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SEPTEMBER 14–18
LAS VEGAS 2020
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**VISIT 5.11 AT EMS WORLD EXPO BOOTH #1165**
“I had a great time at the Expo. It is hard to say whether the classes or the ability to network are better. You are missing out if you are not here.”

Benji C., South Carolina

EVENT SCHEDULE

PRECONFERENCE WORKSHOPS
Monday, September 14
7:00 AM–6:00 PM
Tuesday, September 15
7:00 AM–6:00 PM

INTERNATIONAL STATE OF THE FUTURE OF RESUSCITATION CONFERENCE
Monday, September 14
7:00 AM–5:30 PM Conference
6:00 PM–8:00 PM Social Hour & Exhibitors
Tuesday, September 15
7:00 AM–5:45 PM

MAIN CONFERENCE PROGRAM
Tuesday, September 15
5:30 PM–6:30 PM
Wednesday, September 16
8:00 AM–5:00 PM
Thursday, September 17
8:00 AM–5:30 PM
Friday, September 18
8:00 AM–2:45 PM

OPENING CEREMONIES & KEYNOTE
Wednesday, September 16
9:30 AM–10:45 AM

2020 INTERNATIONAL SCIENTIFIC SYMPOSIUM
Wednesday, September 16–Friday, September 18

EXHIBIT HALL
Wednesday, September 16
11:00 AM–4:30 PM
Thursday, September 17
11:00 AM–4:30 PM
Friday, September 18
10:00 AM–1:00 PM
Revenue and Reimbursement Workshop: Experts and Roundtables
TUESDAY, SEPTEMBER 15
8:00 AM–5:00 PM
Changes to billing, reimbursement, and payment models in the EMS industry are happening fast and furious. Come get up to speed on what is happening in the federal and local landscapes. This workshop will address what you need most: guidance on Cost Reporting requirements and Revenue Cycle Management. This intensive workshop will get you access to nationally recognized experts for lectures and small group work so that you are successful and compliant in your revenue and reimbursement practices. EMS World is proud to produce this workshop in collaboration with NAEMT, Page, Wolfberg & Wirth, and the American Ambulance Association (AAA).

World Trauma Symposium
TUESDAY, SEPTEMBER 15
8:00 AM–5:00 PM
The World Trauma Symposium provides a full day of pre-hospital trauma sessions from leading experts in trauma care practice and innovation.

Active Shooter Workshop: Preparing for the Inevitable
TUESDAY, SEPTEMBER 15
8:00 AM–12:00 PM
The need for this training grows every year. Las Vegas, San Bernardino, and Pittsburgh are only some of the locations of the most recent mass shootings, reminding us that no community is immune to these events. Don’t miss the opportunity to train for the inevitable.

University Medical Center of Southern Nevada Trauma Tours
WEDNESDAY, SEPTEMBER 16
THURSDAY, SEPTEMBER 17
FRIDAY, SEPTEMBER 18
9:00 AM–10:30 AM and 1:00 PM–2:30 PM
Join the UMC Trauma Center team for a tour of Nevada’s only Level 1 Trauma Center. Standing by to receive, stabilize, and treat patients in a 10,000-square-mile area, the UMC Trauma Center is uniquely equipped to provide community members and visitors with the highest level of care in Nevada. The UMC Trauma Center offers 11 dedicated resuscitation beds, 18 ICU beds, and three surgical suites. In 2018 alone, the UMC Trauma Center treated approximately 12,000 patients and had about 3,310 admissions.

THE FULL TOUR LASTS ABOUT 50 MINUTES. YOU WILL RIDE A SHUTTLE BUS FROM THE CONVENTION CENTER TO THE SITE.

University Medical Center of Southern Nevada Trauma Tours
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THE FULL TOUR LASTS ABOUT 50 MINUTES. YOU WILL RIDE A SHUTTLE BUS FROM THE CONVENTION CENTER TO THE SITE.

Third Annual International State of the Future of Resuscitation Conference
September 14–15, 2020 | Las Vegas

<table>
<thead>
<tr>
<th>Monday, September 14</th>
<th>Tuesday, September 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00AM–8:00AM</td>
<td>7:00AM–8:00AM</td>
</tr>
<tr>
<td>Registration &amp; Exhibitors</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:00AM–8:10AM</td>
<td>8:00AM–8:20AM</td>
</tr>
<tr>
<td>Welcome</td>
<td>ICNs After SCA</td>
</tr>
<tr>
<td>8:10AM–8:40AM</td>
<td>8:20AM–8:40AM</td>
</tr>
<tr>
<td>The 2020 Bundle of SCA Care: From Concepts to Reality</td>
<td>Cardiac Arrest Resuscitation Centers</td>
</tr>
<tr>
<td>8:40AM–9:00AM</td>
<td>8:40AM–9:00AM</td>
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<tr>
<td>Combining Evidence and Experience in a 2020 User’s Guide to Optimal Resuscitation Care</td>
<td>ECMO for SCA</td>
</tr>
<tr>
<td>9:00AM–9:20AM</td>
<td>9:00AM–9:20AM</td>
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<tr>
<td>Simple Measures to Improve SCA Outcomes</td>
<td>ECMO on the Streets (and in the Museums) of Paris Alice Hofin, MD</td>
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<tr>
<td>9:20AM–9:40AM</td>
<td>9:20AM–9:40AM</td>
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<tr>
<td>Dispatch-Assisted CPR</td>
<td>The Palm Beach County 2020 SCA Bundle, Including Past NRESCC Validation Kim Scheppele, MD</td>
</tr>
<tr>
<td>9:40AM–10:00AM</td>
<td>9:40AM–10:00AM</td>
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<tr>
<td>Smart Phone Apps for Community Response - Similarities &amp; Differences</td>
<td>Pediatric Resuscitation Peter Aitken, MD</td>
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<tr>
<td>10:00AM–10:20AM</td>
<td>10:00AM–10:20AM</td>
</tr>
<tr>
<td>Break &amp; Exhibitors</td>
<td>Break &amp; Exhibitors</td>
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<tr>
<td>10:20AM–10:40AM</td>
<td>10:20AM–10:40AM</td>
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<tr>
<td>First Responder CPR</td>
<td>Resuscitation After Pediatric Drowning Dan Breschman</td>
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<tr>
<td>10:40AM–11:00AM</td>
<td>10:40AM–11:00AM</td>
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<tr>
<td>CPR Quality</td>
<td>Resuscitation in the Casino Ellen White, MD</td>
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<tr>
<td>11:00AM–11:20AM</td>
<td>11:00AM–11:20AM</td>
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<tr>
<td>Airway Adjuncts for CPR</td>
<td>Challenges of the Bundle in Big City EMS Nicola Bloom, MD</td>
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<tr>
<td>11:20AM–11:40AM</td>
<td>11:20AM–11:40AM</td>
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<tr>
<td>ACO + TTO Based Bundle Johanna Moore, MD</td>
<td>Why Are Madrid’s SCA Rates So High? Emilio Comal Tomas, MD</td>
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<tr>
<td>11:40AM–12:00PM</td>
<td>11:40AM–12:00PM</td>
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<tr>
<td>Ventilation During CPR and the Amsterdam Bundle Hans van Scheppele, MD</td>
<td>Urban vs. Rural Medical Response to SCA in Alaska Mike Levy, MD</td>
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<tr>
<td>12:00PM–1:00PM</td>
<td>12:00PM–1:00PM</td>
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<tr>
<td>Lunch &amp; Exhibitors</td>
<td>Lunch on Your Own</td>
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<tr>
<td>1:00PM–1:20PM</td>
<td>1:00PM–1:20PM</td>
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<tr>
<td>Cerebral Oximetry During and After CPR Guillaume Debaty, MD</td>
<td>The New Experimental Grenoble, France Bundle Guillaume Debaty, MD</td>
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<tr>
<td>1:20PM–1:40PM</td>
<td>1:20PM–1:40PM</td>
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<tr>
<td>Head-Up CPR</td>
<td>AI Applications for the Treatment of SCA Freddy Lippert, MD</td>
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<tr>
<td>1:40PM–2:00PM</td>
<td>1:40PM–2:00PM</td>
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<tr>
<td>Defibrillation from Space and Terra Firma Sheldon Chokes, MD</td>
<td>Variability in SCA Care and Outcomes Michael Jacobs, Paramedic</td>
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<tr>
<td>2:00PM–2:20PM</td>
<td>2:00PM–2:30PM</td>
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<tr>
<td>Predictive Algorithms for SCA Dan Davis, MD</td>
<td>Panel Discussion</td>
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<tr>
<td>2:20PM–2:40PM</td>
<td>2:30PM–2:45PM</td>
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<tr>
<td>End Tidal CO2 Monitoring During and After CPR Mary Wayne, MD</td>
<td>Closers Remarks &amp; Lab Instructions</td>
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<tr>
<td>2:40PM–3:00PM</td>
<td>2:45PM–3:15PM</td>
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<tr>
<td>Imaging During Cardiac Arrest Scott Youngquist, MD</td>
<td>Cadaver Lab QR PowerPoint Approach to the IRC Bundle of Care</td>
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<tr>
<td>3:00PM–3:20PM</td>
<td>4:15PM–5:45PM</td>
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<tr>
<td>Break &amp; Exhibitors</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>3:20PM–3:40PM</td>
<td>Pit Crew Approach to the IRC Bundle of Care</td>
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<tr>
<td>Drugs During and After CPR Charles Oakes, MD</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>3:40PM–4:00PM</td>
<td>Pit Crew Approach to the IRC Bundle of Care</td>
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<tr>
<td>Devices as a Part of the Anoka County SCA Bundle Charles Lax, MD</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>4:00PM–4:20PM</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>Temperature Management During and After CPR Brian O’Neil, MD</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>4:20PM–4:40PM</td>
<td>Pit Crew Approach to the IRC Bundle of Care</td>
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<tr>
<td>Neuroprognostication During and After CPR Hans Wolfert, MD</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>4:40PM–5:15PM</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>Panel Discussion</td>
<td>Pit Crew Approach to the IRC Bundle of Care</td>
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<tr>
<td>5:15PM–5:30PM</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>Social Hour &amp; Exhibitors</td>
<td>Cadaver Lab QR</td>
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<tr>
<td>6:00PM–8:00PM</td>
<td>Cadaver Lab QR</td>
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Co-located with EMS World Expo for the first time, join international leaders in resuscitation as they provide scientific updates on current and future anticipated advances on the state of the future of resuscitation. Through lectures, panel discussions, and lab demonstrations, experts will discuss a wide range of topics related to advances in resuscitation science and clinical practice.
**September 14 & 15 | 8:00 AM–5:00 PM BOTH DAYS**

### Advanced Medical Life Support (AMLS) 3rd Edition

The new 3rd edition of AMLS teaches students to recognize and manage common medical crises through realistic case-based scenarios that challenge students to apply their knowledge to highly critical patients. The course emphasizes the use of scene size-up, patient history, interactive group discussion on differential diagnosis and potential treatment strategies, and physical exam to systematically rule out and consider possibilities and probabilities in treating patients’ medical crises.

**Topics covered include**:
- Respiratory disorders
- Cardiac/pulmonary disorders
- Shock
- Anoxic encephalopathy
- Neurological disorders
- Endocrine/metabolic disorders
- Environmental emergencies
- Infectious disease
- Musculoskeletal disorders
- Toxicological emergencies
- Exposure to hazardous materials

**Participants will receive 16 hours of CAPCE-Approved Credit. Textbook and Course Manual Included.**

---

### September 15 | 8:00 AM–5:00 PM

**World Trauma Symposium**

The World Trauma Symposium provides a full day of pre-hospital trauma sessions from leading experts in trauma care practice and innovation. The Symposium will feature presentations from internationally recognized leaders in trauma innovation and research and insights from paramedics who are implementing innovations in the field. This program includes time for participant questions and the opportunity to network with practitioners and physicians from around the world. It’s pre-hospital trauma education you can’t get anywhere else!

**The Symposium provides up to 8 hours of CAPCE Accredited CE, CME, or Nursing CE. Breakfast and lunch are included.**

---

### September 15 | 8:00 AM–5:00 PM


When it’s time for a skill station, a scenario, a high-fidelity simulation, are you ready? This practical, fast-paced, and hands-on NAEMT workshop will update instructors on EMS simulation best practices for NAEMT courses. Using NAEMT patient simulations, multiple learning strategies, and realistic scenarios, workshop participants will hear from experts, then get a chance to practice set-up, facilitation, and delimiting techniques.

