but, with an emergency medical care system

continued on page 7

IN THIS ISSUE:

President's Corner	2
Mass Gathering Medical Care Guideline	3
NAEMSP 2002 Annual Meeting	4
2002 Oral/Poster Abstracts	8
Grants Update	11
New Members	11
NAEMSP's Annual Meeting with <i>International Flare</i>	12
IAFF Yale Fellowship in Fire-based EMS Announced	12
The ABEM EMCC Program Continues to Evolve	13
News From the Executive Office	14
Job Placement	15
EMS Calendar	16

President's Corner

I had just finished my half-hour interview with the site surveyors from the Residency Review Committee for Emergency Medicine. Our Emergency Medicine Residency Program was having its reaccreditation site visit. Dick Cherry, who is a member of our faculty and the NAEMSP, was on the elevator as I was returning to my office and said, "I guess you've heard about the Armageddon with the World Trade Towers." I said something like "you know Dick, I know site surveys are really hard, but it is nothing like Armageddon." Before I got to another sentence Dick said, "No, this is very real." My whole world changed, and so did yours.

Each one of you will always remember those few moments when you first learned of the terrorist attacks of September 11, 2001. The remaining hours of September 11 for others and me at our institution were rapid attempts to assure that our hospital and community was as prepared as possible. Within a few hours, we had set up additional helicopter landing zones; had armed guards at landing sites; acquired large volumes of drugs to respond to weapons of mass destruction; set up Ham radio communications among the hospitals, 911, and the airport; and assessed food, water, and electricity status. By the end of the day meetings involved all the area hospitals, EMS, The Emergency Operations Center, the Department of Health, the

County Executive's Office, airport officials, and the 174th Fighter Wing based in Syracuse. We had multiple meetings in rapid succession that day and throughout the week. We continue to have those meetings.

On a personal note, it was reassuring to get a phone call from my sister who lives in New York City within a couple of hours after the World Trade Center attacks. We also got notification that three members of my department, Lawrence Brown, David Reed, and Lisa Evans, were fine in New York City. Lawrence and Dave are both NAEMSP members. They were attending the Public Access Defibrillation Trial national meeting.

My guess is that as you read this, you too have flashbacks of the events of September 11, 2001. The moment you and I learned of the terrorist attacks will forever be etched in our minds.

Beyond the horror of these moments, I am certain that every member of NAEMSP not only *reacted*, but also *acted*. Every one of our members somehow played a part in mounting a quick proactive out-of-hospital response to the attacks on America. And I think it's a good guess that each and every one of us continues to be involved in that response.

In the days immediately following September 11, I have had multiple conversations with our membership, our



Richard C. Hunt, MD, FACEP

association's leadership, leaders from other organizations, and national agencies. It is clear that NAEMSP members are on the front-line of planning for the medical response to any future terrorist attacks.

In my last *President's Newsletter* I talked about the "Top Issues in EMS Forum." While it was one of eight articles identified, the current draft of the NAEMSP's Top Issues in EMS will certainly be amended to assure that our organization places "leadership in the out-of-hospital EMS response to terrorism" as its highest priority. While all the other issues we spent an entire day discussing are indeed important, NAEMSP highest priority must be to quickly adapt to this new uncertain world.

In many ways, our organization has so much that we need to provide in this national crisis. We have many members with significant expertise in medical response to weapons of mass destruction and disaster management, and we have multiple liaisons that are critical to national medical response to this crisis. These include critical alliances with the National Association of State EMS Directors, the American College of Emergency Physicians, the American College of Surgeons, and the American Public Health Association. Many of our members interface with the CDC and FEMA. Additionally, our strong bonds with the National Highway Traffic Administration will be increasingly important.

All the above factors lead to a single conclusion: NAEMSP will provide leadership in out-of-hospital emergency medical services in this time of national crisis and terrorist war on America. Inaction is inexcusable. ★

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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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

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Copy Deadlines

March/April 2002 issue: January 28, 2002

Buy it now & Be Thoroughly Prepared!

Mass Gathering Medical Care Guidelines

Attention EMS medical directors and EMS professionals involved in medical care delivery at large events! The NAEMSP position paper entitled *Mass Gathering Medical Care* is the official statement and it is accompanied by a working document entitled *Mass Gathering Medical Care: The Medical Director's Checklist* that is available through the NAEMSP Executive Office.

The *Checklist* is a comprehensive guide to planning for medical coverage at a mass gathering event. Each of the 15 components of mass gathering medicine identified in the position paper is accompanied by a brief discussion of its importance, and a list of essential and desirable actions to be addressed through the overall medical action plan. Although no definitive solutions are presented for the many barriers that

abound when planning for these types of events, the medical director, or the individual writing a mass gathering medical action plan, will find the *Checklist* an extremely useful reference to ensure that critical issues have been addressed and incorporated into this plan. Also included is a suggested equipment and pharmaceutical list for deployment at fixed medical aid stations. Portions of this document have already been used to assist in planning for events connected to the Republican National Convention in Philadelphia, and for development of citywide mass gathering regulations in Columbus, Ohio. For more information about *Mass Gathering Medical Care: The Medical Director's Checklist* contact the NAEMSP Executive Office at 913/492-5858, ext. 448. An order form is provided below.



National Association of EMS Physicians (NAEMSP)

P.O. Box 15945-281, Lenexa, KS 66285-5945

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E-mail: info-naemsp@goAMP.com; Website: www.naemsp.org

Mass Gathering Medical Care: The Medical Director's Checklist **A Product of the NAEMSP Standards & Clinical Practice Committee**

Authors: David Jaslow, MD, MPH
 Arthur Yancey II, MD, MPH
 Andrew Milsten, MD

Cost: NAEMSP Member: \$15.00
 Non-member: \$30.00
 Shipping & Handling: \$ 5.00

To order *Mass Gathering Medical Care: The Medical Director's Checklist*, please fill out the following information and return it to the NAEMSP Executive Office at the above address or fax number.

Name: _____ Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____ E-mail: _____

	Quantity	Price Each	Total
NAEMSP Member		\$15.00	
Non-member		\$30.00	
		Subtotal	
		Add shipping & handling (\$5.00)	
		TOTAL	

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*): _____

NAEMSP 2002 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show

The Westin La Paloma Resort & Spa ■ Tucson, Arizona ■ January 10-12, 2002

PRELIMINARY PROGRAM

NAEMSP thanks... WYETH-AYERST PHARMACEUTICALS for their support of the Friday evening's "A Night Under the Stars" and for their support of the Annual Meeting Tote Bags.
 ZOLL MEDICAL CORP. for their support of an Annual Meeting speaker grant.
 MEDTRONIC PHYSIO-CONTROL, CORP. for their support of the 5th Annual C.J. Shanaberger Memorial Lecture and Keynote Address and support for our Verbal Abstract Awards.

Pre-conference Activities

Sunday, January 6

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

Monday, January 7

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

Tuesday, January 8

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

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 9

8:00 a.m. – 5:00 p.m. NAEMSP Research Workshop

8:00 a.m. – 5:00 p.m. Fireground 101 Workshop

8:00 a.m. – 5:00 p.m. CONTOMS Medical Directors Course

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

10:00 a.m. – 2:00 p.m. Industry Relations Task Force Meeting

3:00 p.m. – 6:00 p.m. *REGISTRATION DESK OPEN – Canyon Foyer

3:00 p.m. – 7:00 p.m. Homeland Security Roundtable Discussion with **Dr. Jeffrey Runge, NHTSA Administrator** (by invitation only)

5:00 p.m. – 7:00 p.m. Standards and Clinical Practice Committee Meeting – **Ritu Sahni, MD, MPH**

7:30 p.m. – 9:00 p.m. **PRESIDENT'S RECEPTION**

Conference Activities

Thursday, January 10

7:00 a.m. – 4:30 p.m. *REGISTRATION DESK OPEN – Canyon Foyer

7:00 a.m. – 9:00 a.m. Committee/Task Force Meetings
(All attendees are welcome and encouraged to attend committee meetings.)

- ◆ Diversity Task Force – **Lori Moore, MPH, EMT-P**
- ◆ EMS Physician Certification Task Force – **Jon R. Krohmer, MD, FACEP**
- ◆ Operational EMS Sub-Groups – **Edward M. Racht, MD**
Fire Ground; Tactical EMS; Technical Rescue/Urban Search & Rescue; Terrorism & Hazardous Materials
- ◆ Research Committee – **Robert Swor, DO**
- ◆ Rural Affairs Task Force – **Douglas F. Kupas, MD**

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**
(International included)

8:30 a.m. – 5:00 p.m. Incident Command System (ICS) Course
(Optional; additional fee required)

GENERAL SESSIONS

9:00 a.m. – 10:00 a.m. Introduction and Welcome, President's Address, and NAEMSP Business Meeting –
Richard C. Hunt, MD, FACEP

10:00 a.m. – 11:00 a.m. C.J. Shanaberger Memorial Lecture and Keynote Address –
Ronald D. Stewart, OC, MD, FRCPC, DSc
Supported by Medtronic Physio-Control Corp.

An overview of 30 years of EMS from the perspective of a founding president, clinician, researcher, EMS doc, academic, health minister and would-be philosopher.

