



June 2001

Voluntary Guidelines for Out-of-Hospital Practices

National Association of EMS Physicians
National Association of State EMS Directors
American College of Emergency Physicians

The National Association of EMS Physicians (NAEMSP), the National Association of State EMS Directors (NASEMSD) and the American College of Emergency Physicians (ACEP) believe that out-of-hospital emergency medical services (EMS) systems should provide the highest quality of service and patient care based on current scientific research and available resources. Various organizations, including professional societies and governmental agencies, routinely develop and disseminate voluntary guidelines that impact patient care practices. If utilized, voluntary guidelines should be used to supplement and enhance the overall local system structure and function. They should be implemented only in a systematic process encompassing all facets of an EMS system under supervision of the EMS physician medical director. Voluntary guidelines should not be considered as the required standard of care for EMS systems.

NAEMSP/NASEMSD/ACEP Announce Joint Position Statement: Voluntary Guidelines for Out-of-Hospital Practices, 2001

Washington, DC — The National Association of EMS Physicians (NAEMSP), the National Association of State EMS Directors (NASEMSD) and the American College of Emergency Physicians (ACEP) announced a joint position statement in June 2001 on the use of voluntary emergency medical services (EMS) guidelines for out-of-hospital care, stating they are designed to enhance patient care, but are not required standard (see above).

"This new policy provides important guidance for the nation's EMS providers and will give EMS physicians the autonomy they need in determining how voluntary guidelines are used in their communities," said Robert W. Schafermeyer, MD, President of the American College of Emergency Physicians. "Emergency physicians establish treatment protocols for EMS services across the nation, and this joint policy was developed in response to the numerous guidelines routinely developed and distributed by various organizations, including professional societies and governmental agencies."

"The policy is a landmark decision that will ensure that voluntary guidelines are considered within the context of the entire EMS system, and in the best interest of the public's health," said Richard Hunt, President of NAEMSP. "If used, voluntary guidelines should supplement and enhance the overall local system structure and function. They should be implemented only in a systematic process encompassing all facets of an EMS system under supervision of the EMS physician medical director. Voluntary guidelines should not be considered as the required standard of care for EMS systems."

In issuing the joint statement, the three organizations said that out-of-hospital emergency medical services (EMS) systems must provide the highest quality of service and patient care based on current scientific research and available resources.

Dia Gainor, MPA, President of the NASEMSD, said "EMS agencies, especially rural, resource-challenged services, must decide what will best serve the needs of their patients. What they change in their practice every time a new national guideline comes along should be based on methodical decisions and the guidance of their medical director."

The joint position statement is published above and also posted on the following Web sites: naemsp.org, acep.org, or nasemsd.org. ★

There has been recent confusion in the medical community about the American Heart Association's recommendations for the use of antiarrhythmic medications, specifically amiodarone and lidocaine, in the treatment

continued on page 14

IN THIS ISSUE:

President's Corner	2
NAEMSP 2002 Annual Meeting	3
Tentative 2002 Annual Conference Schedule	4
NAEMSP Research Workshop	5
NAEMSP Board of Directors Elections	6
EMRI Experts Train Turkish Doctors in Hospital Disaster Planning and Preparedness	9
NAEMSP Position paper	10
Grants Update	11
TEMS Task Force Update	12
News From the Executive Office	13
Job Placement	15
Call for Photographs	15
New Members	15
EMS Calendar	16

President's Corner

Voluntary Guidelines for Out of Hospital Practices

If I counted the number of NAEMSP related e-mails and conversations I have had since January, the "Number One Hit" topic has been voluntary guidelines that impact patient care. Countless hours of discussion at the Board of Directors' table has centered on how voluntary guidelines by various organizations impact patient care practices, as well as entire EMS systems. The NAEMSP Board of Directors believes that if voluntary guidelines are utilized they should be used to supplement and enhance the overall local system structures and function. The challenge to EMS systems is to recognize that, in some instances, implementation of voluntary guidelines may compromise the functioning of the EMS system infrastructure. For example, compliance with a voluntary guideline by buying a new piece of equipment for every ambulance may result in the need to offset that cost by eliminating an ambulance from the system.

These lengthy discussions about this issue have resulted in the NAEMSP Board of Directors "fast tracking" a policy statement entitled "Voluntary Guidelines for Out-of-Hospital Practices" (see page 1). The last sentence in that policy statement is indeed the bottom line: "Voluntary guidelines should

not be considered as the required standard of care for EMS systems." Through the efforts of Dr. Bob Bass, President-Elect, and Dr. Jon Krohmer, Immediate Past President, the National Association of State EMS Directors and American College of Emergency Physicians have joined us on this important policy. To my knowledge, this is the first time that the National Association of EMS Physicians, the National Association of State EMS Directors, and the American College of Emergency Physicians have joined together on a policy statement. I am most grateful for the rapid action of our NAEMSP Board of Directors, and the ACEP and NASEMSD Board of Directors who quickly responded to this important issue. I am hopeful that this policy statement will indeed serve the needs of the patients in EMS systems throughout the country, and our public's health.

Three Days in July and the Baltimore/Washington Parkway

• July 26, 2001 EMS and Public Health Roundtable

At the American Public Health Association headquarters in Washington, DC, representatives from leadership in EMS and public health had a fourth joint meeting, sponsored by NHTSA. The group has come from



Richard C. Hunt, MD, FACEP

a "get to know each other" context, to forging "new frontiers" in the interest of fostering excellence in out-of-hospital care and public health. These new frontiers involved discussions about EMS and public health demonstration programs, as well as dual credentialing program development. The dual credentialing concept involved the possibility of EMTs or paramedics becoming credentialed in public health, and vice versa.

• July 27, 2001 Top Issues in EMS Forum

Our board of directors, like all EMS physicians groups, tend to be very action oriented. We have rare opportunities to set aside time to really think through and prioritize what we believe to be the top issues in EMS. The need to have a board discussion of topics used in EMS, coupled with an interest from industry to have access to the thoughts of the board of directors, resulted in "Top Issues in EMS Forum" in Baltimore. This forum provided a rare opportunity for the board of directors to really sit down and strategically think through the issues confronting EMS today. Approximately 40 representatives from the corporate world, as well as our federal partners, sat in on those discussions, opening up new venues for dialogue. The NAEMSP Board of Directors came up with a well thought out list of top issues in EMS. This list was provided to committee and task force chairs for committee input as well as to you, our valued members. I hope you had the chance to comment on these issues as

continued on page 5

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

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Copy Deadlines

January 2002 issue: November 27, 2001

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

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

The following is the preliminary program for NAEMSP's January 2002 Annual Meeting. Please note that topics and times are subject to change. The program will continue to be published in this newsletter as it evolves. You can also watch our Web site at www.naemsp.org for updates and more information. The preliminary program will be mailed to all NAEMSP members in late-October. Various pre-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 fabulous resort! You can visit The Westin La Paloma Resort & Spa's Web site at www.westin.com, click on "quick search" for Arizona and enter "The Westin La Paloma Resort & Spa." There are many activities and tourist attractions near this fabulous resort. For more information on area attractions, visit the Metropolitan Tucson Convention & Visitors Bureau Web site at <http://www.arizonaguide.com/destinations/cities/tucson.shtml>. You must be attending NAEMSP's annual meeting to receive the discounted hotel room rate.