**DESIGNED FOR EDUCA TORS AT ALL LEVELS. PARTICIPANTS RECEIVE 8 HOURS OF CAPCE-APPROVED CREDIT.**

---

### September 14 & 15 | 8:00 AM–5:00 PM BOTH DAYS

### Emergency Pediatric Care (EPC) 4th Edition

Take the 4th edition of Emergency Pediatric Care (EPC), which focuses on critical pediatric physiology, illnesses, injuries, and interventions to help EMS practitioners provide the best treatment for sick and injured children in the field. The course stresses critical thinking skills to help practitioners make the best decisions for their young patients.

**Topics covered include**:
- The pathophysiology of the most common critical pediatric emergencies
- Assessment of the Pediatric Assessment Triangle (PAT)
- The importance of family-centered care
- Understanding and communicating with children
- Pain management and medication
- Traumatic injuries
- Cardiac emergencies
- Recognizing child abuse and neglect
- Hypothermia and shock
- Newborn resuscitation

**Participants will receive 16 hours of CAPCE-Approved Credit. Textbook and Course Manual Included.**

---

### September 14 & 15 | 8:00 AM–5:00 PM BOTH DAYS

### Critical Care Test Prep Course

Critical care and flight paramedics are frequently required to hold the Critical Care Paramedic or Flight Paramedic certification from the International Board of Specialty Certifications (IBSC). Critical Care Test Prep (CCTP) helps prepare students to take these IBSC certification exams. The course is designed for paramedics preparing for the IBSC Critical Care or Flight Paramedic certification or recertification exam. Topics covered include:
- Safety and transport, trauma, cardiopulmonary, neurology, toxicology, and environment
- Special populations

**Participants will receive 16 hours of CAPCE-Approved Credit. Course Manual is included.**

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**SAVE $125 ON EXPO 3-DAY REGISTRATION**

Select the “3-Day Care Program NAEMT Member Rate” and provide your membership number to receive your $125 savings.

---

**NOT AN NAEMT MEMBER?**

Join NAEMT for $40 (or less) during the EMS World Expo registration process to receive the $125 savings. And once you receive your NAEMT ID number, check out the benefits available to you through the Member Portal on the NAEMT website (naemt.org). Membership benefits include more than 30 top-brand products and services that help you achieve professional goals and enjoy time with family and friends. Benefits include AD&D insurance, discounts on entertainment, travel, tactical gear, electronics, and more.

**NOTE:** The discount applies to the 3-Day Care Program individual registration fee only. The discount cannot be used with the 3-Day Basic or Basic/Care Package. Call 800-932-3243 for workshop registration fees.
FULL-DAY WORKSHOPS

MONDAY
SEPTEMBER 14

7:00 AM–6:00 PM

The Pittman Course: Critical Care Test Exam Prep (2-Day)

Gloria Done, NRP, FPC, BS, BSN, CCNR, CPFR

This 2-day comprehensive review is designed to provide participants with a thorough review of complex subject matter that critical care transport providers are expected to understand according to the FP-C® and CCP-C® exam detailed content outlines. Carefully selected instructors will walk students through advanced critical care concepts and patient management principles. They build upon fundamental knowledge, working from years of experience illustrating key points with practical examples.

8:00 AM–5:00 PM

Complex Coordinated Terrorist Attack: Operator

Michael D. Wagstaff, WMI

Prepare yourself to participate in a full-scale, real-world, multi-agency operation. Attendees will learn tactics and movements, and how to mitigate a diverse collection of emergency events. For the first time this will be a full 8-hour course! We will delve deeper into the tactics and the equipment for the first half of the training. In the afternoon during the actual operational phase, incident commanders will lead the operation, managing multiple simultaneous events and deploying real-time command and control. This will be accomplished through the use of WiFi cameras and live radio communications between the CCTA operator and the CCT commander students. You will be the “boots on the ground!” You will have the opportunity to rotate through each position, giving you the most bang for your buck. This is an opportunity to practice the unthinkable within the safety of a controlled training environment. We will wrap things up and conduct an after-action review with all participants to discuss the events in detail.

Do No Harm: A Patient Safety Workshop for EMS Leaders

Eunice R. Haas, R.N. | Shelly Cox

Safe care must be our first objective! Patient harm in healthcare—including EMS—happens every day. Clinical errors have many causes, and no two events are the same. Leaders need to encourage clinicians to recognize and report errors; crews can’t afford to report a mistake for fear of punitive actions. But how do leaders learn the skills and find the tools to transform their agency? This one-of-a-kind, hands-on workshop offers vital and practical information in a fast-paced, TED talk format. Learn through simulation how you, as a leader, can operationalize and share with others the concepts and principles of a positive safety culture. Develop a customized patient safety plan for your organization that will guide you to reduce preventable clinical errors. You’ll receive recommended steps on an illustrated patient safety roadmap to improve your patient safety culture; a patient safety workbook featuring electronic tools, exercises, and resources for guidance on next steps; and tools to develop a customized patient safety plan.

EMS Supervisor Leadership Academy 3.0

Rob Faber, BSM, EmT-P, FAcP, Ryan Greenberg, MBA, FAcP, FEDP

This full-day leadership academy, based on public safety leadership curriculum and the NEMSA Seven Pillars of EMS Officer Competencies, provides aspiring and new supervisors with several critical skills they need to perform in their new role. The workshop is broken up into the Seven Pillars of EMS Officer Competencies—Supervisor Officer. With hands-on group activities from the academy curriculum, the academy will cover a wide array of leadership topics including communications skills and techniques, conflict management, public speaking, process improvement, and ethics. You will learn by doing and hear how leaders from across the country have utilized different ways to solve problems.

The FlightbridgeED Mechanical Ventilation Workshop

Eric Bauer, BSM, FPC, CCP-C, CCP-P; Samuel Ireland, BSM, FPC, CCP-P

The FlightbridgeED Mechanical Ventilation Workshop is an award-winning, 8-hour, ventilator management course that focuses on building a knowledge base through lecture and hands-on, case-based learning. This dynamic course was honored in 2017 by EMS World Expo with the Innovation Award. Hands-on learning occurs through the use of industry-leading ventilators at each session, including the Hamilton T1, Revel, and LTV200. The course is supported by our 41 best-selling book, Ventilator Management: 4 Pre-Hospital Perspective. Join us for this dynamic mechanical ventilation experience.

Tuesday
SEPTEMBER 15

8:00 AM–5:00 PM

Best of MIH-CP Summit: Best Evidence, Best Practices, and Best Ideas

Dan Skwarek, DrPh, MBA, HEMs, Jared S. Osgarson, NRP, FAcP, Michael D. Wright, NRP, Anne M. Johnson, BS, EmT-P, Michael Nolan, MA, CP-CPT, ACC, Christin Hemphilling, Matthew T. Zawadzki, HS-HSA, NREMT

Join MIH-CP providers, leaders, and researchers in this first-ever MIH-C-P Summit showcasing the best of today’s MIH-CP programs. Experienced faculty will facilitate a fast-paced day of expert lightning-round panels, peer-reviewed best practice presentations, and small group roundtable discussions to help improve your MIH-CP program regardless of whether it’s just a concept or ready for a contract.

EMS Supervisor Leadership Academy 3.0

Rob Faber, BSM, EmT-P, FAcP, Ryan Greenberg, MBA, FAcP, FEDP

This full-day leadership academy, based on public safety leadership curriculum and the NEMSA Seven Pillars of EMS Officer Competencies, provides aspiring and new supervisors with several critical skills they need to perform in their new role. The workshop is broken up into the Seven Pillars of EMS Officer Competencies—Supervisor Officer. With hands-on group activities from the academy curriculum, the academy will cover a wide array of leadership topics including communications skills and techniques, conflict management, public speaking, process improvement, and ethics. You will learn by doing and hear how leaders from across the country have utilized different ways to solve problems.

Handtevy Pre-Hospital Pediatric Instructor Course

Peter Antey, MD

This CAPCE-certified, hands-on, lecture course is intended to certify instructors to teach the Handtevy Pre-Hospital Pediatric Provider Course at their departments and earn credit. The course uses the basic tenets of ACLS training as a foundation and focuses on the skills needed to rapidly and accurately treat the sick and injured pediatric patient. Note: Pre-requisites include instructor level certification, 3 years of clinical experience, and a valid ACLS card (or equivalent).

Intraglottica Advanced Airway Workshop

Robert C. Lawrence, WMI; Matthew A. Reynolds, WMI; NREMT; Dennis W. Robie, Paramedic; Jamie Mafford-Gresham

The Intraglottica Advanced Airway Workshop focuses on the newest evidence-based practice guidelines, techniques, and overall theory regarding airway management. This new and dynamic course will challenge the most experienced provider in critical thinking and applying airway management techniques based on the latest research. Join us for this groundbreaking course and learn from the industry’s best in airway management and resuscitation education, with Eric Bauer, David Olsner, Dr. Jim DuCanto, and Dr. Dan Davis!

Revenue & Reimbursement Workshop: Experts & Roundtables

Robert C. Lawrence, WMI; Matthew A. Reynolds, WMI; NREMT; Dennis W. Robie, Paramedic; Jamie Mafford-Gresham; Stephen Wirth, EMD, Paramedic

Changes to billing, reimbursement, and payment models in the EMS industry are happening at a fast and furious pace. Join the experts to get up to speed on what is happening in the federal and local landscapes. This workshop will address what you need most: guidance on cost reporting requirements and revenue cycle management. This intensive workshop will get you acquainted with payment model experts for lectures and then for small group interactions so that you are successful, knowledgeable, and compliant in your revenue and reimbursement practices.

The Annual EMS Educators’ Huddle

Ginger Locke, BA, NRP; Rose Clarke, MD, PhD; Tony; Gary A. Hegel, BA, Paramedic; Christopher Krobeth, MD, NRP, CEHST-P

The purpose of adult education is to inspire change and empower that possibility, in both our educators and students. Where then do our EMS educators go for inspiration? Answer: The Annual EMS Educators Huddle. Disguised as a preconference course, this assembly will reinvigorate EMS educators to tackle the challenges of keeping up with the rapidly changing landscape of medical education. Guided by expert faculty, this course will teach you best practices while utilizing these best practices. Topics include presentation design, the neuroscience of learning, asynchronous delivery, effective feedback, and simulation best practices.

How to register: Visit EMSWORLDexpo.com to register for the Expo or to view EDM exhibits and courses. For more information about this and other events, please visit https://www.emsworldexpo.com/
MONDAY
SEPTEMBER 14

8:00 AM–12:00 PM

Behavioral Health for EMS Providers 2.0
MICHELLE ALBERT, LPC, CSOTP; RYAN MORGAN
This interactive session will provide intermediate to advanced information on behavioral health disorders and how to handle behavioral health issues in the context of an emergency. Some existing training on working with behavioral health emergencies is required to attend this workshop. Signs and symptoms of diagnoses such as schizophrenia and bipolar disorder will be discussed. Attendees will learn how trauma and co-occurring disorders can complicate behavioral health emergencies. Attendees will also have an opportunity for practical application of de-escalation and behavioral health emergency management skills.

12:00 PM–5:00 PM

Complex Coordinated Terrorist Attack: Commander
MICHAEL D. WRIGHT , NRP
This course will function as “next-level” training providing leaders and commanders from EMS and law enforcement the opportunity of a lifetime. Participants will receive instruction from top-notch leaders in the protective services. This class will deliver instruction that includes a schedule, lesson plans, guided practice, flipped classroom activities, quizzes, and a memory and classification system for students and instructors. If teaching (or learning) pharmacology is your responsibility, this session can help.

TUESDAY
SEPTEMBER 15

8:00 AM–11:00 AM | 1:00PM–4:00 PM

Teleflex Pre-Hospital Emergency Care Procedural Cadaver Lab
MICHAEL D. WRIGHT, NRP
This hands-on, immersive session provides participants with a real-world opportunity to review relevant anatomy associated with critical care and lifesaving emergency procedures. Under expert instruction, participants will practice procedural skills, such as basic airway management, direct and video laryngoscope intubation, intraosseous access, and various other emergency procedures.

8:00 AM–12:00 PM | 1:00PM–5:00 PM

POCUS Operandi: Ultrasound for the Field
SAJU JOSEPH, MD
Point-of-care ultrasound (POCUS) is increasingly being used in the prehospital setting. Providers will be trained in the basics of POCUS and its uses in the field. For administrators there will be coverage of the pitfalls of implementation and what is needed to begin a program like this in their communities.

8:00 AM–12:00 PM

Active Shooter Workshop
MICHAEL D. WRIGHT, NRP
The need for this training grows every year. Los Angeles, San Bernardino, and Pittsburgh are only some of the locations of the most recent mass shootings, reminding us that no community is immune to these events. Don’t miss the opportunity to train for the inevitable. Course components include lecture, hands-on, communication, command/control, critical thinking, and teamwork training to prepare your agency for the worst case scenario.