About the C.J. Shanaberger Memorial Lecture and Keynote Address
The C.J. Shanaberger Memorial Lecture and Keynote Address celebrates the life of one of the most brilliant and creative individuals to call EMS "home." As a paramedic, an attorney, and as a scholar with soul, passion, wit and elan, C.J. Shanaberger was responsible for identifying and sculpting the legal and ethical framework of contemporary EMS. By way of hundreds of articles and lectures, she articulated a vision of EMS in which our technical interventions could only achieve their maximal benefit if we demonstrated individual and collective accountability. We now practice not in her shadow, but under her wing.

Each of our gifted speakers chosen to present the NAEMSP keynote address shares the lifelong joy of learning and education which so characterized our departed colleague. In so doing, each of us is nurtured, our profession is ennobled, and C.J. is honored and remembered.

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
(Abstract titles and presenters will be listed in the January/February issue of *NAEMSP News*, *Prehospital Emergency Care*, and posted to the NAEMSP website.)

12:30 p.m. – 1:30 p.m. **LUNCH ON OWN** (Lunch will be available for nominal fee in the Exhibit Hall)

12:30 p.m. – 1:30 p.m. *Prehospital Emergency Care (PEC)* Editorial Board Meeting and Luncheon –
James Menegazzi, PhD, Editor-in-Chief
(by invitation only)



1:30 p.m. EXHIBIT HALL CLOSED UNTIL 5:15 P.M.

Seminar on Medical Direction

1:30 p.m. – 2:15 p.m. Medical Direction Styles – Panel Discussion –
Paul Paris, MD, FACEP, LLD(Hon);
Edward M. Racht, MD

The panel will discuss different styles of providing direction in EMS agencies. Audience participation is encouraged to discuss different approaches and the positive and negative of each.

2:15 p.m. – 3:00 p.m. Medical Director Pitfalls – **Marc Eckstein, MD**
Medical direction of EMS systems can be difficult at times. Common pitfalls encountered by medical directors will be discussed with tips provided on ways to respond to these issues.

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

3:30 p.m. – 4:15 p.m. Personnel Problems and Solutions –
Sabina A. Braithwaite, MD, FACEP

During this presentation several common personnel problems encountered in medical direction will be reviewed and sample resolutions will be presented in an interactive format.

4:15 p.m. – 5:15 p.m. Medicolegal Cases Involving Medical Direction –
W. Ann Maggiore, JD, EMT-P

Medicolegal cases involving medical direction will be discussed in a participatory format with the audience.

5:15 p.m. – 6:15 p.m. Moderated Poster Session A
(International included)

6:30 p.m. – 7:45 p.m. WELCOME RECEPTION IN EXHIBIT HALL

Friday, January 11

7:00 a.m. – 1:30 p.m. *REGISTRATION DESK OPEN – Canyon Foyer

7:00 a.m. – 9:00 a.m. Committee/Task Force Meetings
(All attendees are welcome and encouraged to attend committee meetings.)

♦ Air Medical Services Task Force – **Steve Thomas, MD, MPH**

♦ Communications Committee & Technology Task Force –
Cai Glushak, MD; Greg Mears, MD

♦ EMS Administrators Task Force – **William Chaplaeu, EMT-P, RN**

♦ EMS Fellow & Fellowship Graduates Task Force –
Guillermo J. Pierluisi, MD, MPH

♦ International Affairs Task Force – **Francis Mencl, MD**

♦ Operational EMS Task Force – **Edward M. Racht, MD**

7:15 a.m. – 9:00 a.m. CONTINENTAL BREAKFAST IN EXHIBIT HALL

7:15 a.m. – 3:30 p.m. EXHIBIT HALL OPEN

7:15 a.m. – 3:30 p.m. POSTER PRESENTATIONS OPEN – SESSION B
(International included)

GENERAL SESSIONS

8:00 a.m. – 9:00 a.m. Research Presentations, Hour #2
(Abstract titles and presenters will be listed in the January/February issue of *NAEMSP News*, *Prehospital Emergency Care*, and posted to the NAEMSP website.)

9:00 a.m. – Noon Computers for Medical Professionals I:
Great Presentations with PowerPoint
(Optional; additional fee required)
Edward A. Michelson, MD; Steven Weiss, MD

Participants are encouraged to bring a laptop computer for use during this interactive session. A CD-Rom with software will be provided.

9:00 a.m. – 9:45 a.m. ALIVE Trial – Lidocaine or Amiodarone –
Brian Schwartz, MD, CCFP (EM), FCFP

The *Amiodarone versus Lidocaine In Prehospital Refractory Ventricular Fibrillation Evaluation* study was conducted over 5 years in Toronto, Canada. This session will present the study results and discuss the challenges of performing a randomized controlled study in an EMS system.

9:45 a.m. – 10:30 a.m. Ambulance Diversion – Models for Survival –
Jonathan L. Epstein, MEMS, NREMT-P;
James J. Augustine, MD

This session will address diversion from a prehospital perspective and discuss strategies and best practice from Massachusetts.

10:30 a.m. – 11:00 a.m. REFRESHMENT BREAK IN EXHIBIT HALL

11:00 a.m. – Noon Research Presentations, Hour #3
(Abstract titles and presenters will be listed in the January/February issue of *NAEMSP News*, *Prehospital Emergency Care*, and posted to the NAEMSP website.)

Noon – 1:00 p.m. LUNCH ON OWN OR Diversity in EMS Luncheon
(Optional; additional registration fee required)
U.S. Congressman Ed Pastor

“It is the mission of the NAEMSP Diversity Committee to develop and recommend policy relative to diversity issues in emergency medicine, to assist NAEMSP membership in improving relationships and promoting understanding and respect, and educating NAEMSP membership regarding diversity issues and the law.” The Diversity luncheon is designed to provide a forum for presentation and interactive discussion on the importance of diversity in emergency medicine and prehospital emergency medical services. Invited to speak at this year’s luncheon is U.S. Congressman Ed Pastor of Arizona. Congressman Pastor is serving his tenth year in Congress and was recently appointed to the House Appropriations Committee. He serves on the Committee on Standards of Official Conduct and the Democratic Steering and Policy Committee. Congressman Pastor has also served as Chairman of the Congressional Hispanic Caucus and continues to be an active member. He earned his Juris doctorate from Arizona State University in 1974.

Noon – 3:30 p.m. NAEMSP BLOOD DRIVE IN EXHIBIT HALL

1:00 p.m. – 3:30 p.m. EMS System Showcase
Moderator: **Thomas Blackwell, MD, FACEP**

1:00 p.m. – 1:45 p.m. Rural – **Robert M. Domeier, MD**
Huron Valley Ambulance, Michigan

1:45 p.m. – 2:30 p.m. Urban – **Ronald G. Pirralo, MD, MHSA**
Milwaukee, Wisconsin

2:30 p.m. – 3:15 p.m. International – **Tomas Drabek, MD;**
Ondrej Franek, MD, Prague, Czech Republic

3:15 p.m. – 3:30 p.m. Questions and Panel Discussion

The EMS System Showcase is designed to provide members with a forum to examine, understand and evaluate how other EMS programs operate. The showcase will include three EMS systems, one rural, one urban/suburban, and one international. The format will include an overall description of the system including system design, communications, on-line and off-line medical direction, and operations. Unique or interesting components that have been incorporated into the system will be highlighted, along with ways in which unusual challenges (geography, demographics, politics, etc.) have been overcome. Audience members will have the opportunity to acquire information that may be useful for their own organizations.

1:00 p.m. – 4:00 p.m. Computers for Medical Professionals II:
Creating Great Web Pages
(Optional; additional fee required)
Edward A. Michelson, MD; Steven Weiss, MD

Participants will learn how best to use Dreamweaver to design and customize their own web page.

3:30 p.m. – 3:45 p.m. REFRESHMENT BREAK



PRELIMINARY PROGRAM, *continued from page 5*

3:45 p.m. – 5:00 p.m. Response to Terrorism: The New York Experience – **John J. Clair, Assistant Commissioner for EMS, FDNY; Glenn Asaeda, MD, Deputy Medical Director, FDNY**

The recent horrific acts of terrorism on September 11, 2001 has been forever implanted on the collective consciousness of all Americans. Key personnel from the New York Fire Department will share with the audience their first hand experiences of the response at ground zero.

5:00 p.m. – 6:00 p.m. Moderated Poster Session B – (International included)

7:00 p.m. – 9:00 p.m. “A NIGHT UNDER THE STARS” SOCIAL EVENT – Supported by Wyeth-Ayerst Pharmaceuticals

Saturday, January 12

7:00 a.m. – 9:00 a.m. Committee Meetings
(All attendees are welcome and encouraged to attend committee meetings.)

♦ Joint Task Force on Legislative Affairs – **Robert Bass, MD, FACEP**

♦ Membership Committee – **David C. Cone, MD**

♦ Pediatrics Task Force – **Richard Orr, MD**

♦ Program Committee – **Thomas Blackwell, MD, FACEP**

7:15 a.m. – 9:00 a.m. CONTINENTAL BREAKFAST

7:30 a.m. – 5:30 p.m. *REGISTRATION DESK OPEN – Canyon Foyer

8:00 a.m. – 11:00 a.m. POSTER PRESENTATIONS OPEN – SESSION B (International included)

GENERAL SESSIONS

8:00 a.m. – 9:00 a.m. Research Abstracts Presentations, Hour #4
(Abstract titles and presenters will be listed in the January/February issue of *NAEMSP News*, *Prehospital Emergency Care*, and posted to the NAEMSP website.)