SCHEDULE OF EVENTS

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

Pre-conference Activities

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 (or equivalent) 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

5:00 p.m. – 7:00 p.m. Committee Meetings

7:30 p.m. – 9:00 p.m. **President's Reception**
PSMO, 3rd Edition Editor's book signing

Thursday, January 10

Conference Sessions begin

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

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

8:00 a.m. – 1:30 p.m. Poster Presentations & International Posters Open – Session A

8:00 a.m. – 1:30 p.m. **Exhibit Hall Open**

8:30 a.m. – 5:00 p.m. Incident Command System (ICS) Course

GENERAL SESSIONS

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

10:00 a.m. – 11:00 a.m. C.J. Shanaberger Memorial Lecture and Keynote Address – **Ronald D. Stewart**

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** (*Lunch available for nominal fee in Exhibit Hall*)

12:30 p.m. – 1:30 p.m. *Prehospital Emergency Care (PEC) Editorial Board Meeting and Luncheon (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; Edward Racht*

2:15 p.m. – 3:00 p.m. Medical Director Pitfalls – **Marc Eckstein**

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

3:30 p.m. – 4:15 p.m. Personnel Problems and Solutions – **Sabina Braithwaite**

4:15 p.m. – 5:15 p.m. Medicolegal Cases Involving Medical Direction – **W. Ann Maggione**

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

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

9:00 a.m. – 9:45 a.m. ALIVE Trial – Lidocaine or Amiodarone – **Brian Schwartz**

9:00 a.m. – Noon Computers for Medical Professionals I: Great Presentations with PowerPoint – **Edward Michelson; Steven Weiss**



Friday, January 11 (continued)

GENERAL SESSIONS

- 9:45 a.m. – 10:30 a.m. Ambulance Diversion – *Models for Survival* – **Jonathan Epstein; James Augustine**
- 10:30 a.m. – 11:00 a.m. **REFRESHMENT BREAK IN EXHIBIT HALL**
- 11:00 a.m. – Noon Research Presentations, Hour #3
- Noon – 1:00 p.m. **LUNCH ON OWN** or **Diversity in EMS Luncheon** (additional registration fee required)
- Noon – 3:30 p.m. **NAEMSP BLOOD DRIVE IN EXHIBIT HALL**
- 1:30 p.m. – 3:30 p.m. **EMS System Showcase**
- 1:00 p.m. – 1:45 p.m. Rural – *Huron Valley Ambulance, Michigan* – **Robert Domeier**
- 1:45 p.m. – 2:30 p.m. Urban – *Milwaukee, Wisconsin* – **Ronald Pirrallo**
- 2:30 p.m. – 3:15 p.m. International – *Prague, Czech Republic* – **Tomas Drabek**
- 3:15 p.m. – 3:30 p.m. Questions and Panel Discussion
- 1:00 p.m. – 4:00 p.m. Computers for Medical Professionals II: Using Dreamweaver to Design Web Pages **Edward Michelson; Steven Weiss**
- 3:30 p.m. – 3:45 p.m. **REFRESHMENT BREAK**
- 3:45 p.m. – 5:00 p.m. Response to Terrorism: The New York Experience – **John Clair, Assistant Commissioner for EMS, FDNY; David Prezant, Deputy Chief Medical Officer, FDNY**
- 5:00 p.m. – 6:00 p.m. Joint Trauma Arrest Task Force Meeting
- 5:00 p.m. – 6:00 p.m. Moderated Poster Session B (*International included*)
- 6:00 p.m. – 8:00 p.m. **“A NIGHT UNDER THE STARS” SOCIAL EVENT** (supported by Wyeth-Ayerst Laboratories)

Saturday, January 12

- 7:00 a.m. – 9:00 a.m. Committee Meetings (*All attendees are welcome and encouraged to attend committee meetings.*)
- 7:15 a.m. – 9:00 a.m. **CONTINENTAL BREAKFAST**
- 8:00 a.m. – 11:00 a.m. Poster Presentations and International Posters Open – Session B

GENERAL SESSIONS

- 8:00 a.m. – 9:00 a.m. Research Presentations, Hour #4
- 9:00 a.m. – 10:00 a.m. International Disaster Response – **Kenneth Hines**
- 10:00 a.m. – 10:15 a.m. **REFRESHMENT BREAK**
- 10:15 a.m. – 11:15 a.m. National EMS Research Agenda Rollout – **Michael Sayre**
- 11:15 a.m. – 12:15 p.m. Wellness Issues for Prehospital Personnel – **Alan Brunacini; Steve Stormont**
- 12:15 a.m. – 1:30 p.m. **AWARDS LUNCHEON**

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

TRACK I: Systems Design/Integration Issues

- 1:45 p.m. – 2:30 p.m. EMTALA Update – *Current Prehospital Experience* – **George Hevesy; Andrew Rand; Mark Rotert**

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

TRACK II: Prehospital Education

- 1:45 p.m. – 2:30 p.m. National EMS Public Health Initiative – **Jon Krohmer; Jeff Michael**
- 2:30 p.m. – 3:15 p.m. Innovations in Pediatric Education – **John Brennan**
- 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 – **Robert Bailey, Kathleen Dunn, Jay Scott**
- 4:15 p.m. – 5:00 p.m. Prehospital Applications of Telemedicine – **Debra Perina; Edward Ullman**

TRACK IV: Hot Topics Issues

- 3:30 p.m. – 4:15 p.m. Should This Study Change My Practice? – **David Cone**
- 4:15 p.m. – 5:00 p.m. Errors in EMS Practice – **Robert O’Conner**

Sunday, January 13

- 8:00 a.m. – Noon President’s Council Meeting
- Noon – 3:00 p.m. Board of Directors Meeting

Tentative 2002 Annual Meeting Committee/Task Force Meeting Schedule

WEDNESDAY, JANUARY 9, 2002: 10:00 a.m. – 2:00 p.m.

Industry Relations Task Force Meeting (Mike Sucher)

5:00 p.m. – 7:00 p.m.

Standards and Clinical Practice Committee (Ritu Sahni)

THURSDAY, JANUARY 10, 2002: 7:00 a.m. – 9:00 a.m.

Diversity Task Force (Lori Moore)

EMS Physician Certification Task Force (Jon Krohmer)

Operational EMS Subcommittees (Edward Racht)

Research Committee (Robert Swor)

Rural Affairs Task Force (Douglas Kupas)

FRIDAY, JANUARY 11, 2002: 7:00 a.m. – 9:00 a.m.

Air Medical Services Task Force (Steve Thomas)

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

EMS Administrators Task Force (Will Chaplaeu)

EMS Fellow & Fellowship Graduates Task Force (Guillermo Pierluisi)

International Affairs Task Force (Francis Mencl)

Operational EMS Task Force (Edward Racht)

5:00 p.m. – 6:00 p.m.

Joint Trauma Arrest Task Force (Jon Krohmer)

SATURDAY, JANUARY 12, 2002: 7:00 a.m. – 9:00 a.m.