Building Resilience: For You, Your Team, and Your Family
MIKE TAGGART, MA
Why is it that some EMS providers who respond to mass shootings, tornadoes, wildfires, and the like come out the other side unscathed while others suffer emotional and psychological trauma? Research shows that EMS providers have depression, anxiety, PTSD, and suicide rates more than twice that of the rest of the population. Yet some people have long, happy, and healthy careers. The difference is resilience. In this highly interactive workshop, you’ll learn strategies to build your own resilience and help increase the resilience of the people you care most about.
TUESDAY 
SEPTEMBER 15
5:30 PM–6:30 PM

BLS
Busting the Biggest EMS Legal Myths: Six Things Every EMS Professional Must Know
DOUGLAS M. WOLFGANG, JD
The EMS profession is check full of myths. This session from one of the nation’s top EMS lawyers will set the record straight on six common EMS myths. What does a signature on a PCR really mean? Are all crew members legally agreeing to everything stated on the trip report? Are we automatically liable for any inconsistencies in our documentation? Do EMS providers practice under “the license” of their medical director? Does a refusal signature really offer legal protection? Do red lights and sirens save lives, or do more harm than good? This session will bring clarity to these and other pressing issues that every EMS professional—including front-line providers, managers, administrators, and leaders, and EMS medical directors—should know.

ALS
Fatal Airway Management Errors You Cannot Afford to Make
GUSTAVO E. FLORES, MD, PARAMEDIC, FP-C
Proper preoxygenation, incorrect medication selection and dosing, incorrect timing of laryngoscopy, bypassing the vocal cords, inadequate intubation technique, failure to bag or mask, and rookie mistakes go on and on. Whether this is your first or your 1,000th intubation, in this lecture we will discuss common pitfalls that have deadly repercussions and how to avoid them.

ALS
The Pain Paradox: Managing Pain in the Opioid Crisis Era
BROOKS BURTON, MPH, FACEP
Recent studies have shown pain to be under-treated in emergency situations; but, with the growing opioid epidemic, field providers are less likely than ever to treat pain with opioids in the field. This session will discuss the paradox of opioid pain management, review the most current research in pain management disparities across the United States, and explore the role that providers and certification levels tools to reduce patient pain and suffering. We will review proper evaluation of patient pain and proper documentation to aid continued research.

WEDNESDAY 
SEPTEMBER 16
8:00 AM–9:00 AM

OPERATIONS/MANAGEMENT
A Three-Step Process for Curing Ambulance Reimbursement Woes
ASSEL MONTES
Sick of dealing with all the red tape regarding reimbursement? If the answer is yes, then this session is for you! Understanding these three simple steps in ambulance reimbursement will help cure the reimbursement woes and frustrations of ambulance personnel and management alike. It all comes down to preventative management versus reactive management. As Benjamin Franklin stated, “An ounce of prevention is worth a pound of cure.” This presentation will focus on three simple steps that ambulance personnel and management can do in this reimbursement regulatory world to mitigate compliance risk and protect the integrity of their revenue cycle process.

ALS
Anchors Away: The Dangers of Cognitive Bias
MICHAEL S. GERBER, MPH, NRP
Any EMT who’s been dispatched for a stroke and forgotten to check a patient’s blood sugars knows the dangers of anchoring: the tendency to rely too heavily on one piece of information and miss critical clues. Pre-hospital providers must quickly determine what is wrong and develop a treatment plan, but sometimes we latch onto other cognitive biases like the anchor that will keep us from recognizing and altering the thought process that brought us to the anchor in the first place. In this session, learn to understand the causes of these cognitive biases, how to recognize them, and steps you can take to avoid making errors that could potentially cause serious harm to our patients.

ALS
An Interactive Approach to Identifying Large Vessel Occlusion Strokes in the Field
BRANDON C. HEANS, LP, RN, BSN, CFRN, CRRT, PETER ANTESY, MD
In this presentation, attendees will take an in-depth look at pre-hospital stroke care. As providers know, there aren’t a variety of treatments for stroke in the pre-hospital environment. This is why doing a proper assessment using new tools and stroke scores is key to making a proper transport decision. Attendees will first explore the different types of strokes, and how they each present differently. The session will cover treatments for each type, and what capabilities hospitals have for these patients.

ALS
Classic, Confusing, and Confounding Cases in Emergency Cardiology
COREY M. SLOIDS, MD, FACEP, FACE, PAFEM, AMAL, MATTU, MD
This session will cover various cardiac cases where management decisions will be discussed. Cases include tachycardia, cardiac arrest, hyperkalemia, syncope, and ECG diagnosis of distinctive patterns.

MINI-CP
Creative Ways to Use Telemedicine During Community Paramedic Visits
ANNE MONTERA, MHL, BSN, RN, KRIS KUSSL, BS, NR, FP-C
Uses of telemedicine in healthcare are evolving with the transition of care from a doctor’s office to virtually every patient’s home. Community Paramedic programs have been working to meet the unique needs in communities around the nation. With population hubs in both urban and rural settings, every patient deserves the right type of care. What if telemedicine could assist in non-traditional ways such as evaluating a patient’s social determinants of health, connecting care teams, and improving communication to impact health outcomes? Well, it can. Anne and Kris will share specific community paramedic case studies to demonstrate how telemedicine can be used and discuss how the new platform of LTC can leverage these opportunities.

LEADERSHIP
From Writing PCRs to Writing Supervisory Reports
RIAN GREENBERG, MBA, FACE, NR, NRP, EMD, ROB FARMER, MBA, FACE
You have been a field provider for years and write a strong PCR, but now you are promoted and now you showed how to write an incident report or an employee evaluation. What do you do? This session will go into many of the key points of how to write like a supervisor and not a pro. You need to be able to be impartial and know how to gather all the key points to a write report. You need to understand the consequences of your reports and paint a detailed picture of the incident. This session will teach you about information gathering, best practices for formatting an incident report, and how to get things done in a timely manner. For annual evaluations, you will learn how to write something that motivates providers to focus on what is most often missed. Our goal is to help the provider grow in the profession.

Peds/Geriatrics/Spec Pops
Hidden in Plain Sight: Human Trafficking in America
SUH HUGHART, PARAMEDIC
Human trafficking is the fastest-growing organized crime activity in the United States, and research has found that up to 88% of human trafficking victims may access healthcare while being trafficked. This means as an emergency responder or healthcare provider, you may have treated a victim of human trafficking and not recognized it. Learn in this discussion how to recognize the signs of human trafficking, how to identify a potential victim, and what to do if you do. This lecture will include key take-away points and lessons learned from a range of expert resources.

ALS
Lessons Learned from ECMO in the Field
KIMBERLY N. BRUETT, MD, CRIT, NRP
Albuquerque Fire Rescue performed the first out-of-hospital ECMO procedure in North America. This session will review the basics of ECMO and describe the training and logistics of performing ECMO in the field.

OPERATIONS/MANAGEMENT
Preparing Your Team for a Disaster: Lessons from Hurricane Florence
KEVIN T. COLLOPY, BA, FC, P1, CCRT, P1, NR, CRT
Does your program have plans in place to prepare your service and team members to respond to a disaster? Living in the middle of hurricane territory, ArkLink/VitaLink annually makes plans to prepare team members for any potential hurricane season. Kevin will share how his team’s policies and plans were put to the test when Hurricane Florence set a direct course over Wilmington in 2018. This presentation will discuss how long-standing disaster plans were tested and ultimately modified to better care for team members.

EMERGING TECHNOLOGY
Strategies for Success in Your EMT Class
MILLER KADUCE, MPS, NRP
Many tactics can be deployed to improve outcomes and success in the paramedic classroom. Join Michael Kaduce as he explores how these tactics, including pre-course, in-class, and post-course methodologies, can be used in your EMT classroom and how the UCLA Center for Prehospital Care designs their EMT class to utilize best practices and maximize student success.

OPERATIONS/MANAGEMENT
Turning Around a Challenged U.K. Emergency Medical Service
DAREN J. MOCHRIE, MBA, PARAMEDIC
The session will discuss UK EMS, the 10 publicly funded Ambulance Services in England, part of the National Health Service covering a population of 56 million. Each are providers of 999 emergency, and some provide non-emergency transport and the NHS 111 clinical helpline services. In a highly regulated system, each are inspected by the Care Quality Commission and the Board of the organization have a license to operate on behalf of the Government. In 2016, the South East Coast Ambulance was placed into Special Measures and rated inadequate (safest rating) and was about to lose their license to operate. As a new Chief Executive, I was brought in to turn the organization around, which I did in 2 years, from inadequate to good with areas of outstanding (highest rating). This involved recruiting a new Board of Executive team; achieving financial recovery/balance; addressing and putting in place new governance, systems, and processes to address previous failings; launching a new strategy and enabling strategies, vision, and values, closing and opening a new control center; and installing a new CAD and telephony platform; changing the culture of the organization through visible leadership and improving a number of key performance indicators.
CRITICAL CARE

Unbalanced Shock: A Systematic Diagnostic Approach
TIM R. WOLFE, MD

Shock is critical for hemodynamically unstable patients, especially those with unbalanced shock, can be a stressful situation if the clinician does not possess a concise, systematic methodology of assessment and evaluation. Because this situation is incredibly stressful and time-dependent, memory tools such as pneumonics are extremely useful. An easily remembered pneumonic for the evaluation of unbalanced hemodynamic instability is EMS-SHOCK KILLS. This stands for Endocrine and Environmental shock (E), Neurogenic shock (N), Drug-induced shock (D), Septic shock (S), Pneumovascular shock (M), Obstructive shock (O), and Cardiogenic shock (C). The K stands for Any shock. This session will use real-life, seemingly confusing and complex case studies to demonstrate how this mnemonic can be easily applied to systematically evaluate patients with unbalanced shock. Additional information of special focus will be a discussion on the subtle clinical findings suggesting a patient has tissue hypoperfusion before they develop hypoten- sion.

2:30 PM–3:45 PM

CRITICAL CARE

Compensation: Beyond the ABG
SAMBUL IRELAND, CEP, FCCP

Join us for a case-based review of acid base derangements. This is not an introductory course – we will be looking at well-entrenched metabolic panels, and fluid therapy to determine a treatment plan for a few patients we will encounter. This is a deep dive on various strategies to improve the pH status of our critical patients.

OPERATIONS/MANAGEMENT

Drones in EMS: We Were the First
MICHAEL NOLAN, MD, CCPR, FACP

The County of Renfrew in Ontario, Canada, has been fully operational with UAVs (drones) for more than 7 years. Chief Nolan is a staunch proponent of UAV technology and its ability to protect lives in its 10,000-square-kilometer jurisdiction. A trial completed in 2019 demonstrated the capability drones to deliver an AED to a scene quicker than paramedics operating a 20-mile radius. The municipality is one of the first in the country to be granted permission to fly drones beyond the line of sight.

OPERATIONS/MANAGEMENT

ET3: A Panel Discussion
THEO F. ZARECHNY, MD, MBA; REMIT, CJ WINKLER, MD, LP; CHRIS VELASQUEZ, PARAMEDIC; GERALD TROUTMAN, MD, MBA

CMS ET3 model is one of the most revolutionary and economic system death transformational models in the past decade. Numerous EMS systems have been operating under this new model since the spring. What have they learned? What were the “surprises” along the way? This session will provide detailed information on the lessons learned from ET3 model panels and practical considerations agencies should evaluate if they are thinking about applying for inclusion in the ET3 model in round two of the application process.

LEADERSHIP

Everyone Communicates, Few Connect
CHRIS CEBELLORO, PARAMEDIC

Chris Cebelloro will teach audience Members’ best-selling concept of everyone communicates, few connect, offering the skills needed to connect with people. This class will outline five key principles to help the reader develop the crucial skill of connecting: finding common ground, keeping your community engaged, opening up new and interesting experience, inspiring people, and staying authentic in your communication.

BLS

Family Members: Can They Understand EMS?
DREMA A. ANDERSON, PHD, EMFT; WILL KROST, MD, MBA, NRP; JILL KROST, BA; EL RICK, MA; HEATHER RICHARDS; TAKENI WILLIAMS, PHD; LCP; RHONDA KELLEY, EMT-P, AIN, BS

The spouses, significant others, and family members of EMS providers are among heroes who simply learn to live on the outside. But what if the family members of EMS providers could be brought into the fold? Can relationships be more complete? Can someone who doesn’t experience the EMS tensions really understand all we deal with? This panel discussion will include EMS providers, spouses, family members, and psychologists answering these questions and more.

OPERATIONS/MANAGEMENT

Global EMS Update 2020
ROBERT C. LARRENCE, MCH, DAREN J. MCHIRIE, MBA, PARAMEDIC; FREDDY LIPPERT

International speakers return to provide their popular and highly regarded annual EMS Global Update. The EMS world is in fact a village, and the speakers will provide their usual entertaining and sometimes challenging reports from around the globe. The addition of international attendees in the audience provides for a high-energy and informative information exchange.