9:00 a.m. – 10:00 a.m. International Disaster Response – **Kenneth Hines, MD, MBBS, FRSH, MIEM**

This presentation will illustrate how doctors and the ambulance service have responded to terrorist bombs, train crashes and other catastrophic incidents in London. This session will draw from case studies as to how established procedures work best and what can go wrong.

10:00 a.m. – 10:15 a.m. REFRESHMENT BREAK

10:15 a.m. – 11:15 a.m. National EMS Research Agenda Rollout – **Michael R. Sayre, MD**

The final document developed by NHTSA and MCHB in conjunction with NAEMSP describes the history, reviews the current status of EMS Research and makes recommendations on changes that would provide for the best effect on the EMS systems and enables future emergency medical services to increase evidence-based practices.

11:15 a.m. – 12:15 p.m. Wellness Issues for Prehospital Personnel – **Chief Alan Brunacini; Assistant Chief Steve Storment**

Wellness for prehospital providers is paramount for optimal provider performance and retention. Often the need for an ongoing wellness program is overlooked in the day-to-day operations of prehospital services. The presenters will address important wellness concepts for all prehospital providers as well as present specific components of programs that can be easily integrated into an operational setting to promote well-being among personnel.

12:15 p.m. – 1:30 p.m. AWARDS LUNCHEON

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

TRACK I: Systems Design/Integration Issues

1:45 p.m. – 2:30 p.m. HCFA Issues: Surviving the Audit – Our Experience – **George Hevesy, MD, FACEP; Andrew A. Rand, BS, CRC; Mark L. Rotert, JD**

Anatomy of a government investigation: “Who” and “What” to expect and what to do. The panel will present their experience undergoing a recent HCFA audit, providing information on provider response in this situation.

2:30 p.m. – 3:15 p.m. Fine-tuning the Ground to Air Care Continuum – **Laurie Romig, MD, FACEP**

Taking advantage of the experience of Bayflite’s high volume, multi-based scene trauma response helicopter system, this presentation offers strategies for fine-tuning the working relationships between ground EMS agencies and air medical services, from the administrative level to the clinical.

TRACK II: Prehospital Education

1:45 p.m. – 2:30 p.m. National EMS Public Health Initiative – **Jon R. Krohmer, MD, FACEP; Jeff P. Michael, PhD**

This session will summarize the findings and recommendations of the EMS & Public Health Roundtable Series conducted during 2000-2001. The Roundtable Series was jointly sponsored by NAEMSP, NHTSA, and the American Public Health Association. About 40 EMS and public health leaders participated in the discussions, identifying opportunities for collaboration and developing strategies for overcoming institutional barriers.

2:30 p.m. – 3:15 p.m. Innovations in Pediatric Education – **John A. Brennan, MD**

Creative ways to provide provider education and stimulate interest in pediatric care issues will be presented during this session.

3:15 p.m. – 3:30 p.m. REFRESHMENT BREAK

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

TRACK III: New Technology Integration in EMS

3:30 p.m. – 4:15 p.m. Wireless E-911/Automatic Crash Notification – **Bob W. Bailey; Richard C. Hunt, MD; Jay M. Scott, BS, NREMT-P**

Newly developed emergency access technology such as wireless E-911 and automatic collision notification will be discussed during this session as they relate to changing EMS response.

4:15 p.m. – 5:00 p.m. Prehospital Applications of Telemedicine – **Debra G. Perina, MD; Edward Ullman, MD**

This session will provide an overview of possible applications of telemedicine in the EMS environment, with specific presentation of one application of telemedicine in scene responses of an aeromedical service. Discussion of the specific component devices and technology employed in this setting will be presented.

TRACK IV: Hot Topics/Issues

3:30 p.m. – 4:15 p.m. Should This Study Change My Practice? – **David C. Cone, MD**

Is there ever a circumstance where one, large, well-done study provides enough evidence for a change in practice? Or is more than one study needed before we are convinced that the results are meaningful? On several occasions in the past few years, some EMS services have changed their practice based on a large “landmark” study that appeared in the literature. This session will discuss the theory behind adapting the literature to clinical practice, with particular focus on how this is done in the prehospital environment.

4:15 p.m. – 5:00 p.m. Addressing Errors in EMS Practice – **Robert E. O’Connor, MD, MPH**

This session will address errors in health care, which can have serious consequences, not only for patients but for society as a whole, given the considerable national expenditures required to address these errors. The Institute of Medicine called for improvements in patient safety, and recent efforts have focused on integrating EMS systems into error analyses of the total health-care system. Error audits may decrease sources of errors and can better identify EMS providers who would benefit from retraining.

Sunday, January 13

8:00 a.m. – Noon President’s Council Meeting

Noon – 3:00 p.m. Board of Directors Meeting

To Our Members

continued from page 1

upon to respond in the future in ways that we can't predict today. Giving blood, making sure your disaster plans are reviewed, caring for yourselves and families, and getting appropriate rest is important.

Over the past few weeks, NAEMSP leadership has been active on a number of fronts in the medical response to terrorism. 1) The NAEMSP Executive Committee (Drs. Bass, O'Connor, Krohmer and myself) and our NAEMSP Executive Director, Dede Gish-Panjada, met on October 14, 2001 with the American College of Emergency Physicians (ACEP) leadership and ACEP Executive Director, Colin Rorrie. The meeting served as a foundation for potential collaborative efforts in the medical response to terrorism. 2) We have had numerous conversations regarding terrorism response with Dr. Jeff Michael, EMS Division Chief of the National Highway Traffic Safety Administration (NHTSA). 3) With support from NHTSA, NAEMSP was represented on a panel discussion on weapons of mass destruction at the American Public Health Association (APHA) meeting held in Atlanta, Georgia. 4) We met with the leadership of the National Association of State EMS Directors on these issues. Dr. Bass, NAEMSP President-Elect, and I attended this meeting in mid-October. 5) Board members, committee and task force chairs have been queried about how NAEMSP can best utilize our considerable talents in the medical response to terrorism.

We cannot be paralyzed by this event. As an organization, and as individual members, we will move forward in this changed world to continue to meet our mission: "...provide leadership and foster excellence in out-of-hospital emergency medical services."

Each of you are on the "front lines" of medical responses to terrorism. NAEMSP is working hard to do what we do best in these very difficult times, "to provide leadership and foster excellence in out-of-hospital emergency medical services." My prayers are with each of you as we meet the profound challenges before us.

Response to a Terrorist Attack in California: "Complex Emergencies" Come Home

continued from page 1

stressed on a daily basis beyond its capacity we currently have little reserve. These are the resources we would activate:

- Regional Resources. Ambulance units from surrounding counties, public safety personnel, vehicles and emergency department treatment spaces and hospital beds. These are available to us through medical mutual aid and could be activated in minutes to hours.
- State and Federal Assets. Valuable state assistance might be epidemiological investigators, mobile laboratory capability, and law enforcement, transportation and communications resources. Patient treatment assistance would have to come from the federal government through military medical personnel, pharmaceutical supplies and technical expertise from the Armed Forces, the Centers for Disease Control and the Public Health Service. These assets, including the volunteer Disaster Medical Assistance Teams (DMAT's) can be mobilized in hours to days, but are dependent on availability. (The more areas affected, the less able DMAT's may be to assist.

San Francisco's areas of emphasis for future improvement are:

- Institute regular citywide drills of our capabilities.
- Establish caches of medical equipment and supplies distributed throughout the city.

- Construct additional emergency treatment capacity perhaps by developing an intermediate care facility to improve care for intoxicated patients on a day-to-day basis that could be converted rapidly to an acute care hospital in a disaster situation.
- Improve education requirements of physicians, nurses and allied health care professionals to include preparation for terrorist threats.

Useful website tools for NAEMSP members are:

- www.dph.sf.ca.us/ems: This website includes our policy manual, policies 2113 (Hospital Standards for HAZMAT and WMD) and 5010 (MCI Plan) may be most useful. Our protocol manual includes treatment protocols for special circumstances, numbers 100 (Austere Care), 101 (Crush Syndrome) and 102 (MMRS Treatment Protocols)
- www.medepi.org/sfdph/bt: This is the Department of Public Health's bioterrorism website for health care providers, and includes many useful items such as a summary poster on recognition of bio agent threats and set of training
- www.oes.ca.gov: This site, sponsored by the state of California Office of Emergency Services, has useful information, including updated information for members of the public on personal and workplace preparation. ★

2002 Annual Meeting

January 10-12

Mark Your Calendar for the 2002 Annual Meeting: January 10 – 12, 2002! Are you coming to Tucson? You don't want to miss this year's NAEMSP Annual Meeting: Specialty Workshops, Scientific Assembly and Trade show at the Westin La Paloma in Tucson, Arizona! The dates for the conference are January 10 – 12. The NAEMSP National EMS Medical Directors Course will be held January 6 – 9. Pre-conference workshops will be held January 9. We have an outstanding room rate of only \$177.00 (plus tax), so make your room reservations early! You can contact the Westin La Paloma reservations department at 800/937-8461. Be sure to mention you are with NAEMSP. Visit the Westin La Paloma's Website at www.westin.com.