Joint Task Force on Legislative Affairs (Robert Bass)

Membership Committee (David Cone)

Pediatrics Task Force (Richard Orr)

Program Committee (Thomas Blackwell and Debra Perina)

continued from page 2

well. Our goal is to eventually present NAEMSP's Top Issues in EMS to the entire EMS community.

• **July 28, 2001 Board of Directors Meeting**

The NAEMSP Board of Directors meeting in Baltimore included a conversation with representatives from the American Heart Association regarding issues of common interest and concern. Dr. Krohmer reported on his progress with the EMS Physician Certification Task Force. Dr. Sayre reported that the *EMS Research Agenda For The Future* document has been forwarded to NHTSA for their review. Notably, the board of directors has had representation at meetings with the Office of Domestic Preparedness, the American Geriatrics Society, and the Brain Attack Coalition.

The board unanimously voted to send a letter of support to Senator Fritz Hollings, Chair of the Senate Commerce Committee, in support of Dr. Jeffrey Runge, President Bush's nominee for NHSTA Administrator. As President of NAEMSP, it was an honor to attend his nomination hearings. Dr. Runge is an emergency physician from Carolina's Medical Center in Charlotte, NC, and has been a long time supporter of injury control and emergency medical services.

• **Baltimore/Washington Parkway**

Between the American Public Health Association headquarters and our board of directors meeting room at the Sheraton BWI there is the Baltimore/Washington Parkway. Dr. Bob Bass, NAEMSP President-Elect was kind enough to drive Immediate Past President, Dr. Krohmer and I from Washington to Baltimore. It was a rainy day and there was a lot of traffic. Dr. Bass' State of Maryland issued EMS Medical Director's car has no less than five radios. The time the three of us spent in the car together may have seemed mundane at the time, but, as I reflected on that drive, it was really a magical time. The burning desire to live up to our mission to foster excellence in out-of-hospital care was palpable in the conversations. And we had fun! My guess is that same passion for fostering excellence in out-of-hospital care is within each member of NAEMSP. I wish each of you could have been with us on the Baltimore/Washington Parkway. *We would have had fun listening to the EMS radios – all five of them.* ★

NAEMSP

Research Workshop

Date: Wednesday, January 9, 2002

Time: 8:00 a.m. to 5:00 p.m.

Maximum Enrollment: 30 participants

NAEMSP members Drs. Jane Brice and Brooke Lerner will co-direct the NAEMSP Research Workshop at the 2002 NAEMSP Annual Meeting in Tucson, Arizona.

General Information:

This workshop was developed by NAEMSP 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; software options and basic statistical tests.
- Ethical considerations and consent issues in EMS.
- Publishing and presenting research results.

This is an excellent opportunity to learn research skills, as well as, exchange ideas and experience the collaborative spirit. Use the conference registration form to reserve a spot for this workshop. The research workshop is a pre-conference workshop.

Faculty: Jane Brice, MD, MPH; E. Brooke Lerner, PhD; EMT-P, David Cone, MD; Ronald Moscatti, MD; Robert O'Connor, MD, MPH; Michael Sayre, MD; Robert Swor, MD; Lynn White, MS.

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 Web site at www.westin.com. The preliminary program brochures will be mailed in mid October.

Visit the NAEMSP Web site www.naemsp.org for additional information.

NAEMSP Board of Directors

for Terms January 13, 2002 – Annual Meeting January 2004

An official election ballot is on page 7 of this newsletter

The NAEMSP Nominating Committee, chaired by NAEMSP Immediate Past President Jon R. Krohmer, MD, FACEP, is pleased to present you with the following exceptional candidates for the open positions on the Board of Directors. The Nominating Committee received many interested candidate submission for the two open professional member-at-large positions, so choosing the slate was difficult. However, the Committee was very pleased to receive so much interest in serving on the Board of Directors. We encourage all of our members to be active and involved in our association.

Candidate biographies are included on the following pages. The ballot can be found on page 7. The Board of Directors candidate slate is as follows:

Physician Member-at-Large (vote for two): David C. Cone, MD
Vincent N. Mosesso, Jr., MD, FACEP
Edward M. Racht, MD
Keith Wesley, MD, FACEP

The candidates listed above are physician members in good standing with the association and have agreed to serve the membership and the best interests of the association if elected.

In the case of a tie, another mail ballot will be issued for those candidates involved. If a tie results after two ballots, the NAEMSP Board of Directors shall determine the winner by a simple majority vote of the members of the board.

The voting will close at **5:00 p.m. CST on Monday, November 5, 2001**, so envelopes need to be postmarked by this day and time. Only the original ballot contained in this newsletter will be accepted. Facsimiles and copies of the official ballot will **not** be accepted or counted as a vote. A return envelope is included with this newsletter, although a plain envelope can be used. **Your signature is required across the envelope seal to validate your vote.**

Voting is open to all physician, professional, resident and fellow members of the NAEMSP in good standing. Medical students and honorary members are not eligible to vote.

Thank you for taking time to place your vote for the NAEMSP Board of Directors.

Statements From the Candidates

PHYSICIAN MEMBER-AT-LARGE

David C. Cone, MD

It is an honor to be nominated for re-election to an At-Large position on the NAEMSP Board of Directors. I have greatly enjoyed serving on the Board for the past two years, and feel I have made a significant contribution to the continued progress of the association.

I began my EMS career in 1984, when I completed my first EMT-A course. I then served as a volunteer EMT for my town's ambulance service during college and medical school. Little was known about emergency medicine or EMS at Columbia University in New York, where I attended med school, but I was fortunate to complete my Emergency Medicine residency and an EMS fellowship at the Medical College of Pennsylvania in Philadelphia, where EMS as an academic subspecialty has had firm roots for many years. I remained at MCP for five years as faculty, before moving to New Haven, CT in mid-1999 to take on the EMS direction role at Yale. I now serve as medical director for a twelve-town EMS region, and as Associate Professor, EMS Division Chief, and

fellowship director for a newly launched program that is training its second EMS fellow this year. I continue my field involvement as a volunteer firefighter for my town's fire company, and as a Medical Team Manager for Pennsylvania's federal urban search and rescue task force.

Both in Philadelphia and in New Haven, I have been fortunate to have the support of department chairs who recognize the importance of NAEMSP, and have allowed me to dedicate substantial portions of my academic time to the association. In addition to service on the Board, my work at NAEMSP has focused primarily on the journal and the research workshop. As Deputy Editor for Pre-hospital Emergency Care, it has been a privilege to work with Editor-in-Chief Jim Menegazzi, the Editorial Board, and the publishing staff at Hanley & Belfus in putting out a first-rate scientific journal. As we begin publication of Volume 5 this January, I feel that the journal reflects the academic strides that EMS has made, and that our association has fostered. As a faculty member at the NAEMSP Research Workshop since its inception in 1996, I feel that this program has gone a long way toward meeting the association's goal of helping young EMS researchers develop their careers. Serving on the Board

has also given me the opportunity to serve as an associate editor for the soon-to-be-published third edition of NAEMSP's EMS textbook, to develop position statements, and, as chair of the Membership Committee, to work on meeting the needs of the association's members.