Meet the Medical Directors: Part 1
PAUL E. PEPE, MD, NRP; FACEP; MCCPM; MACP; FAEMS; KIMBERLY M. PRUITT, MD; MARK D. LEVINE, MD, FACEP; ANGELA COREY; M. SLOVIS, MD; FACPM; ALBERTO MEIJERIEN, MD, FACEP; PHILIP HODGES; WILLIAM S. GILMORE, MD; MARK D. LEVINE, MD; PETER ANTEVY, MD; COREY W. FELDER, MD; WILFRED L. McSOREY, MD; TERRENCE A. SCHENKE; MD; WILLIAM G. SELIGER, MD, PARAMEDIC; FACEP; FAEMS; PAUL R. RAMIREZ, MD;

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

PEPS/GERiatrics/SCEp POPS
OB and GoPro: Delivery Emergencies on Screen
TERI L. CAMPBELL, RN, BSN, CEN, CFRN, PHRN

We need about it. We’ve seen it. We’ve watched it on TV. But have you actually performed an emergency delivery? Come to this fun and fast-paced lecture to learn valuable “laugh out loud” delivery pearls and actually perform complicated deliveries in a realistic simulator and GoPro camera. Learn to avoid filling your own flight suit/collarboilm gear with personal mementos by actually performing normal deliveries of vaginal, breech, shoulder dystocia, and more. Participants who perform deliveries will all win big and valuable prizes (that won’t involve child support)!

2020 INTERNATIONAL SCIENTIFIC SYMPOSIUM

Facilitated by the Prehospital Care Research Forum at UCLA

WEDNESDAY, SEPTEMBER 16

8:00 AM–9:00 AM

BEST EVIDENCE OR BEST GUESS? YOU BE THE JUDGE
Heather M. Davis, EdD, NRP; Paul David, MS, NRP; Kathleen O’Connor, NRP

This session of the International Scientific Symposium takes you out of the room and to where the research posters are parked and soaking up the sun! Research Poster Presenters of like topics will each be present to share their research findings with walk participants. Each will have 8 minutes to present their research, then engage in questions and dialogue before moving to the next poster presentation.

2:30 PM–3:45 PM

BEST OF 2020 RESEARCH: ORAL ABSTRACT SESSION 2
Heather M. Davis, EdD, NRP; Paul David, MS, NRP; Kathleen O’Connor, NRP

This second session in the International Scientific Symposium is a fast-paced blend of presentations. There will be “must-know” project summaries and blending in original projects where the primary investigator will have 15 minutes to describe their research. After each abstract, the audience will have the opportunity to make comments and ask probing questions.

4:00 PM–5:00 PM

BEST OF 2020 RESEARCH: ORAL ABSTRACT SESSION 2
Paul David, MS, NRP; Kathleen O’Connor, NRP

This third session in the International Scientific Symposium is a fast-paced blend of presentations. It will lead off with “must-know” project summaries and blend in original projects where the primary investigator will have 15 minutes to describe their research. After each abstract, the audience will have the opportunity to make comments and ask probing questions.

THURSDAY, SEPTEMBER 17

9:15 AM–10:15 AM

POSTER WALK IN THE PARK
Paul David, MS, NRP; Michael Kaduce, MPA, NRP

This session of the International Scientific Symposium takes you out of the room and to where the research posters are parked! Research Poster Presenters of like topics will each be present to share their research findings with walk participants. Each will have 8 minutes to present their research, then engage in questions and dialogue before moving to the next poster presentation.

10:30 AM–11:30 AM

POSTER WALK ON THE WILD SIDE
Paul David, MS, NRP; Michael Kaduce, MPA, NRP

This session of the International Scientific Symposium takes you out of the room and to where the research posters are parked! Research Poster Presenters of like topics will each be present to share their research findings with walk participants. Each will have 8 minutes to present their research, then engage in questions and dialogue before moving to the next poster presentation.

The atmosphere is active and happening, so come take a walk with moderators Paul David and Michael Kaduce.

4:30 PM–5:30 PM

BEST INTERNATIONAL RESEARCH PRESENTATIONS
(WINNERS FROM CONFERENCES ABROAD)
Paul David, MS, NRP; Michael Kaduce, MPA, NRP

This session will showcase the top winning research abstracts from scientific conferences outside of the United States. Rapid 10-15 minute presentations will highlight the best of the best in 2020 international research projects.

FRIDAY, SEPTEMBER 18

8:00 AM–9:00 AM

BEST EVIDENCE OR BEST GUESS? YOU BE THE JUDGE
Heather M. Davis, EdD, NRP; Paul David, MS, NRP

This session of the International Scientific Symposium allows us to turn to the experts; the most progressive and system administrators who must use the pre-hospital care research to make decisions about protocols, patient care, and system policies based on the evidence presented each year. Each member of the panel has one topic for which they are presenting the evidence. They will present the most important papers on that topic and ultimately admit whether they have, would, or intend to change practice based on the evidence available. The panel will expertly help audience members determine if the science available is really best evidence or still best guess.

9:15 AM–10:15 AM

POSTER PRESENTATION LIGHTNING ROUNDS
Heather M. Davis, EdD, NRP; Michael Kaduce, MPA, NRP

This session of the International Scientific Symposium is lightning fast! Research Poster Presenters will each take a table where they will have just 6 minutes to present their research to a group of 10 attendees. Attendees can then engage in questions and dialogue with the research for 4 minutes, then are off to the next table of their choosing. Researchers stay, participants move. The atmosphere is electric as participants get up close to the five EMS researchers from whom they can’t wait to learn!
3:00 PM–5:00 PM

ALG

Hands-On Workshop: Guided Cardiac Dissection (The Director’s Cut)
SCOTT DEEDER, RN, MHA, ENP, PA; UZA DEEDER, NREMT-B, CET; MARY NUST, CET

This one-of-a-kind, hands-on review course was developed to help review and reinforce the essentials of emergency cardiac care “from the inside out!” Come prepared to “get messy” as we will work with harvested pig heart to enable attendees to better understand emergency critical care procedures and pathophysiology. The instructors will take complex information and present it in a way that will make understanding the most difficult concepts simple. Their humor and “reality is the best teacher” styles are sure to benefit the newest students to the most seasoned healthcare professionals. Note: Emergency skills will be practiced on harvested pig and/or cow organs. ND animals were euthanized for the purpose of this course. Max: 40 attendees; must pre-register online.

4:00 PM–5:00 PM

OPERATIONS/MANAGEMENT

2020 Transformation Update: What’s on the Horizon in the New Decade
MATT HARRIS, MD

The role of EMS continues to dramatically evolve. Agencies and practitioners are implementing new services that enhance the value EMS brings to patients, payers, hospitals, home care, and hospice agencies. This session will provide an overview of the programs implemented over the past year and the ways they are generating value for their key stakeholders.

OPERATIONS/MANAGEMENT

Beating Burnout in EMS: A Systems Approach
REILE H. CROWE, PHD, NREMT

Burnout among EMS professionals has negative consequences for EMS organizations, including increased absenteeism and turnover. Nevertheless, traditional interventions designed to reduce burnout have primarily focused on the individual EMS professional and fall short in terms of addressing the root causes of burnout. In this session, Dr. Renée Crowe will discuss factors that contribute to burnout in EMS, how to recognize burnout at your agency, and organizational strategies for reducing and preventing burnout.

CRITICAL CARE

Management of VADs in the Pre-Hospital Environment
ALLEN WOLFE, BSN, RN

More than 5 million Americans suffer from heart failure with many of them awaiting transplant in a deteriorating hospice/palliative care provider pool. Ventricular assist devices (VADs) are now available to prolong their lives until a heart transplant is available or indefinitely. These pumps vary in design and function with some patients presenting without a pulse or inadequate pulse output. The standard medical assessment questions are questionable at best, typically falling short of useful. Through a case study analysis approach and hands-on management of simulated VAD emergencies, the EMS provider will gain increased comfort with this patient population.

PEGS/GERIATRICS/SPEC POPS

Nontraumatic Shock in Kids: What Pre-Hospital Providers Should Know
HEIDI M. LINDO, RN, EMT-P

This presentation will teach providers to recognize and treat pediatric patients with nontraumatic shock. The differences in the presentation and disease progression between adult and pediatric patients will be highlighted, as well as the differences in presentation and treatment of septic shock and cardiac shock. Providers will learn to identify pediatric patients who are at higher risk for developing septic and cardiac shock.
SAFETY OFFICER WORKSHOP

Thursday, September 17
8:00 AM–12:30 PM
MODERATOR: RICHARD J. BLANCHET

The EMS Safety Officer Workshop offers safety-related continuing education content relevant to the EMS industry. The workshop is sponsored by the National EMS Safety Council, a coalition of leading EMS and public safety organizations interested in ensuring that patients receive emergency and mobile healthcare with the highest standards of safety, and promoting a safe and healthy work environment for emergency and mobile healthcare practitioners. After completion of the workshop, attendees receive a certificate of attendance endorsed by the National EMS Safety Council.

8:00 AM–8:15 AM
THREE SAFETY OFFICER: AVOIDING A KAZOO SOLO
JUSTIN M. EBERLY, MPA, CTO, EMT

8:15 AM–8:45 AM
SAFETY OFFICER: HOW TO DRIVE AN AIRLINE OR AN AMBULANCE SAFELY
RICHARD J. BLANCHET

8:45 AM–9:00 AM
SCENE SAFETY IS NO ACCIDENT
ROBERT KERNER, B.S., EMT-P, FAEMS

9:00 AM–9:50 AM
OPERATIONS/MANAGEMENT
DIRE STRAIGHTS: WHEN USE IN EMS: FIRST DO NO HARM
DOUGLAS S. KUPAS, MD, EMT-P, FAEMS

9:50 AM–10:20 AM
OPERATIONS/MANAGEMENT
CULTURES OF SAFETY IN EMS: SOLUTIONS THAT IMPROVE PATIENT SAFETY
DOUGLAS S. KUPAS, MD, EMT-P, FAEMS

10:20 AM–10:45 AM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
SCOTT D. DEBREU, MD, RN, EMT-P, FAEMS

10:45 AM–11:00 AM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
SAMANTHA B. JOHNSON, JD, MBA, MHA; NICHOLAS J. ADAMS, MPA, FACEP; JARED L. ROSS, DO, PARAMEDIC, EMT-T

11:00 AM–11:15 AM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
SCOTT D. DEBREU, MD, RN, EMT-P, FAEMS

11:15 AM–11:30 AM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP

11:30 AM–11:45 AM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP

11:45 AM–12:00 PM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP

12:00 PM–12:30 PM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP

12:30 PM–1:45 PM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP

1:45 PM–2:00 PM
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KEN BOUVIER, NRP

2:00 PM–2:15 PM
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2:45 PM–3:00 PM
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3:45 PM–4:00 PM
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4:00 PM–4:15 PM
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5:45 PM–6:00 PM
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6:45 PM–7:00 PM
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7:00 PM–7:15 PM
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7:30 PM–7:45 PM
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KEN BOUVIER, NRP

7:45 PM–8:00 PM
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KEN BOUVIER, NRP

8:00 PM–8:15 PM
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8:30 PM–8:45 PM
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8:45 PM–9:00 PM
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9:15 PM–9:30 PM
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9:30 PM–9:45 PM
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9:45 PM–10:00 PM
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10:00 PM–10:15 PM
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KEN BOUVIER, NRP

10:15 PM–10:30 PM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP

10:30 PM–10:45 PM
SAFETY CONCERN: SAFETY IN CRITICAL CARE
KEN BOUVIER, NRP
You Know the Type: Finding the Right EMS systems are using EMS data to help EMS clinicians provide more and national levels, the data collected in those records is now being clinicians around the United States. Thanks to efforts at the local, state, Every day, thousands of patient care records are completed by EMS Case Studies in Quality Improvement -benign and life-threatening illness. This topic is critical for EMS provid-ers as we are the initial point of contact for many of these patients and must decide what diagnosis is the most likely to proceed with therapy -able psychiatric disorder. Individuals with psychiatric disorders have -able psychiatric disorder. Individuals with psychiatric disorders have At any given time, roughly 15% to 20% of Americans have a diagnos-able psychiatric disorder. Individuals with psychiatric disorders have increased risk of both common medical conditions and emergency room visits. Unfortunately, many are not receiving adequate psychiatric care, so EMS providers are frequently called upon to interact with individ-uals who either are, or are at high risk for, becoming emotionally disturbed persons (EDPs). This presentation will cover basic mindsets EMS providers can adopt that will help them work with EDPs as well as practical techniques for handling individuals who are upset or emotionally disturbed.