Visit the NAEMSP Website www.naemsp.org to register on-line. Registration deadline is December 26, 2001.

2002 Oral/Poster Abstracts

The following research abstracts were accepted for Oral Presentation at the NAEMSP Annual Meeting, January 10-12, 2002.

Hour #1: Thursday, January 10, 2002, 11:30 a.m. – 12:30 p.m.

Scaling Exponent Prediction of Rescue Shock Outcome in Out-of-Hospital Cardiac Arrest

Lightfoot, BS; Menegazzi, PhD;
Wang, MD; Fertig, BS; Sherman, MD;
Callaway, MD, PhD
University of Pittsburgh, Pittsburgh,
Pennsylvania

Near-Infrared Spectrometry: A Sensitive Technique To Determine Changes In Cerebral Blood Volume Following Cardiac Arrest In Rats

Ferrara, 1,2; Xiao, MD; Rodriguez, PhD, 1,2;
Zhang, MD; Ewing, 1,2; Battarbee, PhD1;
Arnold, MD; Alexander, PhD1
Louisiana State University Health Sciences
Center, Shreveport, Louisiana

Predicting Emergent Operating Room Use In Trauma Patients Based On The Presence Of High-Risk Trauma Triage Criteria.

O'Connor, MD, MPH; Tinkoff, MD
Christiana Care Health System, Newark,
Delaware

An Emergency Medical Services Program Of Alternate Destination Of Patient Care

Schaefer; Rea; Plorde; Peiguss; Goldberg;
Murray
Public Health Seattle and King County,
Seattle, Washington

Hour #2: Friday, January 11, 2002, 8:00 a.m. – 9:00 a.m.

Use of the Tracheal Tube Introducer in a Paramedic Ambulance Service

Mahoney, MD, FACEP; Lappe, EMT-
Paramedic; McGill, MD, FACEP
Hennepin County Medical Center,
Minneapolis, Minnesota

A Multivariate Logistic Regression Model of Failed Prehospital Intubation Using a Prospective, Multi-Center Dataset

Wang, MD; Kupas, MD; Paris, MD; Bates,
MS; Yealy, MD
University of Pittsburgh, Pittsburgh,
Pennsylvania

The Use of the Combitube as a Salvage Airway Device for Paramedic Rapid Sequence Intubation

Valentine, MD; Davis, MD; Ochs, MD;
Hoyt, MD; Bailey, RN; Vilke, MD
University of California San Diego
Emergency Medicine, San Diego,
California

Feasibility of a Prospective, Multi-Center Evaluation of Prehospital Endotracheal Intubation

Wang, MD; Kupas, MD; Paris, MD; Bates,
MS; Yealy, MD

University of Pittsburgh, Pittsburgh,
Pennsylvania

Hour #3: Friday, January 11, 2002: 11:00 a.m. – Noon

Lack of Impact of an Educational Intervention on Prehospital Pain Management

McEachin, BSN, EMT-P/IC; McDermott,
FF/EMT-P; Swor, DO
William Beaumont Hospital-Royal Oak,
Royal Oak, Michigan

Smoke Detector Placement During EMS Calls: Outcomes of a Fire Safety Intervention

Cady; Pirrallo; Murawsky
Medical College of Wisconsin, Milwaukee,
Wisconsin

Pre-hospital Administration of Reteplase for ST Elevation Myocardial Infarction: Preliminary Results of ER-TIMI 19

Sayah, MD; Morrow, MD; Antman, MD;
Schuhwerk; Rosenberg, MD; Bhargava, MD;
McCabe; Waller, MD; Braunwald, MD;
Walls, MD
Caritas Good Samaritan Medical Center,
Brockton, Massachusetts

Combining Physician and Nurse Life Support Training in a Developing Country: Results of the Albania Pilot Project.

Walters; Kaplan; Wydro; Bilaj; Derivishi;
Kaditus; Satz
MCP Hahnemann University School of
Medicine, Philadelphia, Pennsylvania

Hour #4: Saturday, January 12, 2002: 8:00 a.m. – 9:00 a.m.

Revisiting Assumptions Underlying Defibrillation Shock Protocols: How Much Does Impedance Change Between First And Second Shocks?

Walker; Chapman
Medtronic Physio-Control, Redmond,
Washington

Effects of Interventions Prior to Defibrillation in a Swine Model of Prolonged Ventricular Fibrillation

Menegazzi, PhD; Wang, MD; Chengelis, BS;
Lightfoot, BS; Fertig, BS; Sherman, MD;
Callaway, MD
University of Pittsburgh, Pittsburgh,
Pennsylvania

Cardiac Arrest in Private vs Public Locations: Different Strategies are Needed to Improve Outcome

Swor, DO; Jackson; Compton; Honeycutt;
Zalenski; Domeier, MD
William Beaumont Hospital, Royal Oak,
Michigan

Location and Frequency of Out-of-Hospital Cardiac Arrest in Georgia: Implications for Public Access Defibrillation

Malcom III, MSIV; Coule, MD; Thompson,
MSIV

Medical College of Georgia, Augusta,
Georgia

The following research abstracts were accepted for Poster Presentation at the NAEMSP Annual Meeting, January 10 –12, 2002 (International included, but listed separately for this listing.)

The Effect of Standing Orders for Paramedic Rapid Sequence Intubation on Intubation Success Rates for a Large Urban Prehospital System

Davis, MD; Ochs, MD; Hoyt, MD; Bailey,
RN
UCSD, San Diego, California

Effect Of An Airway Education Program On Prehospital Intubation

Swanson, MD; Fosnocht, MD

University of Utah, Salt Lake City, Utah

The Effect of Etomidate on Airway Management Practices of an Air Medical Transport Service

Werman, MD; Schwegman, MD; Gerard,
MD

The Ohio State University College of
Medicine and Public Health; Columbus,
Ohio

Transient Hypoxemia During Rapid Sequence Induction by Paramedics for Closed Head Injury

Doney, MD; Dunford, MD; Ochs, MD
University of California San Diego
Hospital, San Diego, California

Measurement Of End-Tidal Carbon Dioxide (ETCO2) During Cardiopulmonary Arrest In Both The Pre-Hospital Setting And The Emergency Department Can Be Used To Enhance The Effectiveness Of CPR

Lauder, DO; O'Connor, MD, MPH; Azie,
MD; Megargel, DO
Christiana Care Health System, Newark,
Delaware

Endotracheal Drug Administration During Out-of-Hospital Resuscitation: Where are the Survivors?

Stratton, MD, MPH; Niemann, MD; Cruz,
MD; Lewis, MD, PhD
Harbor-UCLA Medical Center, Torrance,
California

Prehospital Cardiac Arrest and the Outcome Performance of the Low Energy Rectilinear Biphasic Waveform

Stothert; Hatcher; Gupton; Dalton; Love;
Brewer
Omaha Fire Department, Omaha,
Nebraska

An Assessment of Public Knowledge and Attitudes Regarding Automated External Defibrillation

Lubin, MD; Chung, MD; Williams, MD
Rhode Island Hospital / Brown University
School of Medicine, Providence, Rhode
Island

Willingness of High School Students to Perform Cardiopulmonary Resuscitation (CPR) and Automatic External Defibrillation (AED)

Hubble; Bachman; Price; Martin; Huie
Western Carolina University, Cullowhee,
North Carolina



Use Of Automatic External Defibrillators By Untrained Elderly Laypeople

Carter; March; Gough; Brewer

East Carolina University, School of Medicine, Greenville, North Carolina

The Cardiac Arrest Quotient and Efficient Police AED Response: The Effects of Unified Medical Priority Dispatch System Data on Locating Cardiac Arrests

Clawson, MD

National Academies of Emergency Dispatch, Salt Lake City, Utah

A Survey of First Responder Fire Fighter's Attitudes, Opinions, and Concerns about Their AED Program

Lerner, PhD, EMT-P; Hinchey, BS; Billittier IV, MD; Goldfarb, MD; Moscati, MD

State University Of New York at Buffalo, Buffalo, New York

Paramedic Reluctance to Terminate Resuscitation Efforts for Out-of-Hospital Cardiac Arrest Patients: Potential Factors Affecting Paramedics' Comfort Level with a Proposed New Field Termination Protocol

Hall II, MD; Marcucci, MD; Pepe, MD, MPH; DeTamble, RN; Wigginton, MD
University of Texas Southwestern, Dallas, Texas

Complications of prehospital CPR: A description of injury type and risk profile.