NAEMSP has a number of critical missions, including evaluating and guiding public policy and legislation, advancing EMS education, and serving as a resource and advocate for field providers. I feel that my experience on the Board and with other association activities will enable me to actively participate in these missions.

In summary, I hope to be able to continue to serve NAEMSP on the Board of Directors as we continue to grow as an association, and expand the boundaries of our subspecialty. I would appreciate the opportunity to represent the membership to the association's leadership, and I thank you for your support.

PHYSICIAN MEMBER-AT-LARGE

Vince N. Mosesso, Jr., MD, FACEP

I appreciate the nomination for a position on the Board of this important and energetic organization. The horrific events of September 11 instill in all of us an heightened awareness of the value of our nation's emergency services personnel and systems. EMS involvement, by virtue of expertise in emergency medical care, public health, transportation services, disaster response and connectivity with the local community, is essential in the preparation for and mitigation of future incidents. I believe NAEMSP is well positioned to take a leadership role in these efforts and that my participation on the Board will be an asset to the organization in doing so.

I became hooked on EMS when I took an EMT class in 1979 and joined the newly formed volunteer EMS agency in my home community. Soon I became a paramedic and served in several administrative positions, ultimately on the agency's Board of Directors. My career has included full-time employment as a paramedic, medical school, and then emer-

gency medicine training at the University of Pittsburgh. I joined the faculty there in 1991 and maintained a focus on EMS, serving as Assistant Medical Director for Pittsburgh EMS and more recently as Medical Director for the Prehospital Care team of the affiliated health system. We led major protocol revisions in both systems. We also oversee the residency's Prehospital Care Rotation. We have been involved in a number of research trials, most notably serving as Principal Investigator for one on the use of AEDs by police and for the Pittsburgh site of the multi-center Public Access Defibrillation trial. Another focus area is expanded scope of service activities by EMS, including using EMS to administer influenza vaccine. In one year, participating EMS agencies immunized over 10,000 persons.

Since the early 90's I have been active on our County EMS Council's Disaster Planning committee and the County's disaster response team, and completed the EPA forty hour HazMat course. I chaired a task force that developed a hazmat and decontamination response plan for our emergency department and served on a committee that developed a county wide plan for hospitals. As Chief Medical Officer for the PA-1 DMAT team, I have participated in many disaster drills and gained an understanding of the National Disaster Medical System. We were a member of the Allegheny County response team to the Oklahoma City Federal Building bombing and assisted at a triage and treatment post in Manhattan on the day of the attack on the World Trade Center.

I also serve as Medical Director for the new National Center for Early Defibrillation at the University of Pittsburgh, which provides informational resources and facilitates science-based discussions on the use and deployment of AEDs. Other administrative roles included chairing the County Medical Directors Committee for eight years and the ACEP EMS section. Currently I chair our local district's and the PA-Delaware Affiliate's Operation HeartBeat programs for the American Heart Association and serve on the Regional Emergency Cardiac Care committee.

I have been a member and active supporter of NAEMSP since 1988, served on the Research Committee for several

continued on page 8



Official Ballot

NAEMSP Board of Directors Election

Term: January 13, 2002 - Annual Meeting, January 2004

Note: Medical students and Honorary members are not eligible to vote.

Please use the envelope provided with this newsletter, or your own envelope, to mail your completed election ballot to: NAEMSP, P.O. Box 15945-281, Lenexa, KS 66285-5945. Overnight mail **ONLY** should be directed to: NAEMSP, 8310 Nieman Road, Lenexa, KS 66214.

Ballots must be postmarked by 5:00 p.m. CST on Monday, November 5, 2001, to be counted.

Facsimiles or copies of the official ballot will not be accepted. Contact the NAEMSP Executive Office at 800/228-3677 if you have any questions.

For Physician Member-at-Large (vote for two):

- David C. Cone, MD
- Vincent N. Mosesso, Jr., MD
- Edward M. Racht, MD
- Keith Wesley, MD, FACEP
- Write-in Candidate: _____

years, and regularly attend the annual conferences. I participated in the three Turtle Creek EMS consensus conferences of which NAEMSP is the science sponsor.

I believe the breadth and depth of my EMS and out of hospital care experience, including clinical care, research and administration, and my service with other national organizations that share, at least in part, similar missions will be a valuable asset to the NAEMSP Board as we face the many challenges—new and old—confronting EMS and the provision of out of hospital medical care. Thank you for your support.

PHYSICIAN MEMBER-AT-LARGE

Edward M. Racht, MD

I'm very honored that the Nominating Committee has placed my name on the ballot for a physician at-large position on the NAEMSP Board of Directors. Over the past eight years, I have grown both professionally and personally through my affiliation with NAEMSP. It's exciting to have an opportunity to give back to the organization and membership by participating on the Board of Directors.

Like many of you, my involvement in emergency medical services started with a "mandatory assignment" as Medical Director of a local volunteer rescue squad in Richmond, Virginia I was told that all I had to do was "sign a piece of paper for the state" once a year. How hard could that be? I agreed, but quickly realized that I knew a good deal about medicine, but very little about the unique delivery of medical care through an EMS System. I asked my EMT and paramedic colleagues to give me an "EMS 101" overview. As I learned more about the art and science of out-of-hospital care, I realized the tremendous impact an EMS system had (potentially good and bad...) on morbidity and mortality.

I began to personally enjoy the challenges of medical care through an EMS system and became involved with several other EMS systems in Richmond, including the analysis and transition of the Richmond EMS System from a local private provider to the Richmond Ambulance Authority.

Additionally, I was appointed by the Governor of Virginia to three successive terms on the Governor's Advisory Board. In 1995, I accepted a full time position as Medical Director of the Austin/Travis County (Texas) EMS System. Over the past six years, we have created a unique clinical practice with a unified standard of care across multiple jurisdictions. Additionally, I was appointed as Chair of the legislatively created Governor's EMS and Trauma Advisory Council for the State of Texas.

What does all this have to do with my desire to serve on the Board of Directors? As I look back at my EMS career I realize that my professional growth in EMS didn't come from a textbook or a course. It came from the multitude of opportunities to interact with my colleagues and learn about what works, and what *doesn't*. NAEMSP is the single organization that allows us to communicate with each other about the science, the art and the practice of EMS. It provides us with a unified voice to expand our profession and send the message about the tremendous importance of quality medical oversight.

If elected to the Board, I pledge to support our organization as the unified voice of a diverse group of EMS physicians with common goals. In addition, I will strongly support our organization's efforts to encourage communities to develop economic and philosophic commitments to Medical Oversight and explore new opportunities for professional growth of EMS physicians.

Thanks....

PHYSICIAN MEMBER-AT-LARGE

Keith Wesley, MD, FACEP

I am honored to be nominated to the NAEMSP Board of Directors. NAEMSP possesses a distinctly unique opportunity to shape the future of pre-hospital medicine both nationally and internationally. The recent "Top Issues In EMS" meeting held in Baltimore clearly defined the obstacles faced by our industry. I share the vision of our association and am confident that I can assist its leadership in guiding us to our goals.

continued on page 14

Please detach and return the completed and signed election ballot on the opposite side of this page postmarked by 5 p.m. CST on Monday, November 5, 2001.