Handling the Emotionally Disturbed Person: Methods and Mindsets DREW A. ANDERSON, PHD, EMT At any green time, roughly 15% to 20% of Americans have a diagnos-able psychiatric disorder. Individuals with psychiatric disorders have increased risk of both common medical conditions and emergency room visits. Unfortunately, many are not receiving adequate psychiatric care, so EMS providers are frequently called upon to interact with individ-uals who either are, or are at high risk for, becoming emotionally disturbed persons (EDPs). This presentation will cover basic mindsets EMS providers can adopt that will help them work with EDPs as well as practical techniques for handling individuals who are upset or emotionally disturbed.

Methods and Mindsets

Handling the Emotionally Disturbed Person:

Adding practical techniques for handling individuals who are upset or emotionally disturbed.

MH-CP

You Know the Type: Finding the Right Providers for MH

MICHAEL D. WRIGHT, NRP

MHI is spreading across America, and the most important factor is having the right people in place to make your program successful. Your program begins to win or lose at the interview. This session will help you understand what characteristics to look for in a great MH candidate, the right questions to ask them, and why it’s so important.

MH-CP

Last Call: A Sobering Center in New Orleans

EMILY NICHOLS, MD

In an area known for letting the good times roll, transports for isolated alcohol intoxication are high. Emergency departments are frequently occupied by sobering individuals without a need for critical care. Through collaboration between EMS, the department of health, and the police department, New Orleans has opened the first sobering center in Louisiana. This diversion from EDs and jails not only releases a burden on first responders but also protects residents and tourists altered in the streets. In addition to providing a safe, monitored environment to sleep, the center links individuals to long-term care for substance abuse, mental illness, and social needs. This cost-effective resource meets patients where they are and benefits all members of the community.

9:15 AM–10:15 AM

BLS Bringing the Darkness into the Light: How First Responders Can Heal from PTSD

ASHLEY IVerson

Ashley Iverson, widow of Cal Fire/FAE Cory Iverson, who was killed fighting the Thomas fire on December 14, 2017, shares her story of love, loss, and purpose. Join her other journey, self-disclosure, and ultimately finding her life’s purpose through the sacrifice of her beloved husband. One month prior to Cory’s passing, a colleague took his own life, leaving behind his wife and child. It was then that Cory understood the gravity of mental health issues and the devastation they cause. In founding the Iverson Foundation for Active Wellness (FPAW), Ashley keeps Cory’s memory alive for their daughters and to continue Cory’s legacy to help all first responders—who selflessly helps others on a daily basis—by assisting within the first responder mental health movement.

BLS EMTALA and ED Diversions: What Every EMS Professional Needs to Know

DOUGLAS H. WOLFFRENO, JR

Emergency departments are busy places. Sometimes they ask incom-ing ambulances to take patients elsewhere. A federal law titled EMTALA regulates when—and how—hospitals may “defend” ambulances. Knowing how this complex law works is vital to EMS providers and hospital caregivers alike. This session will explain the detailed EMTALA law and regulations in an easy-to-follow approach and break it all down using some actual EMTALA legal cases to bring clarity to your pre-hospital transport decision-making.

BLS TOXICOLOGIC EMERGENCIES, PART 1: PATIENT PRESENTATION AND INITIAL WORKUP

WILL KROST, MD, MBA, NRP

AS IF HEROIN WASN’T ENOUGH

Toxicologic emergencies happen more than you may think. From the newest street drugs, their clinical effects, and unique associated toxidromes, cover important information to be procured at the scene, and guide attending through the prob-lem-solving steps that should occur. Patient cases will take the audience through the steps necessary to appropriately manage various toxicologic emergencies.

10:30 AM–11:30 AM

ALS TOXICOLOGIC EMERGENCIES, PART 2: DETECTIVE WORK TO SOLVE THE CASE

DAVID RU, PHARMD, BCCCP, WILLIAM HEUSER, PHARMD, MS, PARACHE

This session is designed to provide attendees with a brief overview of pharmacokinetic considerations to help them anticipate time to onset, peak, and resolution of a variety of drug overdoses. Reversal agents as well as their associated toxidromes, cover important information to be procured at the scene, and guide attending through the prob-lem-solving steps that should occur. Patient cases will take the audience through the steps necessary to appropriately manage various toxicologic emergencies.

3:15 PM–4:15 PM

ALS

TOXICOLOGIC EMERGENCIES, PART 2: DETECTIVE WORK TO SOLVE THE CASE

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FRIDAY, SEPTEMBER 11

4:15 PM–2:45 PM

MH-CP

BUILDING A TREATMENT PROGRAM FOR PATIENTS WITH SUBSTANCE USE DISORDER

LAURER YOUNG, LCWS

EMS systems continue to search for ways to respond to the growing challenge of patients with substance use disorder, yet often they face barriers such as a lack of funding, person-nel, and expertise. In this session, learn how any department can implement a low-cost, high-yield addiction program in their community. Through collaboration with local treatment centers and focused on helping people avoid becoming patients in the first place. Two decades ago, the drowning of a toddler inspired paramedics to start EPC World and a new community leadership in injury prevention. In addition, they have presented the Nicholas Rosencrans Award annually to an EMS agency that demonstrates a commitment to population wellness and injury prevention. In this session, you’ll hear from the winners of this year’s award, including how they implemented their program and the lessons learned along the way. You’ll also hear updates about previous year’s winners and engage in a discussion on the integration of EMS and public health in the community.

THURSDAY, SEPTEMBER 17

3:15 PM–4:15 PM

BLS

THE HUMAN BEING IN SUBSTANCE USE DISORDER

ALEX RODHNER, PARAMEC

The preconceived notion that a person suffering from sub-stance use disorder has no worth or often dies first responders from treating these patients appropriately. The treatment for an overdose is not benign. Between the excessive use of nal oxone and lack of advocacy for the patient, we may do more harm than good. To dispel this prejudice, as we providers need to better understand addiction, specifically in the use of drugs. Drug dependency can be traced back to genetic fac-tors, coping mechanisms, and adverse childhood experienc-ies, drugs have no prejudice; neither should treatment.

3:15 PM–4:15 PM

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Pediatric Death: What Comes Next for the Survivors…and You
LAUREN YOUNG, LCOE, PETER ANTEY, MD
The death of a pediatric patient is one of the most traumatic calls in EMS and almost always leads to acute grief for the family involved. The impact only begins at the time of death and will lead to a lifelong journey navigating the loss. This session will provide strategies for EMS to help comfort, advocate for, and support families at the time of death, and in the weeks following, to ensure their risk of traumatic stress and complex grief is reduced. Additionally, the issue of grief experienced by EMS crew will also be explored, and specific recommendations provided to ensure EMS crews are also cared for.

CRITICAL CARE
The XABCs of Ultrasound in EMS
CYNTHIA H. GRIFFIN, DO, NRP
Point of care ultrasound (POCUS) has become an integral part of care for the emergency medical services (EMS) provider. EMS providers can use this technology in the field to improve patient outcomes, guide medical decision making, and improve patient care. In this session, we will discuss the process for identifying and implementing POCUS into your system. We will review evidence for the role of POCUS in the prehospital setting, including its use in the evaluation of trauma, cardiopulmonary arrest, and other conditions. We will also provide practical guidance on how to get started with POCUS in your organization.

In the crisis arena, we become extremely good at ABCs, Vitals, and Head-To-Toe assessments. But are we really that good at communicating with our patient, partner, and fellow medical staff? This session takes an in-depth look at your communication style and how that plays into the interaction between you and your family, partner, and community. Participants will spend time investigating their own communication strengths and weaknesses. It is critical that EMS professionals educate the next generation of EMS personnel on different communication styles. Every attendee will be given resources to present this material to their students.

Hands-On Workshop: Guided Cardiac Dissection (The Director’s Cut) (2-Hour Session)
SCOTT DEBOER, RN, MSN, EMT-P; LISA M. DEBOER, NREMT, CET; MARY HOGAN, CPT
This one-of-a-kind, hands-on review course was developed to help review and reinforce the essentials of emergency cardiac care: “from the inside out!” Come prepared to “get messy,” as we will work with harvested pig hearts to enable attendees to better understand emergency care processes and pathophysiology. The instructors will take complex information and present it in a way that will make understanding the most difficult concepts simple. Their humorous and “realness is the best teacher” styles are sure to benefit the newest students to the most seasoned healthcare professionals. Note: Emergency skills will be practiced on harvested pig and human cadaver organs. No animals were euthanized for the purpose of this course. Max. 40 attendees; must pre-register online.

OPERATIONS/MANAGEMENT
Harm Reduction: Dynamic Engagement for First Responders and Communities
SIMON A. TATEL, NRP, BA, DEVIN REAVES, MSW
This presentation will help pre-hospital medical providers to better understand the nature of the communicable disease and overdose epidemic that is killing more than 100,000 Americans annually. Attendees will learn evidence-based interventions that are currently being deployed across Pennsylvania that are intended to reduce mortality and morbidity and to better engage with members of the drug using community. This presentation will also explore novel practices and interventions that are currently being developed across the nation including field deployment of medications for opioid use disorder. All overdose deaths are preventable, and EMS must lead the way as communities navigate their way through this public health crisis.

Understanding Why We React the Way We Do: Harnessing Emotional Intelligence for Leadership Success
RAHMAH W. BASHSHAW, MPH, MS, CPHM
Every day, EMS leaders are confronted with situations where a true understanding of various emotions can spell the difference between success and failure. Being prepared intellectually isn’t enough; you MUST understand the emotions behind the scenes. Emotional intelligence—that is, the ability to understand not only your own emotions, but also the emotions of those around you—is integral to individual and professional success. EQ plays a role in negotiations, decision-making, communications, and many other areas essential to effective leadership.

Survivors…and You
KRIS KAULL, BS, NRP, FP-C
This presentation will describe how a rural state is using technology and local agency support to deliver initial education courses, including hybrid and distance courses, that meet national education standards.

EMERGING TECHNOLOGY
Point of care ultrasound (POCUS) has been identified as the standard of care in emergency departments and is quickly becoming integrated into pre-hospital emergency medicine due to technology improving, the mobility of the equipment, and cost reduction. All of EMS will be incorporating ultrasound into their patient assessment and treatment guidelines within the next 10 years, just as 12 lead ECG became the standard of care in emergency cardiac care “from the inside out!” Come prepared to “get messy,” as we will work with harvested pig hearts to enable attendees to better understand emergency care processes and pathophysiology. The instructors will take complex information and present it in a way that will make understanding the most difficult concepts simple. Their humorous and “realness is the best teacher” styles are sure to benefit the newest students to the most seasoned healthcare professionals. Note: Emergency skills will be practiced on harvested pig and human cadaver organs. No animals were euthanized for the purpose of this course. Max. 40 attendees; must pre-register online.

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BL5

Revenge of the Nerds: The Role and Future of Research in EMS
HEIDI ABRAMSON, MD, FAEHS; JEFF JARVIS, MD, PARAMEDIC; DAVID A. WAMPLER, PHD, LF, FAEM; CATHERINE R. COUTTS, PHD, MHA

A panel of experts on research in EMS will discuss why research matters, what kind of research we should be doing, which questions need to be addressed, how to ask the right question, and how EMS providers from departments large and small can get involved in shaping the future of EMS science.

BL5

Sign Here: A Practitioner’s Guide to Patient Refusals
NICHOLAS J. ADAMS, MPH, PARAMEDIC; SAMANTHA R. JOHNSON, JD, MBA, MHA

“No, I won’t go!” Those words cost a patient her life and a paramedic his career. The most critical clinical decision a provider can make is not at the devasting week or the cardiac arrest; it’s during a patient’s refusal, the most common incident run by responders. Using actual incidents and reported legal cases, an attorney and an operators manager offer tips and tricks for responders to protect themselves and their services from legal liability.

ALS

Uncommon Causes of Sepsis: Looking Beyond Pneumonia and UTI
STEPHANIE K. LOUCA, MD

Recognizing sepsis is crucial. In this session, in a case-series format, we will look at three uncommon infectious sources (Aspergillus, Lemierre’s Disease, and Infective endocarditis) that lead to cases of septic shock in otherwise healthy patients.

CRITICAL CARE

What the Latest Research Tells Us About Push-Dose Pressors
DAVID J. OUEVA, MPH, PPC-C, CPTE

This presentation will discuss the current research on push-dose pressors and what we are doing to bridge the gap for peri-intubation arrests. It will review what we’ve used in the past for adjuncts and discuss the outcomes of the VPER study, a 3-year evaluation of the use of phenylephrine and vasopressin as push-dose pressors for peri-intubation arrest. Additionally, the presentation will discuss how we determined the appropriate time to use a push-dose pressor and the clinical outcomes of the research.