Lauder, DO; O'Connor, MD, MPH; Vickers, RN; Caplan, MD

Christiana Care Health System, Newark, Delaware

Cardiac Arrest Resuscitation Evaluation in Los Angeles: CARE-LA

Eckstein, MD; Stratton, MD; Weems, RN
Los Angeles Fire Department, Los Angeles, California

Automated External Defibrillators and Cardiac Arrests in NCAA Division III College Athletic Facilities

Pipho, MD; Farrell, MA, EMT-P; Fales, MD, FACEP
MSU/KCMS, Kalamazoo, Michigan

The Winslow Method for Determining the Number of AEDs Needed at Mass Gatherings

Motyka, MD; Newton, BA; Brice, MD, MPH; Winslow, MD

University of North Carolina, Durham, North Carolina

Field Termination of Resuscitation for Out-of-Hospital Cardiac Arrests

Eckstein, MD; Stratton, MD; Weems, RN
Los Angeles Fire Department, Los Angeles, California

Comparison of Prehospital Providers and Medical Control Physicians' Opinion of DNR Care

Shelton, MD; Kaczmarek, MD; Finch; DesChamps, MD; Silk, NREMT-P
Palmetto Richland Memorial Hospital, Blythewood, South Carolina

Does Location of Cardiac Arrest Predict Long Term Survival?

Swor, DO; Jackson; Pascual

William Beaumont Hospital, Royal Oak, Michigan

Cardiac Arrest Resuscitation Experience Under System Status Management

Fairbanks, MD, MS, NREMT-P; Shah, MD
University of Rochester, Rochester, New York

Early Brain Edema Formation Following Cardiac Arrest Is Not Mediated By Resident Neutrophils

Daniel; Arnold, MD; Xiao, MD; Zhang, MD, PhD2; Zhang, MD; Carden, MD1; Conrad, MD, PhD

Louisiana State University Health Sciences Center, Shreveport, Louisiana

New Insights Into Prehospital Stroke Care: A One-Year Study

Flores, MD; Crocco, MD; Sauerbeck, RN; Gullett, BS; Jauch, MD; Pio, EMT-P; Ottaway, EMT-P; Chenier, PhD

University of Cincinnati / West Virginia University, Morgantown, West Virginia

EMT Knowledge of Cerebral Vascular Accidents

Fuller, EMT-P; Schmidt, MD, MS; Snider, MS, NREMT-P; Jui, MD, MPH

American Medical Response, Portland, Oregon

Prehospital Heart Code Team Activation Based On Paramedic ECG Interpretation Is Accurate, And Does Not Result In Excessive Overtriage

O'Connor, MD, MPH; Reese, MD; Megargel, DO; Bailey, MD; Lauder, DO; Hopkins, MD;

DiSabatino, MSN; Bitner, BSN; Dougherty, BSN; Vickers, BSN; Rahman, MD

Christiana Care Health System, Newark, Delaware

Accuracy of Paramedic 12 Lead Electrocardiogram Interpretation and Utilization by Emergency Department Physician

Brown, BS; Sweeney, MD; O'Connor, MD

Christiana Health Care System, Newark, Delaware

Chest Pain Patients Calling 9-1-1 or Self-Transporting to the Hospital: Which Mode is Quicker?

Hutchings, Mstat; Mann, PhD, MS

University of Utah School of Medicine, Salt Lake City, Utah

Is There a Difference in Protocol Treatment of "Acute Coronary Syndromes" as Opposed to "Chest Pain"?

Schnyder, NREMT-P; Cox, BS, NREMT-P; Barnes, NREMT-P; Lauder, DO; Megargel, DO

Christiana Care Health System, Wilmington, Delaware

Prehospital Naloxone Resuscitation With Subsequent Refusal Of Treatment As A Risk Factor For Death From Opiate Overdose

Norton, MD; Snider, MS, NREMT-P

Oregon Health & Sciences University, Portland, Oregon

Submental Naloxone: A Useful Approach To Field Treatment Of Narcotic Overdose

Dunlap, MD; Anderson, PM; Rich;

Vaught, PM

Eugene Fire/EMS, Eugene, Oregon

A Pilot Study of Prehospital Intra-Nasal Fentanyl

Jacobs, MD; Oxer, MD; Ford

St. John Ambulance, Perth, Western Australia

Can A Simple Reminder Letter Improve Numbering Of Single-Family Residences?

MacMillan, PA, EMT-P; Cone, MD

Yale Emergency Medicine, New Haven, Connecticut

Temporal Trends In Ambulance Diversion In A Mid-Sized Metropolitan Area

Warden, MD, MPH; Bangs, MS; Norton, MD; Huie, BA

Oregon Health Science University, Portland, Oregon

Can Paramedics Accurately Identify Patients Who do Not Require ED Care?

Silvestri, MD; Rothrock, MD; Kennedy, MD; Ladde, MD; Pagane, MD; Bryant, RN, EMT-P

University of Florida, and The Institute of EMS Education and Research, Inc.,

Orlando, Florida

"Shake, Rattle and Broil": The Environmental Storage Condition Compliance of Out of Hospital Pharmaceuticals in Central Virginia

Hummel, III, MSBME, NREMT-P;

Barry, MHA, NREMT-P; Gould, RN, NREMT-P;

Rose, PharmD

Virginia Commonwealth University, Medical College of Virginia, Richmond, Virginia

Reliability of Short-Term Outcome Coding in an EMS System

Anderegg; Joyce

University of Utah, Salt Lake City, Utah

Distribution of Presenting Medical Complaints in a Multi-Day Charity Bicycling Event

Purpora, MSN, CRNP; Handley, EMP-T, CPTC; Cottingham, MSN; Reynolds, MD;

VanRooyen, MD, MPH

Johns Hopkins

Hepatitis B Antibody Testing of Prehospital Care Providers: The MedicScreen HEP-B Project

Packer, MS, NREMT-P; Mosesso, Jr., MD, FACEP; O'Dair, RN, MPH, MSW

UPMC Health System, Pittsburgh, Pennsylvania

Fire Safety Practices Among Residents of an Independent Living Facility

Jaslow, MD, MPH; Ufberg, MD; Yoon, MD;

Jakubowski, MS, EMT; McQueen
Temple University Department of

Emergency Medicine, Wyncote, Pennsylvania

Cleaning The EMS Vehicle: Are Current Practices Effective?

Corbit, MD; Chambers, BBA, NREMT-P; Peter, MD; White, MS; Chang

Akron General Medical Center, Akron, Ohio

continued on page 10

Tactical Emergency Medical Services: A Snapshot

Tricaso, DO; McMullen, MD; Hilbert, EMT-P; White, MS
Akron General Medical Center, Akron, Ohio

First Field Trial of a Combined Umbilical Cord Disinfectant, Clamp, Cutter and Containment System for Use in Emergency, Disaster and Developing Country Contexts

Bell, DrPH, MSN; Papolaya, MD, DTPH
Center for Family Welfare, University of Indonesia, North East, Maryland

Base Station Physician Refusals of Paramedic Drug Intervention Requests

Dickinson, MD, NREMT-P; Schultz, EMT-P; Mechem, MD
Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

How Paramedic Interventions Differ in a Suburban/Urban and Rural EMS System

Schnyder, NREMT-P; Megargel, DO; Lauder, DO
Christiana Care Health System, Wilmington, Delaware

The Evidence Basis for Prehospital Interventions

Sundheim, Resident at the Metrohealth Medical Center, Cleveland, Ohio; Cruz
University of Illinois College of Medicine, Peoria, Illinois

Impact of an On-Call Physician on Emergency 911 Transports from a County Jail

Chan, MD; Dunford, MD; Smith, RN; Sparrow, MSW; Vilke, MD
University of California San Diego, San Diego, California

Does Having a Static Paramedic Partner Lead to Reduced On-scene Times?

Schnyder, NREMT-P; Lauder, DO; Megargel, DO
Christiana Care Health System, Wilmington, Delaware

Spatial Modeling in Emergency Medical Systems: Analysis of a Regional Trauma System

Bangs, MS(c); Norton, MD; Gunnels, MS, RN
Oregon Health & Sciences University, Portland, Oregon

Using GIS Software, EMS Data and Spatial Representation To Support Prioritization of Public Health Prevention and Intervention Resources

Edwards, BA, EMT-P; Dolan, MD, FAAP; Raue, DG; Menzel; Overton, MPA
Richmond Ambulance Authority / Medical College of Virginia at VCU / Diplom-Geograph, University of Bonn, Germany

Evaluation of Two Mass Casualty Disaster Drills Using Trained "Victim" Data Collectors

Joyce; Cornia; Preston
University of Utah, Salt Lake City, Utah

Hospital Resident Physician Response to a Mass Casualty Drill

Locasto, MD; Stein, MD; Mistler, DO
University of Cincinnati, Loveland, Ohio

The "Mellow Millennium": The Effect of Field Medical Clinics on Demand for EMS Services in San Francisco New Year's Eve 1999-2000

Brown; Hammer; Kellogg; Petrie; Wachsmuth; Yant; Isaacs
San Francisco Department of Public Health, San Francisco, California

Follow-up of Elderly Patients Who Refuse Transport after Accessing 9-1-1

Vilke, MD; Sardar, MD; Fisher, EMT-P; Dunford, MD; Chan, MD
University of California, San Diego Medical Center, San Diego, California

Factors Influencing Survival in Pediatric Out-of-Hospital Cardiopulmonary Arrest

Moynihan, DO; Sehra, MD; Daher MS; Checchia, MD
Loma Linda University Children's Hospital, Loma Linda, California