EMRI Experts Train Turkish Doctors in Hospital Disaster Planning and Preparedness

Emergency Medicine Researcher International (EMRI), the Chicago-based research and development organization, announced that the Turkish Hospital Disaster Plan Project was an unprecedented success.

Led by Donald W. Walsh, PhD, the CEO of EMRI, this humanitarian development project taught Turkish physicians, nurses, military officials, and hospital administrators the core principles of hospital disaster planning and preparedness. The project started on March 28 in Izmir Turkey, the host site of the development.

Dr. Walsh, who is also an assistant deputy chief paramedic for the Chicago Fire Department, conceived the Turkish Hospital Emergency Hospital Disaster Plan Project after he returned from Turkey, following the catastrophic earthquake that killed approximately 25,000 people in August 1999. While in Turkey, Dr. Walsh assisted local fire departments, emergency medical service agencies, and government and hospital officials in improving urban search and rescue operations. His efforts were in coordination with United Nations relief efforts, the Emergency Medicine Association of Turkey, and the Minister of Foreign Affairs of the Republic of Turkey.

Assisting in the EMRI project were emergency physicians Jeffrey L. Arnold, MD and Dan O'Brien, MD. Dr. Arnold is an international expert in emergency and disaster medicine at Baystate Medical Center in Springfield, Massachusetts (formerly at Cedars-Sinai Medical Center in Los Angeles). Dr. O'Brien is an Associate Professor at the University of Louisville Department of Emergency Medicine, and an expert in emergency medical services and chemical and biological disaster planning.

On March 28, 2000, the team started the enormous project during a three-day conference held at Dokuz Eylul University Medical Center in Izmir. The EMRI team introduced incident command system and hospital disaster response assessment concepts to emergency physicians, nurses, paramedics,

EMS specialists, educators, hospital administrators, and military officers. The project focused on teaching the Turkish participants the Hospital Emergency Incident Command System (HEICS) and a new assessment tool for hospital disaster response capabilities and needs.

The HEICS system, used in California for some years, has been applied very successfully during actual disasters. The HEICS system had to be modified slightly, without changing the critical structure, to meet Turkish hospital resources and current organizational needs.

Dr. Walsh identified that the Turkish physicians and medical officials actually constructed their own disaster organizational incident command systems to meet the needs of the Turkish hospitals.

The EMRI team gave a tabletop disaster drill after a day of disaster planning instruction in which the 45 attendees participated. At the end of the training program, the EMRI team then helped the Turkish participants write the first draft of a generic hospital disaster response plan for use in Turkey. "It was very important that our Turkish colleagues wrote their country's hospital disaster plan themselves," said Dr. Walsh. "It is their plan. We showed them the way and they wrote it themselves."

The new Turkish hospital disaster plan will now be refined and tested at Dokuz Eylul University Medical Center, under the guidance of Gurkin Ersoy, MD, Associate Professor of Emergency Medicine.

Next, Dokuz Eylul University Medical Center and the Emergency Medical Association of Turkey will take part in Phase II of the project that will develop and test the new hospital disaster plan throughout the Republic of Turkey.

"Dr. Walsh, Arnold, and O'Brien have made medical history here in Turkey," said Dr. Ersoy, Associate Professor of Emergency Medicine, Dokuz Eylul University Medical Center. Dr. Ersoy went on to say, "These three doctor's humanitarian efforts will greatly impact the lives of the Turkish people, and we gratefully thank them for their unselfish efforts to help us."

At the conclusion of the first conference, attending Turkish military officers stated that they would be submitting a full report on the conference with recommendations to the Commanding General of the Turkish Army Medical Services for the EMRI team to train their military hospital staff in use of the HEICS system. Another attendee, John Fowler, MD, an American emergency physician who helped establish the emergency medicine profession as a unique medical specialty in Turkey, indicated that he would submit a report on the EMRI project to the President and the Minister of Health of Turkey.

For their efforts, Dr. Walsh, Dr. Arnold, and Dr. O'Brien were given special awards by the Medical Director of the Dokuz Eylul University Medical Center. They were also appointed as International Faculty Members of the Emergency Medicine Association of Turkey.

After completing the hospital disaster planning project in Izmir, the EMRI team traveled to Istanbul and Izmit where they met with local fire department chiefs and disaster officials.

Dr. Walsh, Dr. Arnold, and Dr. O'Brien will be coordinating further training programs for Turkish fire departments and emergency medical service agencies, in addition to assisting with the ongoing hospital disaster planning for other Turkish hospitals.

In Izmit, Dr. Walsh received an appointment as Special Advisor to the Fire Chief of the Izmit Fire Department for projects involving international cooperation and training. Dr. Walsh is currently working on obtaining translated *Fire Fighting Training Manuals* from IFSTA for the Turkish Fire Brigades Association and Izmit Fire Department. The current translation of the manuals is being performed in a contract with the U.S. Department of Defense and IFSTA. Training manuals are for U.S. Air Force, NATO, and Turkish fire fighters working the air bases in Turkey. ★

Subcutaneous Epinephrine for Out-of-Hospital Treatment of Anaphylaxis

David C. Cone, MD, NAEMSP Standards and Clinical Practice Committee • Approved by the NAEMSP Board of Directors, July 28, 2001

The use of subcutaneous epinephrine (SCE) by ALS personnel for the treatment of anaphylaxis in the out-of-hospital setting has generally been shown to be safe and effective. The potential for harm following administration of SCE is extremely small but not non-existent, and primarily involves the inappropriate administration to patients who are not actually experiencing anaphylaxis. There are several case reports of adverse effects following field use of SCE, but no formal studies document any systematic hazards from SCE, and concerns regarding cardiac effects in the elderly appear to be unfounded.

No organized studies document the safety, efficacy, or effectiveness of SCE administered by BLS personnel using epinephrine auto-injectors (EAI's) in the field. Despite this lack of evidence, and in a climate of increased political activity surrounding this issue,^{1,2} many EMS systems already have, or are planning to adopt, EAI use by EMT-B's. In addition, a number of states have enacted legislation or regulation requiring that BLS ambulances carry EAI's, that BLS personnel at certain levels of training be trained and authorized to use EAI's, or both.

A certain amount of education regarding the identification of anaphylaxis, the selection of those of patients who actually require SCE, and the safe and proper administration of the EAI is needed before providers are authorized to utilize SCE in the field. In particular, issues of safety and biohazards presented by the use of needles are generally new to BLS personnel. Significant training is needed in this area.

The *US DOT National Standard Curriculum for EMT-Basics* includes a two-hour module covering allergy and anaphylaxis, including assisting a patient in the use of his or her prescribed EAI with direct medical oversight. There are no data to suggest whether this amount of education is adequate, or whether the concepts can be extrapolated, without additional training, to the administration of SCE using EAI's carried by EMS units.

The *US DOT National Standard Curriculum for First Responders* does not include any information regarding allergy, anaphylaxis, or epinephrine. At the present time, there are no studies or data to suggest that First Responders can, or should, use the EAI.

At the present time, there are no data to support or refute a requirement for direct medical oversight prior to the administration of SCE via EAI by EMT-B's.