EDUCATOR

Cardiovert Your Classroom: Disrupting the Traditional Lecture
GARY A. HEIDEL, BA, PARAMEDIC

Traditional teaching methods are a lot like SIV: They may be marginal- ly effective, but sometimes they need a blast of energy to reframe things in order to actually pursue the brain. “Firing the classroom” is a popular concept these days, but how do we define that widely? Regardless of what you do with online content, videos, or other strategies outside of the class, a huge challenge for many educations is deciding how to make the most effective use of time in the classroom. This presentation will explore a variety of alternatives to traditional lecture approaches in the classroom and challenge you to break those revery patterns that sometimes trap us.

ALS

Electrolyte Emergencies: New Tips for Old Salts
COREY N. SLOVIS, MD, FACP, FACP-C, FAEM

Diagnosing and treating electrolyte emergencies is an important skill for all paramedics. This talk will center on hyperkalemia, hypokalemia, and hypernatremia. There are five ECG changes of hyperkalemia, five ways to drive potassium into the cell, and guidance as to when to use calcium along with its mechanism and dosage. DKA and rhabdomyolyis will also be discussed in the context of hyperkalemia and the use and/or nonuse of bicarbonate. For hypokalemia, hypokalemic arhythmias will be discussed along with the treatment of toxins and the use of magnesium. Finally, we will explore the indications for hypertonic saline as it applies to runners with acute hypernatremia.

LEADERSHIP

Women STAND UP to Lead
LILLIAN BOLSIGNORE, PARAMEDIC, CIC

Join Chief Bonsignore as she explores the challenges and obstacles young girls and women must overcome while on their path to leadership positions. This session will offer advice and tips to overcome some of those challenges through the application of the acronym STAND UP.
CONFERENCE PROGRAM SEPTEMBER 17

CRITICAL CARE

Special Teams: Winning on Airway Game Day
Hank Brown, AAS, FC-P
The stress related to critical skills has little to do with the skill itself but is greatly affected by the mental road we have taken to that moment. Perceived threats impair cognition, interrupt communications, and degrade skill performance. Effective teams must manage threat perception to win on game day. This lecture will explore how we can leverage our own human factors to better navigate complex situations and manage tempo. Clinicians will leave with an improved understanding of how our brain functions under stress and empowered with proven techniques for managing their most challenging events.

MH-CP

The Value of EMS: Your Skills Are Not What Matter Most
JONATHAN THOMPSON, BA, NRP, CP-C
Pre-hospital care professionals are personally invested in caring for people on their worst day. We assume the value of what we do is obvious, yet as an industry we are struggling to match compensation, agency, and individual to the work we do and the resources expended. This session will explore some of the ideas we have created and the experience of early Mobile Integrated Health programs has helped expose the gap between what we think is important and what large stakeholders in healthcare value.

BLS

Traumatic Stress Survival Strategies
TAKESHA WILLIAMS, PHD, LCP
According to recent research, almost 10% of acute care staff screen positive for post-traumatic stress disorder. More than 6.5% of first responders surveyed in 2015 had attempted suicide—more than 10 times the rate of the general population. There is a growing mental health crisis in the field of emergency response, with few resources devoted to the development of support services. This talk will address how to stand the challenge of fires shrinks and communities turn their attention to the growing problems of behavioral health and substance use, the traditional mission of the American fire service—to protect lives from the threat of structure fires—may seem antiquated. But is it? State and local fire data show that structure fire fatalities are closely correlated with behavioral health concerns. In this session, this correlation and its implications for community risk reduction at the intersection of MH-CP and fire prevention in fire-based EMS will be discussed.

MH-CP

CPS MERITS: An Assessment, Triage, and Operational Tool for MH-CP Programs
MARK D. LEVINE, MD; WILLIAM S. GILMORE, MD, PARAMEDIC, FACEP, FAEMS
This presentation uses HIPAA compliant pictures and video to discuss various cases in the pre-hospital and hospital environment. The discussion will cover the recognition patterns of injury/presentation, treatment, and how they may relate to the use/overuse of emergency care in the U.S.

LEADERSHIP

Felony Assault and PTSD Presumptions
TAKESHA WILLIAMS, PHD, LCP
Most U.S. states have presumptive statutes that prosecute assaults against first responders with higher penalties than assaults against civilians. An inventory of these laws has been conducted and results will be shared. Presumptive disability laws exist for many adverse health conditions such as cancer and infectious disease in first responder populations. However, PTSD presumptive laws have just begun. We will review an inventory of states that have these presumptions, including states currently considering such laws. Both felonious assault and PTSD presumptive statutes will be reviewed for their efficacy in conferring protections to first responders. ENT Kelly Adams will share her own experience of being stabbed on a call. Additional strategies in primary prevention inclusive of policy and training needs for EMS responders will be specifically highlighted.

EDUCATOR

Simulating the Human Mind
GUSTAVO D. FLORES, MD, PARADICE, FP-C
Why do people make clinical errors? Nobody makes a mistake on purpose. People act based on what they think they know to be true. From a systems perspective, it is wise to break down the circumstances that led to the wrong conclusion that such action would be appropriate. How can simulation help us understand how such things happen? This lecture will discuss why a complete breakdown of all the steps involved in a process is essential to understanding human error through high-fidelity simulation.

ALMS

The Most Important EMS Articles of the Past 18 Months
CORY M. SLOVIS, MD, FACEP, FAEMS; MICHAEL DAILEY, MD, FACEP, FAEMS; STEVEN JARVIS, MD, PARADICE
Each year a number of potentially practice-changing articles appear related to EMS. In this session, we will debate the most important of these articles in a concise way, providing the highlights of most importance as they apply to the field of care.

ALMS

Trauma Research That Should NOT Change Your Practice
BABAK SARANSI, MD
There are literally hundreds of thousands of papers in the medical literature. Yet, many lack sufficient quality to allow one to change medical practice. Traditionally, we are taught that randomized clinical trials represent “grade 1” evidence and retrospective studies are “grade 4.” Yet, a randomized study can be very flawed methodologically, and a retrospective study can be very methodologically rigorous. This 1-hour, lecture-based session will review studies related to pre-hospital translation, TAX administration, and transport modality. The focus of the lecture will be trauma. This session will NOT review medical/non-trauma care.

OPERATIONS/ MANAGEMENT

Using Multiple Mini Interviews to Select Ideal Paramedic Applicants Emerging Technology
MICHAELE DAILEY, MD, FACEP, FAEMS; ROBERT D. REIHAU, PhD, MIKE MASON, CP-F; WILLIAM DONNERS, BSC(HONS)
Managing student issues in non-academic areas such as ethics, empathy, decision-making, communication, judgement, teamwork, and collaboration are amongst the most challenging and time-consuming areas. EMS programs are not immune to these non-academic attributes in applicants. This session will describe the process of how when these are identified and implemented in the Paramedicine training program in Winnipeg, Canada. Our results showed a clear correlation between candidates’ performance on MHAs, their achievement in the academic program, and ultimately on a national paramedic licensing examination.
North Channel EMS (Texas) (NCCEMS) providers have been providing blood to body camers for 5 years. Although many EMS leaders have theorized the pearls and pitfalls associated with EMS body cameras, NCCEMS learned them firsthand. These providers will be joined by EMS Legal Expert Steve Wirth. Lessons include: improved medical care by allowing for focused training, case critiques/reviews and increased provider accountability, increased provider safety, and how to teach branch points for de-escalation. Cameras also increase community behavior and accountability. From an administrative perspective, cameras worn by EMS providers can decrease liability and provide legal recourse. Multiple research and performance improvement projects have been performed or are underway to improve patient care. In general, body cameras at NCCEMS have been a positive experience and the department wants to share what they have learned with others working in EMS.

From 0% to 40% Survival in Pediatric Cardiac Arrest

The overall survival for pediatric out-of-hospital cardiac arrest is 6.4%, and lower in infants compared with children and adolescents. A greater survival rate is seen in pediatric patients with witnessed CA. Unwitnessed pediatric CA is rare and occurs in patients with return of spontaneous circulation (ROSC) in the field vs. patients transported. Cardiopulmonary arrest is characterized by unresponsiveness and lack of normal breathing and is most often the result of apnea or respiratory failure leading to bradycardia and then PEA and death. This session will demonstrate how Florida's Polk County Fire Rescue went from 0% to 40% survival in out-of-hospital pediatric cardiac arrest patients by completely changing its approach and switching to the hand CPR system.

Healthcare for the Homeless: SAFD's Shelter Clinic

Kim Ricci, DO, PA

In Texas an innovative public-private partnership designed a single multiservice campus to provide a system of care for the city's homeless population. While significantly decreasing homelessness, this facility became the city's largest single user of emergency medical services. In response to the fire-based EMS system designed a novel on-campus paramedic-staffed CAD response. Patients can be assessed, treated, and referred to in the trauma treated at home. The response time for responses to the ED was decreased by 30 minutes. The process was then subsequently expanded to the treatment of the patient. The Telehealth communications includes that total 24 hours and on-demand systems. The vision is to grow the movement anddevelop new and exciting protocols are being implemented by the Eagles around the country and globally. Dr. Swayze will present the potential perils and promises of this change from his unique perspective now working inside the health insurance industry. Will the changes be revolutionary for EMS or simply revolting!

Stay and Pay: The Promise and Perils of Treatment Without Transport

Davi Szkaw, DRPH, MBA, HEMs

A new law in Pennsylvania requires health insurers to pay EMS agencies for their services, regardless of whether they ultimately transported the patient. In this session, Dr. Swayne will present the potential perils and promises of this change from his unique perspective now working inside the health insurance industry. Will the changes be revolutionary for EMS or simply revolting?

Critical Care

Staying Grounded: Air Medical Best Practices to Build a High-Performance Ground Critical Care System

Brandon B. Hean, LPN, RN, BSN, CDRN, CRNI, KSR, KASL, BS, NRP, F, C

Altitude should not dictate the level of care we provide to our patients. Two care right crew members will share emerging trends in flight medicine and how they can be adopted by EMS on the ground to improve the delivery of patient care. Topics discussed will include airline policies and procedures, new and emerging medical capabilities, and the role of the critical care nurse in the patient's care. The presenters have first-hand experience from the National Science Foundation-funded elite exercise research (NSF) program and have been involved in the development of the American College of Sports Medicine (ACSM) guidelines for exercise prescription. The presenters will discuss the importance of providing high-quality care to all patients, regardless of their location. This session will cover topics such as: The importance of early intervention in critically ill patients; The role of critical care nurses in the treatment of critically ill patients; and The impact of critical care nursing on patient outcomes.

The Vision of the EMS World Expo is to be the premier annual event for the EMS industry. The Expo will feature the latest advancements in equipment, technology, and services, as well as provide an opportunity for networking and professional development. The Expo is open to all EMS professionals and will feature a variety of educational sessions, hands-on workshops, and trade shows. The Expo will also feature a wide range of activities for attendees to enjoy during their time at the event. From outdoor activities to evening events, there will be something for everyone to enjoy. The EMS World Expo is the perfect opportunity to learn about the latest advancements in the EMS industry and connect with colleagues from around the world.

Practices to Build a High-Performance Ground Critical Care System

Chest Pain: It’s Not Just for Heart Attacks Anymore

Jennifer F. Chappell, M.D.

This presentation will cover concepts around the Emergency Department. The presentation will cover different types of presentations available to EMS providers to help them understand and manage difficult scenarios. The presentation will cover different types of presentations available to EMS providers to help them understand and manage difficult scenarios. The presentation will cover different types of presentations available to EMS providers to help them understand and manage difficult scenarios. The presentation will cover different types of presentations available to EMS providers to help them understand and manage difficult scenarios.
HELPED ME HEAL

BLS Handling In-Flight Medical Emergencies on Commercial Airliners
ERIK S. GULL, MNP
This presentation reviews the incidence of in-flight medical emergencies and discusses what the pre-hospital provider needs to know. It also provides an in-flight medical emergency adequately, including flight physiology, medical resources available, and procedures/protocols for patient management and aircraft diversion.

PEDS/GERIATRICS/SPEC POPS

Hands-On Workshop: Handtevy, Broselow, and Beyond
SCOTT DEBER, RN, MSN, EMT-P; LISA M. DEBER, NREMT, CET
Where would you find a King airway size for a 6-year-old? Where would you find an epinephrine dose for a newborn? How would you mix a norepinephrine drip for a septic 6-month-old? When these types of emergencies occur, there is no time to ask, “Who knows?” When it comes to sick kids and even worse, really sick kids, anxiety levels can understandably be at their highest. Scenario in Seconds works to reduce anxiety and build greater confidence in pediatric emergency care through rapid rotations through several hands-on color coding/critical calculations stations. Remember, “Practice makes perfect” and “Proper planning prevents poor pediatrics performance.”