Optimal Defibrillation Pad Placement On Pediatric Patients By First Responders

Jorgenson; Griesser; Solosko; Geraci; Cary; Chan; Bardy
Philips Medical Systems-Heartstream, Seattle, Washington

Out-of-hospital Pediatric Intubation by Paramedics: The San Diego Experience

Vilke, MD; Steen, MSN, RN; Smith, MPH; Chan, MD
University of California, San Diego Medical Center, San Diego, California

Predictors of Emergency Medical Service Utilization by Elders

Shah MD; Glushak, MD; Mulliken, MD; Walter, MD; Friedman, MD, MPH; Chin, MD, MPH
University of Rochester School of Medicine, Rochester, New York

Apparent-Life-Threatening-Events (ALTE) and EMS No-Transport

Pointer, MD FACEP; McGuire, EMT-P
Alameda County Emergency Medical Services Agency

Recognition Of Apparent-Life-Threatening-Events (ALTE) By Out-Of-Hospital Personnel

Henshaw, EMT-P; Pointer, MD, FACEP
Alameda County Emergency Medical Services Agency,

Eyewitness To Child Abuse & Neglect

Markenson; Foltin; Matza-Haughton; Tunik; Treiber; Cooper
Harlem Hospital Center Columbia University College of Physicians and Surgeons, New York, New York

An Analysis of EMT-Paramedic Verbal Reports to Physicians in the Emergency Department Trauma Room

Scott, MSII; Brice, MD, MPH; Baker, MD; Shen, Graduate Student
University of North Carolina School of Medicine, Chapel Hill, North Carolina

Injury Patterns and Levels of Care at Mass Gatherings

Milsten, MD, MS; Bissell, PhD; Seaman, MD, FACEP; Maguire, MSA, EMT-P
University of Maryland, Annapolis, Maryland

ATLS Practices and Survival at Rural Level III Trauma Hospitals, 1995-1999

Gunnels, PhD(c), MS, RN; Adams, MA, MPH; Hedges, MD, MS
Oregon Health & Science University, Portland, Oregon

The Rate of Emergency Department Spine Radiography is Reduced with the use of a Selective Prehospital Spine Immobilization Protocol

Domeier, MD; Swor, DO; Frederiksen, RN
Saint Joseph Mercy Hospital, Ann Arbor, Michigan

Change From EMT-I To Paramedic Level Of Care In A Semi-Rural Area Does Not Impact Utilization Of Aeromedical Transport

Fosnocht, MD; Swanson, MD; Middleton
University of Utah, Salt Lake City, Utah

An Analysis Of Occupational Injuries In An Aeromedical Program

Doyle, MD; Delbridge, MD, MPH; Nicholas, RN; Cole, MD
University of Pittsburgh, Pittsburgh, Pennsylvania

Effect Of Flight Crew Shift And Time Of Day On Number Of Endotracheal Intubation Attempts And Duration Of Intubation Procedures Performed For Air Medical Transport

Ilbergleit; Philpott; Lowell; Wagner
University of Michigan, Ann Arbor, Michigan

Current Practices in Advanced Airway Management by Air Medical Programs.

Wydro, MD; Yeh, MD; Walters, MD; Hamel, NREMT-P
MCP - Hahnemann University, Philadelphia, Pennsylvania

Severity Scoring And Mortality Of Adult Patients Transported By An Air Medical Service: Identification Of Trends And Characterization Of Performance

Silbergleit; Snyder; Nelson
University of Michigan, Ann Arbor, Michigan

Perceptions Of State Health Officers and State Veterinarians Regarding Risks Posed By Bioterrorism: A National Survey

Tharratt, MD, MPVM; Case, MS, DVM, PhD; Hird, DVM, MPVM, PhD
University of California, Davis, Sacramento, California

A Wilderness Treat and Release Protocol at Grand Canyon National Park

Stephanides; Kolar; Collins; Phillips
University of Cincinnati, Cincinnati, Ohio



The following International research abstracts were accepted for Poster Presentation at the NAEMSP Annual Meeting, January 10-12, 2002.

Overview Of The Dominican Red Cross Emergency Relief Operations Following Hurricane Georges

Baez, MD, MSc; De La Rosa

Dominican Society of Prehospital Medicine Prehospital Care in the Bahamas

Ezenkwele, MD, MPH; Burnett-Garraway, MD; Green, MD, MPH

Department of Emergency Medicine, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

Emergency Medical Services in St. Vincent and the Grenadines

Boros, MS, BS

formerly of St. George's University, Grenada

Emergency Medical Services in Cuba: an Overview

Lugo-Amador, MD
Boston Medical Center, Framingham, Massachusetts

An International Training Program in Tactical and Protective Emergency Medical Support

Tang, MD; Baez, MD; Dey, MD; Lt. Guzman

The Johns Hopkins University, Baltimore, Maryland

New Paradigm for EMS in Developing Nations: Responding to Realities

Kapur, MD; Razzak, MD
Yale School of Medicine, Section of Emergency Medicine, New Haven, Connecticut

Emergency Medicine in the Republic of Poland

Mace, MD, FACEP, FAAP; Chmielewski, DO, FACEP

Cleveland Clinic Foundation, Cleveland, Ohio

Recent Advancements in EMS delivery in Guatemala City

Hess; Villagran; Green

Johns Hopkins University, Department of Emergency Medicine, Baltimore, Maryland

Review Of The First 5 Months Of Service Of A New EMS Prague-West Center At Jesenice, Czech Republic

Drabek; Havlicek; Seblova

EMS Prague-West

Prehospital Ground and Air EMS of the Argentine Special Forces and Paratroopers

Taylor, MD; Gerhardt, MD, MPH
Brook Army Medical Center, Converse, Texas

A 'Cloak of Care' Spread over a Continent

Oxer, MD

St. John Ambulance, WA Ambulance, Inc., Perth, Western Australia ★

GRANTS Update

National EMS Research Agenda

The National EMS Research Agenda is in the process of being finalized. An overview of the Agenda will be provided by Principal Investigator, Dr. Michael Sayre at the 2002 NAEMSP Annual Meeting, January 10 – 12, 2002 at The Westin La Paloma Resort & Spa in Tucson, Arizona. In addition, plans are underway to hold a conference to further the National EMS Research Agenda in Spring 2002.

EMS and Public Health Roundtable Meetings

NHTSA's fourth EMS and Public Health Roundtable Meeting was held July 26, 2001 in Washington, D.C. The bulletins from the meetings are being developed and will be available upon request by faxing your request to NHTSA at (202) 366-7721.

Pediatric and Adolescent Mental Health Emergencies

The Pediatric and Adolescent Mental Health Emergencies Consensus Meeting was held on October 5, 2001 at the Sheraton International Hotel at the BWI Airport in Baltimore, MD. A report of the meeting is available on the NAEMSP website at www.naemsp.org under the Grants topic.

Development of the National EMS Core Content

Principal Investigator, Dr. Jon Krohmer and Co-Principal Investigator, Dr. John Brennan are in the process of inviting representatives from various national organizations to participate in the first Core Content Task Force Meeting to be held in Spring 2002.

NAEMSP Welcomes New Members



Jonathan Apfelbaum, MD	Steven Katz, MD
Brian Barhorst, EMT	Kevin Kendall, MD
Richard Clinchy III, BS, PhD, EMT-P	Bolling Knowles
Michael-James Cunningham	Mark Lindquist, MD
Mohamud Daya, MD, MS	Damian MacDonald, MD
Brian Dunleavy, DO	Craig MacInnes
Randy Ellis, MD, FACEP	Merci Madar, MD, PhD
Kevin Ernstring, MD	Todd Nelson, MD, MS
Rollin Fairbanks, MD, MS, NREMT-P	Gary Pablo, MD
Marc Gautreau, MD	Mark Rucker, MD
Bruce Gordon, MD	Kenneth Schepke, MD, FAAEM
Jack Grandey, NREMT-P	Joseph St. John, NREMT-P
Jon Hobbs, DO	Gregory Stiller, MD
Nettie Jenkins, RN, RMT	Dawna Wells, RN, BSN, PA-C
Robert Jones, MD	Cina Wilson-Ramirez, MD, MPA, MA
Arther Kanowitz, MD, FACEP	
Mark Katsaros, DO	

NAEMSP's Annual Meeting with *International Flare*

Francis Mencl, MD, *International Affairs Task Force Chair*

One of the highlights of this year's meeting will be a presentation by Dr. Kenneth Hines on the London (England) experience with disaster and terrorism: *International Disaster Response*. In light of the tragic attack on New York, this is perfect timing. The English, as well as many other Europeans, have been dealing with terrorism for some time. Dr. Hines's experience dates back to 1970 and includes numerous train and airplane crashes, as well as many terrorist bombings, several hostage situations and other civil disturbances. In addition, Dr. Hines was Medical Incident Officer for the 50th anniversary of VE (Victory in Europe) Day celebrations, as well as for Princess Diana's funeral. His presentation on show should be very interesting.