Strict indirect medical oversight by EMS physicians is strongly encouraged for systems implementing the use of SCE via EAI by all out-of-hospital providers. This should include oversight of the development of treatment protocols; the development and administration of a training and education program, including final evaluation and authorization to administer SCE; and a continuous quality improvement program to monitor the use of EAI's in the field.

Additional research at both the ALS and BLS levels is needed regarding the use of SCE in the field. As research data become available, an evidence-based assessment should guide the development and implementation of training and education programs, the refinement of treatment protocols, and the methods by which EMS systems implement the use of SCE by providers at various levels.

At the present time, NAEMSP does not support mandated implementation of SCE by BLS providers through state legislation or regulation. There is currently no evidence demonstrating the effectiveness of EAI's used by lay responders on patients for whom they were not prescribed.

References:

1. Goldhaber SZ. Administration of Epinephrine by Emergency Medical Technicians. [letter] *N Engl J Med* 2000; 342: 822.
2. Food Allergy Network. *Emergency Medical Services Epinephrine Policies: A State-By-State Review*. Fairfax, VA: Food Allergy Network, 1999. ★

GRANTS *Update*

Development of the National EMS Core Content

Dr. Jon Krohmer, representing NAEMSP, will be the principal investigator and Dr. John Brennan, representing ACEP, will be the co-principal investigator for the *Development of the National EMS Core Content* cooperative agreement between the National Association of EMS Physicians (NAEMSP), American College of Emergency Physicians (ACEP) and the National Highway Traffic Safety Administration (NHTSA). The *Development of the National EMS Core Content* is one of five integrated components of the *EMS Education Agenda for the Future: A Systems Approach*. The *EMS Education Agenda for the Future* was developed to

improve the way EMS education programs are developed and revised. The *National EMS Core Content* will describe and define the entire domain of out-of-hospital emergency medical care and will establish a schedule and method for updating the content. The goal is to eliminate the need to revisit the medical appropriateness of each procedure, or cognitive domain, when educational programs are developed or revised.

EMS and Public Health Roundtable

An EMS and Public Health Roundtable meeting was held July 26 at the American Public Health Association (APHA) offices in Washington, DC. NAEMSP would like to thank Dr. Jeff Michael, Dr. Jon Krohmer, Dr. Mohammad Akhter, representatives and the APHA staff for their assistance and partnership in the development of ideas and recommendations for the integration of community EMS systems with local public health sys-

continued on 11

TEMS TEMS TEMS

Task Force Update

The TEMS Task Force conducted its semi-annual meeting on June 10 in conjunction with the 5th International Conference on Tactical Emergency Medical Support in Bethesda, Maryland. The original goals of the group were reviewed, completed items removed and a course charted for the completion of those remaining.

The task force has been extremely busy since its inception, meeting twice a year and accomplishing most of their original objectives. Of significant note is the NAEMSP Board of Directors approval of the position statement drafted by the task force, *Law Enforcement Special Operations Medical Support*, and its upcoming publication in the Fall 2001 issue of *Prehospital Emergency Care*. The primary goal of the task force is to educate the membership about the concept of Tactical Emergency Medical Support (TEMS). To achieve that goal, task force members have been active in several projects, including the TEMS component of the Operational Medicine Field Exercise conducted at the NAEMSP annual conference in 2000, and in supporting TEMS Medical Director courses at the 2001 and 2002 conferences. In order to reach a larger portion of the membership, the task force will pursue the possibility of a presentation during the plenary or track session of a future conference.

Task force members will be concentrating their future efforts on the development of a TEMS related educational product for the membership. Similar to the aeromedical slide set currently available from the association, the task force envisions a CD-ROM directed at specific audiences that contains presentations on TEMS as follows:

1. Medical students, interns, residents – As an introduction to TEMS educational program.
2. Hospital staff and administration – What TEMS is, how it works, what to expect, how it impacts/interacts with their facility.

tems. More information on the EMS and Public Health meetings will be available on the NAEMSP Web site in October 2001.

National EMS Research Agenda

The draft of the final *National EMS Research Agenda* was submitted to NHTSA for approval. NAEMSP would like to deeply thank Dr. Michael Sayre, Principal Investigator; Lynn White, Co-Investigator and Lawrence Brown, Co-Investigator for their dedication and commitment to the project, and for their tireless efforts to develop a high quality, comprehensive product that furthers the EMS profession. Michael Armacost, Dr. J. Michael Dean, Dr. Scott Frame, Dr. Baxter Larmon, Dr. Susan McLean, Keith Neely, Michael O'Keefe, Dr. N. Clay Mann, Dr. Daniel Spaite, Gregg Margolis, Dr. Jon Krohmer, Susan McHenry, Dr. Timothy Davis, Elinor Walker, Dr. Isabelle

3. Local EMS – What it is, “we are not here to steal your patients,” the TEMS – EMS interface.
4. Local Politicians (city councils and commissions) – What it is, how it helps the police department, what it means to the community, why it is important to support it.
5. Public Service Organizations (Rotary, Kiwanis) – What it is, how it helps the police department, what it means to the community, why it is important to support it.

There will be a core content to each presentation including such topics as the history of TEMS, why TEMS is needed, the unique attributes of TEMS (provider and environment), the training and skills required, areas of concern/controversy, and supporting data. Specific information discussing what TEMS means to each of the audiences identified above will also be included.

Additionally, the CD-ROM will contain a resource file containing sample policies and protocols, fact sheets, the position paper and other supporting materials.

The final area that the task force is monitoring is the push for a “national standard,” or “core content,” for TEMS training programs. The International Tactical EMS Association is convening a blue ribbon panel to address this issue. Both Dr. Joseph Heck, TEMS Task Force Chair, and Dr. Jon Krohmer, NAEMSP Past-President and task force member are participating on that panel.

The next task force meeting will be held in January in conjunction with the association's annual meeting. All are welcome to attend and participate in this dynamic and evolving field of Tactical Emergency Medical Support. ★

Melese-d'Hospital and Mary McDonald Hand, as members of the writing team, were instrumental in developing and reviewing the document. NAEMSP would like to thank the writing team for donating their time and energy to the project. The *National EMS Research Agenda* will be available on the NAEMSP Web site in October 2001.

Pediatric and Adolescent Mental Health Emergencies

A consensus meeting was held October 5-6, 2001 in Baltimore, Maryland to review the current literature. Various national organizations were invited to send representatives to develop recommendations for the next step in addressing pediatric and adolescent mental health emergencies. A review of the literature and vignettes are available on the NAEMSP Web site at www.naemsp.org.

NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP) MERCHANDISE ORDER FORM

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NREMT National Registry Board of Directors Seeks Physician Membership

The National Registry of Emergency Medical Technicians (NREMT) announces they have an at-large physician director seat open on their board of directors. The NREMT Board of Directors meets twice a year in Chicago. Board membership requires attendance at a one-day meeting in June, a two-day meeting in November and approximately one two-day committee meeting every other year. The NREMT Board of Directors develops national registration/certification policies, procedures, and oversees the mission of the registry. Membership on the board is for a four-year term. The registry currently provides some form of registration services in 42 states in this country, and examines about 90,000 EMS responders annually. Physicians who apply should send resume/vitae to Marilyn Gifford, MD, Nominations Committee Chairman, NREMT, P.O. Box 29233, Columbus, OH, 43229. A selection process will occur with the board of directors making the final selection in November of 2001. Physicians who apply will enter a pool of interested physicians who can help write NREMT examinations, set NREMT standards and serve the NREMT in a variety of methods. The NREMT is dedicated to help protect the public by following its mission statement to register and certify EMS professionals throughout their careers by a valid and uniform process to assess the knowledge and skills for competent practice.

Reminder

**Nominate Your
Fellow for the
NAEMSP
EMS Fellowship
Recognition Award**

News From the Executive Office

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

Summer 2001 Board of Directors Meeting

The NAEMSP Board of Directors held a very productive and successful face-to-face meeting on Saturday, July 28. This meeting was held in conjunction with the first "Top 10 Issues in EMS" meeting in Baltimore, Maryland. The "Top 10 Issues in EMS" meeting explored the top concerns, problems and obstacles faced by EMS physicians, medical directors, and other health care providers. The anticipated outcome of the meeting was the potential development of solutions and reduction or removal of obstacles encountered when delivering life saving, out-of-hospital care by industry service and product providers. The eight major problems or obstacles identified during the meeting, and the related issues, was provided to the membership by broadcast e-mail or fax in early September for review and comments within a one week period. The board and committee/task force chairs will review the membership comments, then the issues will be prioritized based on the window of opportunity, importance, and cost. NAEMSP President, Rick Hunt, will provide an update on the issues at the annual business meeting during the 2002 annual meeting in Tucson. Identification of these complex issues will help direct industry's research and development efforts in the manner that can positively impact patient care and the EMS service providers.

2002 Annual Meeting: January 10-12, The Westin La Paloma Resort & Spa

Planning continues for the 2002 annual meeting, to be held January 10-12, at the beautiful Westin La Paloma Resort & Spa in Tucson, Arizona. Don't miss this opportunity to network and learn the newest practice advances in EMS with your NAEMSP colleagues. See pages 3-4 for the most up-to-date educational program. Committee and task force meetings will be held on Wednesday evening, January 9 and the mornings of Thursday, January 10, Friday, January 11, and Saturday, January 12. This is the only opportunity during the year for these committees to meet. We encourage you to put this meeting in your palm pilot, or another calendar tool, so you can be in attendance!! We also encourage you to provide input as future program committees plan their activities that shape our organization. If you have any questions or comments about the

program, contact Program Chair Dr. Blackwell at tblackwell@carolinas.org, or Program Co-Chair Dr. Perina at dgp3a@hscmail.mcc.virginia.edu, or the Executive Office at 913/492-5858, ext. 448.

Membership Recruitment

Don't forget to tell your colleagues what membership in NAEMSP can do for them. **We need you to help us grow!** Call the NAEMSP Executive Office at 800/228-3677, ext. 448, or e-mail us at info-naemsp@goAMP.com for membership brochures. Alternatively, let us know to whom we should send a membership brochure on your behalf and we'll take care of it!

Position Papers Available

NAEMSP's position papers are available on our Web site at www.naemsp.org. These papers are available to you at no charge so that our position on these important topics can be widely disseminated. The board has recently approved two new papers. See pages 1 and 10 of this issue for a copy of each position paper.

1. *Voluntary Guidelines for Out-of-Hospital Practices*
2. *Subcutaneous Epinephrine for Out-of-Hospital Treatment of Anaphylaxis*

Where Will NAEMSP Be Next?

We will be exhibiting at the 2001 ACEP Scientific Assembly again this year, to be held October 15-17 in Chicago, Illinois. We'd love to see you, so stop by if you're at the meeting!

Staff Updates

We are pleased to welcome Monica Frihart as NAEMSP's Administrative Assistant. Monica replaces Heather Barry who has entered another profession. We welcome Monica to the NAEMSP association and staff team!

Be sure to inform us of any exciting professional developments in your area to include in the newsletter. The newsletter serves as a communication tool among all NAEMSP members, keeping you up-to-date on current issues and events. Your input and participation is encouraged and appreciated!

In 2000, the NAEMSP Board of Directors voted to create an award to recognize those physicians who had completed bona fide fellowships in emergency medical services. Discussions at meetings of both EMS fellowship directors and the board of directors led to the realization that this was a way NAEMSP could acknowledge the demonstrated commitment and accomplishments of these distinguished EMS physicians.

To be eligible for the recognition award, the physician must have completed the EMS fellowship after June 30, 1999, 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 to: 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 2002 Annual Meeting, when NAEMSP hopes to acknowledge several recently graduated EMS fellows. Fellowship directors should be guiding fellows toward completion of projects and ensuring that last year's graduates fulfill left-over obligations.

Again, nomination forms can be obtained from the NAEMSP Executive Office. The submission deadline for the January 2002 awards is November 26, 2001.

continued from page 1

of ventricular fibrillation/pulseless ventricular tachycardia (VF/VT). These recommendations are part of the American Heart Association's Guidelines 2000 for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).

The Guidelines 2000 were developed with the participation of national and international resuscitation experts. The guidelines label the recommendations according to the level of evidence and quality of research studies supporting them. Therapies that receive a Class I or Class IIa recommendation have higher levels of research supporting them and are proven safe and useful. Therapies that receive a Class IIb or Indeterminate recommendation are acceptable but often are labeled as "optional." The Class IIb recommendation indicates a therapy supported by research, but at a lower level or quality of evidence than Class I or Class IIa recommendations. Therapies that received Class Indeterminate recommendations may be used, but research quantity and quality fall short of supporting a final class decision.

The Guidelines do not recommend any one antiarrhythmic drug as the "first line" or "first choice" antiarrhythmic, nor do they indicate an order of administration or a drug preference. In several places the Guidelines note that the treatment of choice for VF/VT is early defibrillation. For every minute defibrillation is delayed, survival from VF/VT cardiac arrest falls. On the other hand, for every minute that time to defibrillation is reduced, survival can increase by 7-10 percent.

The AHA Guidelines recommend that antiarrhythmic agents can be considered for treatment of VF/VT arrest that does not respond to defibrillation attempts and the administration of either epinephrine or vasopressin. The Guidelines emphasize that no drug treatment for VF/VT cardiac arrest has been shown to improve survival to hospital discharge. One well-designed study indicated that the use of amiodarone improved the return of a heart rhythm that effectively pumped blood through the body, but it did not demonstrate increased survival rates to hospital discharge.

Other antiarrhythmic drugs to be considered for treating VF/VT cardiac arrest include lidocaine (Class Indeterminate), procainamide (Class IIb recommendation for *recurrent* VF/VT and a Class Indeterminate recommendation for *persistent* VF/VT) or magnesium (Class IIb for suspected torsades de pointes or hypomagnesemia). The clinician can choose any one or none of these therapies, and no order of priority nor order of administration is implied or intended.