BLS School Shootings and Other Active Shooter Incidents
KEN BOUVIER, RN
This session is designed to help first responders, EMTs, paramedics, nurses, and physicians to be better prepared to handle incidents where an active shooter has taken aim on innocent school children or at events such as concerts, theaters, and political functions. Hemorrhage control is critical! During this session we will review school shootings and other mass shooting incidents where children and victims of all ages have been critically injured or killed, explain how your EMS system may become overloaded with requests for service, and remind responders that they may be forced to render care to children and other people that they know from the community. We will also explain scene safety, how to manage the scene, including dealing with concerned parents and family members, explain how to respect the crime scene, and explain both BLS and ALS treatment for gunshot wounds.

EDUCATOR
Stronger Together: The Benefits of Interprofessional Education
KELLY A. KADLER, RSCI, PARAMEDIC, ICFE, CISS; SHREYAL BALASUBRAMANIAN, EMT, ONS-B
This presentation will focus on interprofessional education (IPE) and how EHS should take strides to train with hospitals and other aspects of the healthcare community. Why? It’s important for EHS stands with it, and how other health professions are doing it. We will also talk about how simulation is an important part of IPE and how hands-on teamwork among participants. Research on the subject comes mostly from other healthcare professions, not EHS, but much of it shows better communication and patient outcomes with IPE. We will discuss the need for EHS to be a part of that research, present ideas for how to move forward, highlight examples of successful programs, and solicit ideas from the audience.

CRITICAL CARE
The Five Hottest Questions (and Answers) in Mechanical Intervention
ERIC BAKER, HPF-P, CP-C, C-MTP
Mechanical ventilation can be a huge learning curve for many. Couple this with the highly acute patients seen in the clinical cohort, and you will soon realize how stressful these patients encounters are. Join Eric as we dive into the five hottest questions (and answers) in mechanical intervention. Topics will focus on pressure vs. ventilation. What is the evidence on when to intubate? When do we need to intubate? How do pressure limits affect the sensitivity setting thought process? How does the mode of ventilation affect the sensitivity setting thought process?

ALS Traumacology: The Usage of Medications in Trauma
WILLIAM HEUSER, PHARM, MS, PARAMEDIC; DANIEL HU, PHARM, BECCP
This session is designed to address the controversies surrounding medications used in trauma. The use of tranexamic acid for all types of trauma, epinephrine in traumatic arrest, ketamine as the induction agent of choice, the ideal analgesics in a trauma patient, ICP reduction strategies during the peri-intubation, etc will be discussed as well as the literature supporting these topics. Medication treatment pearls will also be discussed as it pertains to medications used in trauma patients. This presentation will allow the pre-hospital provider to be equipped with the knowledge necessary to treat the critically ill trauma patient.

REGISTER TODAY | EMSWORLDEXPO.COM
1:00 PM–1:30 PM
OPERATIONS/MANAGEMENT
10 Phrases to Improve Patient Care and Communication
STEPHEN WORTH, EDQ, PMEDIC
Technology is taking us over, and as a result, we are losing the art and skill of effective interpersonal communication. We are in a “high-touch” service business where patient and customer satisfaction are more about how we make the patient “feel” rather than the skill at which we provided our care or service. This eye-opening session will help you focus on the critical first 10 phrases that are key to your staff’s success on the critical first 10 seconds of the encounter. We’ll give you 10 phrases that you can give to your staff at all levels of the organization to help them become better communicators and improve patient and customer satisfaction.

MIH-CP
A Toolkit for Building a Successful MIH-CP Program
ARELLE BARK, EMT, NHA
This session aims to shed light on some best practices and tools utilized to implement a successful MIH-CP program. Both administrative and operational employees should familiarize themselves with these tools to ensure comprehensive program design.

BLS
BLS Matters: Making the Most of the First 10 Minutes
GINA A. HEIDEL, BA, PMEDIC
This dynamic and interactive session is a BLS-focused discussion about the goals of the first 10 minutes of any EMS call. Providers will learn how to use the W.L.U. (What’s Important Here, acronym to sort information and prioritize effectively). Tips and tricks will be shared to strengthen assessments and decision-making, improve patient outcomes, and perform successful patient handoffs.

CRITICAL CARE
Cardiac Catastrophe: The Aortic Assassin
BRUCE HOFFMAN, MSN, RN, CFRN, FP-C, CCP-C, C-NPT, EMT-P
A patient with aortic stenosis and heart failure presents to your facility. You must consider these two possibilities together can wreak havoc on a seemingly stable patient. Join this session to discover the details of the patient’s diagnosis and management both in the pre-hospital and in-hospital setting. EMTs and Paramedics will learn about the signs and symptoms during their shift. However, other alcohol-related emergencies can be more severe and require EMS clinicians to act quickly and treat appropriately.

EDUCATOR
Creating More Authentic Exams
HEATHER M. DAVIS, EDD, NRP
Choose the correct assessment method, and your exam becomes much more valid. The correct assessment will feel realistic and authentic to the candidate, helping them to see their performance on the exam, rather than blame the examiner! This session will explore the difference between different types of performance examinations, how behavioral descriptor questions do not measure situational judgment, and how multiple response items may better assess dynamic patient situations. Participants will practice with exam item types to ensure their ability to return home to improve their own exams, whether a primary instructor, CE provider, clinical educator, or manager.

BLS
Debunking Spinal Immobilization in Trauma Patients
SALIN REZAEI, MD
It has been common practice in trauma to place patients in cervical collars and on long back boards (LBB) to achieve spinal immobilization. LBBs are used to help prevent spinal movement and facilitate extraction of patients. Current guidelines (C-Collars) are used to help prevent movement of the cervical spine and often are combined with lateral head blocks and straps. The theory behind the first is spine immobilization prevention through manipulation and injury during extraction, transport, and evaluation of trauma patients by minimizing movement. Most of this information can be sourced from historical teachings, like the Advanced Trauma Life Support (ATLS) courses, and not from scientific research. To date there has been no high-quality evidence that use of spinal immobilization improves patient outcomes. In this lecture, we will review the evidence associated with spinal immobilization in trauma patients.

OPERATIONS/ MANAGEMENT
FirstNet Response Operations: 3 Years in Emerging Technologies
RYAN FIELD-SMITH, PMEDIC, M.A
FirstNet, built with AT&T’s in the third year of operation. Through hurricanes, wildfires, tornadoes, and man-made emergencies, FirstNet has been there for public safety. The Response Operations Group has streamlined a process for deploying the 75 satellite cellular assets across states and territories in an average of 11 hours or less. See how FirstNet has become your public safety partner and will continue to work with you for years to come.

Intranasal Drug Delivery: Clinical Implications for Pre-Hospital Care
TOM WOLFET, MD
Intranasal medication delivery is now an established treatment modality in EMS. It is also rapidly advancing with new therapeutic medicine options emerging every few years. This presentation will briefly cover concepts related to intranasal medication delivery including proper technique to enhance patient outcomes. The majority of the time will be spent discussing EMS cases involving the use of intranasal medications: moclomol and lorazepam for status epiliepsi and mild sedation, ketamine and fentanyl for moderate to severe pain in both adults and children, transmucoid for epistaxis and of course, nalnozone for opiate overdose. The final portion of the discussion will focus on using the proper dose of medication and on future uses and potential areas of research. Attendees will gain concis but thorough insights into safe and effective application of intranasal medications in their practice. They will have the opportunity to ask questions of the physician/EMS director who invented the nasal atomization device and who was one of the first EMS directors to bring nasal drug delivery to his EMS community in the 1990s. The insight gained will assist attendees in using this tool, nasal drug delivery, more effectively in their community.

Peds/Geriatrics/Specific POPS
Hands-On Workshop: Handtevy, Broselow, and Beyond
SCOTT DEBER, RN, MS, EMT-P, LISA A. DEBER, NREMT, CET
To successfully manage organizational change, providing the agility necessary to navigate choppy waters. Leaders for success requires identifying what is valued by the workforce. The EMS workforce is shrinking, as is the pool for leaders. Developing leaders for success requires identifying what is valued by the workforce and educating future leaders accordingly. To be successful as a leader, one has to understand the “people” situation and plan for success by having superior subject understanding. Listen to Dennis discuss a “three-ring” leadership educational focus, which incorporates the United Ring: People Skills and Knowledge, Middle Ring: Industry-Specific Hard Skills, and inner Ring: Company-Specific Education.

LEADERSHIP
Managing Change in Turbulent Times
MATTHEW S. ZAVADSKY, HS-EMT, NREMT
We are in the midst of major evolution: Shifting economic forces require EMS agencies to consider change in operational delivery systems, human resources, operations and deployment, and revenue cycle management. Often this leads to revamping and potentially changing long-held beliefs about your organization and operations. How you manage change could mean success (Google, Lyft) or failure (Blackstone, Kodak, Yahoo). This session will highlight strategies to successfully manage organizational change, providing the agility necessary to navigate choppy waters.

Peds/Geriatrics/Specific POPS
Pre-Hospital Management of Pediatric Seizures
HELENE HARRISON, MS, NREMT-P
This lecture reviews how to recognize and treat pediatric patients with seizures using evidence-based guidelines and how to anticipate problems and manage the pediatric airway in pediatric patients with seizures and discusses the causes of pediatric seizures.

BLS
The Other Alcohol Emergencies: ETOH Withdrawal, Awake, and Alcohol Alcohols
JEFFREY M. ELDER, RN, FAEEM, NRP
EMS clinicians often encounter patients with alcohol intoxication during their shift. However, other alcohol-related emergencies can be more severe and require EMS clinicians can alter the course of these critical disease processes. During this lecture, we will discuss the complex diagnosis and management of alcohol withdrawal, alcoholic ketoacidosis, and toxic alcohol ingestion that are often overlooked or underdiagnosed in the pre-hospital environment. EMS and Paramedics will learn about the signs and symptoms of these often-overlapping disease processes while also discussing diagnosis and management both in the pre-hospital and in-hospital environments.

ALS
You Want Us to Transport Where?
DAVID A. MIRAMONTES, MD
San Antonio Fire Department EMS Office of the Medical Director has developed new destination bypass protocols for post-cardiac arrest, ECMO, CPR, and comprehensive stroke center patients. The innovative implementation of the Resuscitation Center designation for cardiac arrest patients assures proper care once the patient arrives at the hospital post arrest and establishes a “system of care” approach. We will discuss the ECMO-CPR protocol for YVAC patients who meet inclusion criteria. We will discuss the validation of the WM stroke severity score and live case presentations using such to divert eligible patients to Comprehensive Stroke Centers.

ALS
A Cut Above the Rest: The Failed Airway and Emergency Front of Neck Access
FRED ELLEINGER, JR., NRP
Emergency front of neck access or FOANA is the final pathway in the management of the failed airway. In this didactic and hands-on session, students will review the failed airway algorithm, paying particular attention to cricothyotomy. Surgical cricothyotomy using the scalpel/finger/bougie technique will be reviewed. In addition to surgical tech- nique, needle cricothyrotomy will be discussed. At the conclusion of the didactic session, students will have the opportunity to practice the procedures on swine models.

Peds/Geriatrics/Specific POPS
ALS
ALS Bypass
SCOTT DEBER, RN, MS, EMT-P, LISA A. DEBER, NREMT, CET
Where would you find a neonatal airway for a 6-year-old? Where would you find an epinephrine dose for a newborn? How would you mix a 1:300 solution for a 40-lb child? How would you stabilize a newborn? How would you mix a dose for intubation? How would you set up a YVAC patient? How would you treat an intubated patient? These are some of the skills one has to understand at the highest. Scenarios in Seconds works to reduce anxiety and build greater confidence in pediatric emergency care through rapid rotations through several hands-on color coding/interactive calculations stations. Remember, “Practice makes perfect” and “Proper planning prevents poor pediatric performance!” Must pre-register online; max. 36 students.
**High-Power Airway Management for BLS**

**ANDREW LATHEK, MD, BETTY YANG, MD**

In this course we present the fundamentals of basic life support airway management with an emphasis on gold standard techniques and scientific concepts behind practices. Similar to high-performance CPR, there are team-based best practices that can be applied to pre-hospital airway management. This course will teach the framework of evidence-based and clinical management and discuss the BLS provider’s roles and responsibilities. Topics will include gold-standard BVM technique, positioning, pre-oxygenation and apneic oxygenation, airway adjuncts, ventilation objectives, and pediatric CEC science with emphasis on cardiopulmonary resuscitation to ensure high-quality BVM technique. We will touch on extraglottic device usage by BLS as well.