For the first time ever, the EMS System Showcase will feature an international system. This year, we will hear from Prague EMS. One of the oldest systems in the world, the Prague EM system has been in existence for 150 years and is well established. Nonetheless, they face many of the same challenges that we do here in the United States. For example, inappropriate use, hospital overcrowding, and diversion. In addition, there are the periodic Prague Marathon and other sporting and entertainment events, not to mention the occasional IMF/World Bank meeting with its "fan club."

In common with many of the European countries, the Czech's staff ambulances with doctors. What is very interest-

ing is Prague's development of a two-tier system of response known as the "rendezvous" system, which in many ways is similar to some of our systems, but with a smaller number of paramedic staffed ambulances serving a larger area served by more numerous basic staffed squads. Dispatch attempts to determine the severity of the call and determine the appropriate level of response. They also have a well-developed system whereby BLS ambulance take on-duty physicians staffing urgent care centers on after-hours house calls. Needless to say, they have a much higher treat and release rate than we do in the United States. This presentation is a nice complement to the existing rural and urban system showcase. If successful, future plans are to profile other overseas systems, such as London, Sydney, Paris, Israel, Buenos Aires, etc.

The international poster abstracts submitted for NAEMSP's 2002 Annual Meeting also continues to grow. We have more international posters this year than last! This year there will be good representation from Central and South America, as well as the Caribbean. There will also be an international poster abstract on the Polish EMS System, and an oral international abstract presentation on a training program in Albania. The addition of the above presentations and poster abstracts should make for a well-rounded annual meeting with something there for everyone! *I look forward to seeing all of you in Tucson!*

International Association of Fire Fighters (IAFF)

Yale Fellowship in Fire-based EMS Announced

The International Association of Fire Fighters (IAFF) and the Division of EMS in the Yale University Section of Emergency Medicine announce the establishment of a jointly sponsored EMS fellowship. The new program includes all of the elements found in the NAEMSP/SAEM model curriculum, and provides unique opportunities for research and experience relevant to medical oversight of fire-based EMS systems. The IAFF-Yale EMS fellow for academic year 2001-2002 is Bethany Cummings, DO, who completed her residency in Emergency Medicine at the University of Rochester, Strong Memorial Hospital program.

The IAFF brings unique resources to the fellowship. Under Lori Moore, Special Assistant to the General President, the IAFF Division of Technical Assistance and Information Resources has extensive EMS systems research in progress. Major projects include development and validation of performance indicators and metrics in EMS systems as well as application of GIS technology in EMS system design and re-configuration. Ms. Moore is in the final stages of completing a DrPH degree from George Washington University, and has been appointed to the Yale Emergency Medicine Faculty.

All Yale EMS fellows are afforded the opportunity to take courses leading to Connecticut state certification as fire fighters, and are expected to become certified to the hazardous materials First Responder-Operations level. Fellows may become members of the regional physician field response team after completing basic courses in emergency vehicle operation

and incident command systems, and also serve as Associate Medical Directors for local EMS services in the area.

The IAFF-Yale fellow also spends approximately one week per month at IAFF Headquarters in Washington, DC, utilizing the research resources available there and gaining insight into national and international EMS issues at the highest political levels.

The IAFF, which represents 245,000 career fire fighters and emergency medical personnel in the United States and Canada, sponsors several intra- and extramural academic research initiatives. Examples include the IAFF Burn Foundation, supporting research into treatment and rehabilitation of burn injuries, and the Occupational Medicine Residency position sponsored by the IAFF through the Johns Hopkins University School of Medicine. According to Harold A. Schaitburger, General President of the IAFF, "This collaboration will foster the development of EMS physicians with incomparable expertise in fire-based EMS system design and oversight. Such expertise is in high demand as the fire service is by far the largest provider of EMS in North America. The operational emphasis of this fellowship program serves our membership by providing physicians well-prepared in the areas of fire ground medical support and optimal deployment of local EMS resources."

For further information, please contact David C. Cone, MD, Fellowship Director at david.cone@yale.edu. ★

The ABEM Continuous Certification Program continues to evolve

October 2001, The American Board of Emergency Medicine (ABEM) announced new changes to the organization's continuous certification program.

Many of the changes were based on feedback from diplomates who will participate in ABEM's Emergency Medicine Continuous Certification (EMCC) program. At its July 2001 Board of Directors meeting, ABEM approved revisions to EMCC that clarify the requirements of the program and provide diplomates with more options.

"Hundreds of diplomates contributed important suggestions to improve EMCC," said John McCabe, MD., EMCC Task Force Chair. "The Board listened carefully to this feedback and conducted a scientific diplomate opinion survey to validate suggestions before making the most recent changes. We will continue to welcome and encourage comments and input as EMCC continues to evolve and improve."

Here are some of the latest EMCC developments based on actions taken at ABEM's summer meeting:

- EMCC will be implemented in 2004 instead of 2003.
- The Board has delayed the Practice Performance component until valid measures are developed.
- The Board also delayed the requirement that candidates hold unrestricted Emergency Medicine privileges until valid measures and appropriate due process can be developed.
- ABEM is encouraging the American College of Emergency Physicians, the Society for Academic Emergency Medicine, and other EM organizations to provide continuing medical education (CME) credits to diplomates who complete the EMCC annual self-assessment exams. Nearly all diplomates surveyed by ABEM indicated that CME credit for the annual self-assessment exams would add value to the EMCC program. However, ABEM is not a CME provider, nor is CME part of ABEM's mission.
- The Board broadened the eligibility criteria for EMCC. Virtually any diplomate eligible for recertification under current ABEM rules will also be eligible for continuous certification under EMCC. Under the revised EMCC program, no diplomates will be excluded based on area of practice or specialization.
- The Board added more flexibility and options to EMCC's annual self-assessment exams and 10-year ConCert exams. The Board also continued its commitment to making EMCC as convenient as possible for diplomates.
- The Board made the commitment to implementing EMCC in 10-year cycles.

ABEM certifies the nation's emergency physicians. It is one of the 24 medical specialty boards that are members of the American Board of Medical Specialties (ABMS). ABMS is requiring its member boards to move from a periodic recertification process to a continuous certification model.

ABMS believes that continuous certification will better serve the American public and the specialties. All member boards will be required to establish higher and more continuous specialty certification requirements that comply with the ABMS standards. The ABMS standards and the ABEM EMC program promote continuous learning and annual assessment.

Under the EMCC program diplomates will complete annual self-assessment exams for nine years, followed by the comprehensive ConCert exam in year 10. The annual exams will be offered over the Internet. The 10-year exams will be offered at more than 200 centers across the nation to minimize or eliminate the need for costly over-night travel. Diplomates will also be required to hold valid, unqualified and unrestricted medical licenses on a continuous basis in all jurisdictions where they have a license.

For the latest details about EMCC, please visit www.abem.org.

In Fondest Memory of Richard Shomo

Greg Mears, MD, NAEMSP Member-at-Large

On August 21st, 2001, NAEMSP and the EMS community lost a true friend. Richard Shomo, a member of NAEMSP since 1995, was very active as a member of the Rural Affairs Task Force Committee. Richard had a Masters degree in nursing, and despite the physical toll associated with chemotherapy due to multiple myeloma, in May 2001 he completed his Masters degree in Public Health.

Richard was very active in EMS education and administration. He served on the Virginia State EMS Advisory Council, was a founding member of the Virginia Ambulance Association, and was very active in consultation and collaboration with services regarding EMS system design and administration.

We will always remember Richard as a voice of reason and a very practical, energetic friend. He will truly be missed!

News From the Executive Office

Dede Gish-Panjada, MBA, Executive Director, and Stacie M. Beckwith, CMP, Association Manager

Board of Directors Elections

The ballot for the Board of Directors election was included in the September 2001 issue of *NAEMSP News*. The deadline to return the ballot to the NAEMSP Executive Office was Monday, November 5. The office staff is in the process of notifying the nominees of the election results. Complete results will be posted in the January 2002 issue of *NAEMSP News* and announced during the January 2002 annual meeting. We hope that you will give your personal congratulations to the newly elected leaders when attending the conference in January.

Oral & Poster Research Abstracts

Check out the oral and poster abstracts chosen for presentation at the January 2002 annual meeting on pages 8-11 of this issue. We received 110 submissions via the electronic-only abstract submission site. We were able to accept 16 oral presentations and 65 poster presentations (including 11 international posters), for an overall 74 percent acceptance rating. This year's meeting will once again offer attendees insight on new research and practice techniques, positively impacting their own EMS system or practice.

2002 Annual Conference: January 10-12, The Westin La Paloma Resort & Spa, Tucson, Arizona

This issue contains an updated preliminary education program for the 2002 annual meeting. By now, you should have received the preliminary brochure in the mail. Our program co-chairs, Drs. Tom Blackwell and Debra Perina, and the 2002 Annual Meeting Program Committee have been hard at work putting this cutting-edge education program together that will include a special session on terrorism. Note the Fireground 101 Workshop, which promises to be an extraordinary experience, offered to better understand the physiologic stresses involved in interior structural firefighting. We are very excited about the entire program and the wide range of pertinent and educational information to be provided to our conference attendees. If you have any questions or comments about the program, contact Dr. Debra Perina at dgp3a@hscmail.mcc.virginia.edu or the NAEMSP Executive Office at info-naemsp@goAMP.com, or by phone at 913/492-5858, ext. 448. Register on-line at www.naemsp.org. Registrations received after 5:00 p.m. CST on December 26, 2001 will be processed at the meeting as the staff leaves for Tucson on January 7, 2002.