Decisions for equipment and drug purchases must be individualized and should be made by each EMS director after consideration of a number of factors, including patient mix, transport interval, skill and experience of responding personnel and funding. It would be inappropriate for the Guidelines to dictate a single priority of therapy or equipment for all rural and urban systems staffed by various levels of providers. Instead, the Guidelines provide the information about the level of evidence and quality of studies support resuscitation interventions. Such information is intended to provide guidance rather than artificial uniformity. ★

The American Heart Association recently released the following statement clarifying the 2000 Emergency Cardiac Care guidelines regarding drug therapy of ventricular fibrillation in the pre-hospital setting. The statement reflects only the position of the AHA.

continued from page 8

After graduating from Brigham Young University in 1982 I attended Baylor College of Medicine in Houston Texas. Working with some of the pioneers of surgery and EMS reinforced my desire to pursue emergency medicine. I completed my emergency medicine residency at Methodist Hospital of Indiana in 1989 where I had the opportunity to participate in both ground and air EMS operations.

Since 1995 I have practiced emergency medicine at Sacred Heart Hospital in Eau Claire, Wisconsin, a community of sixty thousand. I am the medical director of the Eau Claire Fire Department, the regional HAZMAT team, county 911 center and co-director of the county EMS program. I recently joined the reserve police officer corps and provide tactical medical support to our city SWAT team.

At the state level, I have been a member of the Physician Advisory Committee to the Bureau of EMS since 1994 and am its current chairman. We have developed educational curriculums for medical directors, established pre-hospital protocols, and provided the site with advice on a host of issues.

Since 1995, I have been the medical advisor to the Wisconsin EMS Association. With over 3600 EMTs, EMS physicians and nurses, it is the single largest association of its kind in the midwest. I have had the great pleasure to publish a regular "Hey Doc" column in its official magazine "The Professional" for the past four years and speak at its annual conference.

Education is one of the most rewarding activities in EMS. I teach for our local technical college and have been actively involved in the development and implementation of the EMT-Intermediate and Paramedic curriculums in Wisconsin and serve as a site visitor for the Committee on Accreditation of Educational Programs for EMS Professions, formally the Joint Review Committee.

Working in a community hospital and participating in state-wide EMS has given me an understanding of the issues facing EMS medical directors, educational institutions, and state agencies. NAEMSP must remain committed to providing EMS medical directors the tools necessary to do their jobs well. Further, the association must be an advocate for change, promoting standards of care as well as fighting for appropriate funding, research, and acknowledgment of equality pre-hospital care. Together, the membership of the association can accomplish great things. As a member of the board of directors, I look forward to the opportunity to accomplish these goals. Thank you for your consideration. ★

Houston, Texas



The City of Houston Fire Department/Emergency Medical Services is seeking an MD to serve as Associate Medical Director. This person will:

- Assist the EMS Physician Director with the administration of all physician-related activities of the Emergency Medical Services;
- Provide on-scene quality assurance and medical supervision/direction;
- Provide on-line medical control via Base Station/Telemetry;
- Function as direct supervisor for Assistant Medical Directors;
- Develop, implement and revise medical as well as dispatch protocols and standing orders regarding patient care;
- Develop skills in Medical Quality Assurance meetings;
- Act as QA Physician for retrospective Medical Incident Reviews;
- Have active participation in evaluation of prospective paramedics, and
- Evaluate skills and test paramedics in critical care procedures.

Minimum educational requirements include an MD from an accredited medical school and board certification or eligibility in General Surgery, Emergency Medicine and/or Internal Medicine. Two years of experience in pre-hospital emergency care, trauma care, EMS research and teaching or a closely-related field are required. Preference will be given to those who are Board Certified in General Surgery, Emergency Medical and/or Internal Medicine. Strong preference given to those having completed an EMS Fellowship. Candidates may submit their curriculum vitae to:

Ms. Jan Mann, Executive Recruiter
City of Houston, Human Resources
611 Walker, 4th Floor
Houston, Texas 77002
Fax: 713/837-9493
E-mail: jan.mann@cityofhouston.net

We are increasing our faculty again! These are all new openings. The Brody School of Medicine at East Carolina University has immediate openings available for emergency physicians at the rank of assistant professor or above, depending upon the candidate's qualifications. Physicians must have emergency medicine residency training or ABEM/AOBEM certification. The emergency medicine residency program has been fully accredited since 1982. Many faculty are extensively involved in state and national activities. Pitt County Memorial Hospital is a 740-bed Level I trauma center, with 55,000 ED visits per year and a new Urgent Care facility will open in the fall of 2001. Our residency has 12 positions per year. Greenville has the benefits of being a very family-oriented community and a college town. Compensation is competitive and commensurate with qualifications; an excellent fringe benefits program is provided. Screening begins summer of 2001 and will remain open until filled. This is an excellent opportunity to join a rapidly-growing emergency department in the coastal plains of eastern North Carolina, just ninety minutes from the Atlantic Ocean.

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 Moyer Boulevard
Greenville, North Carolina, 27858-4354
Phone 252-816-4757; Fax 252-816-5014

ECU is an EEO/AA employer and accommodated 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.



www.ecu.edu/med



www.uhseast.com

Call for Photographs

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

For the first time, NAEMSP will sponsor a photo contest at the 2002 annual meeting in Tucson. 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 banquet.

Please remember that these photos will be publicly displayed, and 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 8x11 copy **no later than November 15th, 2001** to: Dr. Debra Perina, P.O. Box 800699, Charlottesville, VA 22908.

We look forward to seeing your great photo shots!

EMS Calendar

October 15-18, 2001: American College of Emergency Physicians (ACEP) Scientific Assembly. Location: Chicago, Illinois. Contact: ACEP at www.acep.org.

October 17-21, 2001: National Association of State EMS Directors (NASEMSD) Annual Meeting. Location: New Orleans, Louisiana. Contact: NASEMSD at 703/538-1799, or e-mail at nasemsd@aol.com.

December 2-7, 2001: Institute for Emergency Medical Education & Washington Chapter of ACEP's MAUI 2001 Current Concepts in Emergency Care 22nd Edition. Location: Outrigger Wailea Resort, Maui, Hawaii. Contact: Lee Ann Williams at 888/634-0009, or e-mail at leannw@zunotravel.com.

January 10-12, 2002: NAEMSP Annual Meeting. Location: The Westin La Paloma, 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.

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.



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

NAEMSP Welcomes New Members



James Augustine, MD, FACEP	Jeffery Matzger
Gavin Barr, MD	Michael Miller, RN, EMT-P
Carol Bernier, EMT-P, RN	Marc Passo
Joseph Bleier, MD, FAAEM, FACEP	Dean Porter, MD
James Callahan, MD	Peter Row, MD, EMT-P
Gary Cole, MD	Daniel Scott, PA-C
Matthew Harmody, MD	Robert Simonson, DO
Janice Harvey, MBA	Michael Smith, MD, EMT-P
Thomas Hooper, MD	Andrew Stern, NREMT-P, MPA, MA
David Hostler, PhD, EMT-P	Timothy Thompson, DO
Fred Jones, MD	Allen Walker, MD
Martha Maher, RN, MA	

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

The deadline for article and advertisement submissions for January 2002 issue of [NAEMSP News](#) is November 27, 2001.

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