Website Updates

We have modified our website with a more user-friendly design and format. Thanks to Dr. Greg Mears, Technology Committee Chair, and the committee members, for their input and guidance on the website changes. We strongly recommend you visit our site at www.naemsp.org and give us any comments or suggestions for improvement. Many new links to other related organizations have been added that we know you will find interesting. The "Member's Only" area continues to be updated on a monthly basis to keep you up-to-date with hot topics in EMS and membership activities, including our association newsletters, committee activities, and the membership directory. Your membership ID number listed on your member-

ship card is needed to gain access to this area, in addition to your personal five-digit password. The other areas of the site, including position papers and conference information, are still available to members and non-members alike. We now offer E-commerce on the site, which allows our members to renew their membership, register for the conference, and order merchandise on-line. We hope this feature has provided a more convenient and efficient way for you to register and pay for these activities. Soon to come is a special *News Update* page on our website provided to our members, as well as non-members, to include time-sensitive EMS issues normally provided to the membership in our bi-monthly newsletter. These time-sensitive issues will eventually be provided in print, but are immediately accessible on the web.

2003 Annual Conference: January 16-18, Marriott Bay Point Resort Village, Panama City Beach, Florida

Remember to mark your calendar for our 2003 annual meeting, from January 16-18, 2003, at the Marriott Bay Point Resort Village in Panama City Beach, Florida. This property is an exceptional location and we're very pleased to have this agreement in place, not to mention the fabulous room rate of \$110 for such quality accommodations. Program ideas and speakers are being accepted now for this conference, so please send your suggestions to program chair Dr. Debra Perina, at dgp3a@hscmail.mcc.virginia.edu. We appreciate your input, which allows the educational programs to continue to meet your needs.

Service to Members

The NAEMSP Executive Office has been using its capability to broadcast e-mail information to the membership lately. This service provides you, our members, with timely, informative information quickly and easily. If you haven't received any broadcast e-mails recently from the executive office, please contact us to make sure we have your correct e-mail address. You can send us a message at info-naemsp@goAMP.com and we'll use the "reply to" address for your information.

Exhibit Spotlight

You may have visited the NAEMSP booth at the American College of Emergency Physicians (ACEP) meeting, October 15-17, in Chicago, Illinois. This meeting attracted over 3,500 emergency medicine professionals, so NAEMSP's presence there was important and well received. Stacie Beckwith, Association Manager, attended and staffed the NAEMSP booth and had the pleasure of meeting several NAEMSP members and potential members for the first time and seeing old friends. NAEMSP will also exhibit at the Emergency Medical Services for Children (EMSC) Third National Congress on Childhood Emergencies Conference, April 15-17, 2002, in Dallas, Texas. Volunteer board, committee members and staff will be recruited to staff the NAEMSP booth at the conference.

We hope to see you in January at the Westin La Paloma Resort & Spa!



www.ecu.edu/emed



www.uhseast.com/root/rch

Tired of the Big City hustle and bustle? Want to try practicing emergency medicine in a more laid-back setting? Check out rural eastern North Carolina!

The Brody School of Medicine at East Carolina University is recruiting community emergency physicians to staff the ED at Roanoke-Chowan Hospital in Ahoskie NC, starting July 1, 2002. The newly constructed ED opened in September 2001 and sees about 17,000 patients per year, with a 30% admission rate. There will be single physician coverage, complemented by a physician extender on the weekends. There is a diverse medical staff covering most major specialties and providing excellent back-up for this 124-bed hospital, providing care to 39,000 people in the region. We are recruiting for a Medical Director, an EMS physician and two to three staff physicians. Preference will be given to physicians with emergency medicine residency training or ABEM/AOBEM certification, but primary care board certification also acceptable. The physicians will have faculty appointments with the Department of Emergency Medicine at the Brody School of Medicine, which is based clinically at Pitt County Memorial Hospital, a 740-bed Level I trauma center, with 55,000 ED visits per year, in Greenville NC. The group staffing the ED at Roanoke-Chowan Hospital will function as an independent unit within the department. Ahoskie is in the northeast quadrant of NC, near the border with Virginia and the beautiful Albemarle Sound. It is a relaxed and very family-oriented community, located two hours from the coast and four hours from Washington, DC. Compensation is competitive and commensurate with qualifications; an excellent fringe benefits program is provided.

Please submit letter of interest and curriculum vitae to:

Nicholas Benson, MD, MBA
Professor and Chair
Department of Emergency Medicine
The Brody School of Medicine at East Carolina University
600 Moye Boulevard
Greenville, North Carolina, 27858-4354
Phone 252-816-4757; Fax 252-816-5014

ECU is an EEO/AA employer and accommodates individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Proper documentation of identity and employability required at the time of employment. Current references must be provided upon request.

Christiana Care Health System

Christiana Care Health System is accepting applications for those interested in pursuing a Fellowship in Emergency Medical Services. The Fellowship is a 12-24 month SAEM/Physio-control approved program, with emphasis on EMS research and education.

Christiana Care Health System is an academic residency training site in Delaware, with an established clinical research program for emergency medicine, trauma, and cardiology, and is primarily involved in education, command, medical direction, and research for EMS across the State of Delaware.

Candidates for the 2002-2003 academic year are currently being sought for this exciting program, and should be BC/BE emergency medicine residency trained physicians. Those interested are encouraged to contact Dr. E. David Bailey at 302/733-1840. Write: Christiana Care Health System, Department of Emergency Medicine, 4755 Ogletown-Stanton Road, Newark, DE 19718. E-mail: edbaileymd@aol.com

EMS FELLOWSHIP POSITION

The University of Chicago, Section of Emergency Medicine is accepting applications to its EMS Fellowship program for one or two year terms. Fellowship will be conducted in an academic setting affiliated with one of the largest EMS providers in the country. Abundant scholarly and field opportunities are available along with support for meeting attendance, office space, computer facilities, books and journals. The University of Chicago has full approval as a SAEM/Physio-Control EMS Fellowship site. For further information please contact:

Cai Glushak, MD
EMS Medical/Fellowship Director
773-702-9502
cglushak@medicine.bsd.uchicago.edu



The University of Chicago is an Affirmative
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EMS Calendar

January 10-12, 2002: National Association of EMS Physicians (NAEMSP) 2002 Annual Meeting: Specialty Workshops, Scientific Assembly and Trade Show. Location: The Westin La Paloma Resort & Spa, Tucson, Arizona. Contact: 913/492-5858, ext. 448, or e-mail at mfrihart@goAMP.com.

January 16-18, 2001: University of Arizona College of Medicine and Arizona Emergency Medicine Research Center at the Arizona Health Sciences Center's Advanced Hazmat Life Support Conference. Location: University Medical Center, Tucson, Arizona. Contact: Danielle Crouse at 520/626-2305, or e-mail at ahlsinfo@aemrc.arizona.edu.

February 3-8, 2001: Medical Symposiums, Incorporated and the Texas College of Emergency Physicians Saint Martin 2002 EMERGENCY AND CRITICAL CARE MEDICINE: *THE CUTTING EDGE*. Location: Le Meridien Hotel, Saint Martin, French West Indies. Contact: www.medicalsymposiums.com.

March 12-16, 2002: JEMS 20th Annual EMS Today Conference & Exposition. Location: Kansas City Convention Center, Kansas City, Missouri. Contact: Jems Communications at 800/266-5367, or visit www.jems.com.

March 14-17, 2002: American Academy of Emergency Medicine 8th Annual Scientific Assembly. Location: Hyatt Regency San Francisco, San Francisco, California. Contact: AAEM Executive Office at 800/884-2236, or visit www.AAEM.org.

March 20-22, 2001: University of Arizona College of Medicine and Arizona Emergency Medicine Research Center at the Arizona Health Sciences Center's Advanced Hazmat Life Support Conference. Location: University Medical Center, Tucson, Arizona. Contact: Danielle Crouse at 520/626-2305, or e-mail at ahlsinfo@aemrc.arizona.edu.

April 15-17, 2002: Third National Congress on Childhood Emergencies. Location: Adams Mark Hotel, Dallas, Texas. Contact: 202/884-4927.

April 21-26, 2002: National Academies of Emergency Dispatch (NAED) NAVIGATOR 2002 Emergency Dispatch Conference. Location: St. Petersburg Hilton Hotel, St. Petersburg, Florida. Contact: NAED Executive Office at 800/960-6236 or 801/359-6916, or visit www.emergencydispatch.org.

September 3-6, 2002: National Association of EMS Educators Conference. Location: Portland, Oregon. Contact: 310/794-8798, or visit www.pcrf.mednet.ucla.edu.

September 17-20, 2002: Swiss Air-Rescue/Rega Airmed 2002 World Congress Conference. Location: Interlaken, Switzerland. Contact: +41-33-827-62-00, or visit www.AIRMED2002.ch.

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, or visit www.naemsp.org for more details.

The deadline for article and advertisement submissions for March/April 2002 issue of [NAEMSP News](#) is January 28, 2002.



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