**EDUCATION**

**Off to the Races: How Racial Biases Affect Our Patient Care**

**CHARLENE BARBER, BBA, RRP**

Race is a term for biological color. Racial biases affect our ability to care for our patients. They can change how we work with those of different backgrounds and beliefs. The color of one’s skin is just that—color. There is no mention of ethnicity and culture. This presentation will open the eyes of the sceptic so that there is a better understanding of being self-aware and how to counter being color-blind.

**EducaTion**

**Project Swaddle: An MIH-CP Program for High-Risk Pregnancies**

**DARREN FORMAN, PARAMEDIC, RAYMOND P. MILLER, AAS, PARAMEDIC; LAURA M. SCHRAM REESE, MD, PHD**

Project Swaddle extends the success of MIH-CP in reducing chronic disease and improving older adult health by providing care for at-risk mothers and their infants. In this program, paramedics make in-home visits with mothers throughout the pregnancy and during the 30 days following birth. In addition to providing important prenatal and postpartum education and education, the paramedics develop a trusting relationship with mothers by providing them with 24/7 assistance in the form of emergency response, emotional support, and just answering questions throughout the process. Following an overview of the need for Project Swaddle in Crawfordsville, Indiana, the division chief will explain the components of the program and the community paramedic will share his experiences and some successful outcomes from the program. The presentation will conclude with an overview from an academic partner to efforts systematically evaluated the program.

**ALS**

**Stabilizing Burn Patients: An EMS Handbook**

**DEBBIE HARRELL, RN, MSN, NE-C**

This presentation delivers case studies to highlight the role of EMS in the stabilization of the burn patient including discussion of initial triage, fluid resuscitation, intubation decisions, inhalation injuries, and treatment interventions. Emergency care and stabilization of the patient with a burn injury can determine both short-term and long-term outcomes, including survival. Vivid photographs and interactive slides complement this session.

**Critical Care**

**The Ideal Vasopressor for the Critically Ill, Crashing Patient**

**WILLIAM HEUSER, PHARMD, MS, PARAMEDIC; DANIEL HU, PHARMD, BCCCP**

Selection of an “ideal” vasopressor is imperative as this can determine life or death in a patient with severe hypoperfusion. Understanding the pharmacology surrounding vasopressors and inopressors is highly important in selecting the appropriate vasopressor for your patient. This presentation will discuss each of the vasopressor/inopressor patient cases where each would be most useful in reversing hypotension or providing inotropic support. This presentation will also discuss the use of push-dose pumps in the pre-hospital setting as a time-saving measure for transient hypotension or as a bridge to more definitive therapy.

**Leadership**

**This Is Your Mind Under Stress: Leadership and Decision-Making in Pressure Situations**

**KEVIN RAMDAYAL, PARAMEDIC**

Have you ever wondered what influenced a decision you made? In EMS we pride ourselves on being able to decide and think under pressure, but there are several factors that can influence individual decisions you make. Our minds are in a constant battle between intuition and logic—which will prevail? There’s only one way to find out! This lecture will explore the leadership mindset and various effects stress can have on your way of thinking.
have you always wanted to have a conversation with the leaders in your field? perhaps you need some advice specific to your agency about setting up an MIH-CP program, or you have questions about how to choose the best personnel management software. now you can sign up for small group time with an industry expert. time slots are 40 minutes long and are available on a first-come, first-served basis. each time slot will consist of one expert and three to five attendees. sessions will be held at the EMS World Booth #1056 in the Exhibit Hall.

WEDNESDAY
September 16
11:00 AM–4:30 PM

THURSDAY
September 17
11:00 AM–4:30 PM

FRIDAY
September 18
10:00 AM–1:00 PM

Ask the Experts.

back by popular demand!
EMS World Expo is proud to present the 2020 Active Shooter Mass Casualty Incident Demo. Southeast Tactical LLC will give you a crash course in how to mitigate a tactical mass casualty event. In this Exhibit Hall simulation, participants will have the opportunity to triage and treat multiple patients in a simulated tactical mass casualty event. Participants will first observe proper sift-and-sort procedures with a focus on force protection, then practice those procedures and improve skills in hemorrhage control and tourniquet use, needle decompression, and other wound care methods encountered in this environment. This session will conclude with a short debriefing to discuss challenges encountered while participating in the simulation.

WEDNESDAY
September 16
12:00 PM–3:00 PM

THURSDAY
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12:00 PM–3:00 PM

FRIDAY
September 18
11:00 AM–1:00 PM

Active Shooter Simulation

Get hands-on in the exclusive simulation lab
Located in the Exhibit Hall, the EMS World Expo SimLab is the go-to place to put your clinical skills to the test and try out the most advanced products and simulators on the market. Work through various scenarios given by the instructor while receiving feedback on your performance. Don’t forget to grab your FREE t-shirt for participating!

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FRIDAY
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SimLab

Explore the largest EMS-Dedicated Exhibit Hall in the World
More companies introduce new products and services at EMS World Expo than any other event. If you buy, specify, or even recommend products for your agency, you need to check it out. Nowhere else can you compare side-by-side so many innovations in one place at one time.

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EXHIBIT HALL LEARNING CENTER

Free CE in the Learning Center
Booth #318

Enhance your educational experience and earn FREE CE when you attend classes in the EMS World Expo Learning Center, Booth #318. Classes are open to all conference and Exhibit Hall attendees. Current classes scheduled include:

WEDNESDAY SEPTEMBER 16
Resuscitation of Cardiac Arrest in Pregnancy: Advances in Treatment
ANDREA SHELDON, MD; JACQUELINE BATTISTELLI, MD; LES BECKER, PhD, MS, HEED, NRP, CHSE

Putting Purpose Back into Practice
GEOFF MURPHY, ACP

The Compassionate Classroom: Changing EMS Culture
ANNA RYAN, NRP; JUDITH BROWN, MSN

Therapy Dogs: What’s the Science?
ED RAYTH, MD

THURSDAY SEPTEMBER 17
Millennials: Hiring in an Ever-Changing Environment
DREW HOOKER, MPH, CCPM, IC

Just Give ‘Em the Finger Already: Quit Wasting Time With Needles and Chest Tubes
CYNTHIA GRIFFIN, DO, NRP

The First 30 Days: Care of the Neonate
WILLIAM GALLMORE, MD, PARAMEDIC, FACEP, FAEMS; HANK LEVIN, MD

Management Myths and Lessons Learned
KAPRISE BROADBAND, MPH, MS, CPH

ARE YOU UP TO THE CHALLENGE?

Booth #1557

The EMS World Clinical Challenge is a clinical competition where teams of two will respond to challenging scenarios that test clinical knowledge, critical thinking skills, teamwork, communication, and situational awareness. Teams elect to participate in either an ALS or BLS track depending on their level of certification. A panel of judges will evaluate their performance and provide valuable feedback.

Each Clinical Challenge participant will receive a limited-edition challenge coin.

The top three teams from each track will advance to the finals. The winning team from each track will receive an official award medal and prize.

1st Place: Travel, lodging, and registration to an international EMS conference in 2021 (value: $3,000). Location to be announced.

2nd/3rd Place: Apple iPad (value: $350).

FRIDAY SEPTEMBER 18
Beyond Bleeding Control: Stabilizing Hemorrhagic Shock
KEVIN CULLOPOY, RA, FP-C, CEN, CPE, CRNI

Help! I Can’t Breathe! A Case-Based Approach to the Differential Diagnosis of Dyspnea
JEFF JARVIS, MD, PARAMEDIC

Be a Teacher, Preceptor, or FTO Worth Following!
ANANDA BARKER, PARAMEDIC, AS

Advanced Hemorrhage Control: Stabilizing Hemorrhagic Shock
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Achieve vascular access within 10 seconds²
97% first-attempt access success rate³

Proven tactile feedback⁴

References:

Research sponsored by Teleflex Incorporated.

ARROW® The Arrow® EZ-IO® Intraosseous Vascular Access System from Teleflex is a proven¹, fast², and effective³ solution when intravenous access is difficult or impossible to obtain in emergency situations.

Proven, Fast, Effective.

Achieve vascular access within 10 seconds²
97% first-attempt access success rate³

97%

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97%
NAEMT Members SAVE $125 on EMS World Expo 3-day registration! And that’s just for starters!

We are proud to serve our nation’s Paramedics and EMTs.

We appreciate the sacrifices you and your family make to support your patients and communities. And, we recognize the time you devote to continuing education and training to ensure you are ready to respond.

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Stop by NAEMT Booth #1037 to learn more. Join NAEMT during EMS World Expo to receive a limited edition gift. We look forward to seeing you!

For $40 or less, full members receive:
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• Up to 40% off S-11 Tactical products
• Up to 30% off select resources from Public Safety Group of Jones & Bartlett Learning
• Eligibility for NAEMT education scholarships
• Eligibility for Columbia Southern University (CSU) scholarships up to $13,500 for one online degree
• 15% tuition discount on CSU online courses
• 20% off access to telemedicine through MDLIVE
• 30% off Apex Innovations STEMI Recognition course
• Refinancing on eligible student loans by Laurel Road Bank; $300 bonus
• NAEMT Education Voucher (up to $15)
• AT&T: 24% off cellular service
• Dell: Members-only prices
• Office Depot/Office Max: Up to 80% off
• Hotelengine.com: 26% average savings
• 3-day registration!

For the most current listing of exhibitors, visit EMSWorldExpo.com
EMS World Expo 2020
is being held at the
Las Vegas Convention Center
3150 Paradise Road, Las Vegas, NV 89109

To view or book your hotel, please visit www.emsworldexpo.com/accommodations
The cutoff date for the discounted rates is Friday, August 14, 2020.
For any questions please call 877.878.3153.

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<table>
<thead>
<tr>
<th>Conference Program</th>
<th>Super Saver 3/7–4/24</th>
<th>Early Bird 4/25–8/7</th>
<th>On-Site Rate Beginning 8/8</th>
</tr>
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<tbody>
<tr>
<td>3-Day Conference</td>
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<td>3-Day Conference - Military</td>
<td>$250</td>
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<td>2-Day Conference</td>
<td>$345</td>
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<td>$230</td>
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<td>EMS World Expo On-Demand Only</td>
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<td>Exhibit Hall Only</td>
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<tr>
<td>EMS World Expo Preconference Workshops</td>
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<tr>
<td>Active Shooter Workshop: Preparing for the Inevitable</td>
<td>$165</td>
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<tr>
<td>Advanced Medic Life Support (AMLS) 3rd Edition (2-day course)</td>
<td>$270</td>
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<td>All Hazards Moulage: A Simple Approach to MCI Scenarios</td>
<td>$295</td>
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<tr>
<td>Behavioral Health Workshop for EMS Providers 1.0</td>
<td>$210</td>
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<td>Behavioral Health Workshop for EMS Providers 2.0</td>
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<tr>
<td>Best of MIH-CP Summit: Best Evidence, Best Practices, and Best Ideas</td>
<td>$255</td>
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<td>Building Resilience: For Yourself, Your Team, and Your Family</td>
<td>$175</td>
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<tr>
<td>Cardiac Ischemia ECG Workshop: Classic, Confusing, and Confounding Patterns</td>
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<td>Complex Coordinated Terrorist Attack - Commander</td>
<td>$225</td>
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<td>Complex Coordinated Terrorist Attack - Operator</td>
<td>$330</td>
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<td>CPR University</td>
<td>$250</td>
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<td>Critical Care Test Prep (CCTP) (2-day course)</td>
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<td>Do No Harm: Patient Safety Workshop for EMS Leaders</td>
<td>$170</td>
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<tr>
<td>Emergency Pediatric Care (EPC) 4th Edition (2-day course)</td>
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<td>EMS Supervisor Leadership Academy 3.0</td>
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<tr>
<td>Handtevy Pre-Hospital Pediatric Instructor Course</td>
<td>$320</td>
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<td>How to Teach (and Learn) Pharmacology</td>
<td>$205</td>
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<tr>
<td>Intraglottica Advanced Airway Workshop</td>
<td>$315</td>
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<td>Keeping Your Agency in the Public Eye: The PR, Publicity, and Media Workshop</td>
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<td>POCUS Operandi: Ultrasound for the Field Emerging Technology</td>
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<tr>
<td>Revenue and Reimbursement Workshop: Experts and Roundtables</td>
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<tr>
<td>Teleflex: Pre-Hospital Emergency Care Procedural Cadaver Lab</td>
<td>$115</td>
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<td>The Annual EMS Educators’ Huddle</td>
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<tr>
<td>The FlightBridgeED Mechanical Ventilation Workshop</td>
<td>$315</td>
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<tr>
<td>The Pittman Course - Member (2-day course) - IAFCCP Member</td>
<td>$265</td>
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<tr>
<td>The Pittman Course - Non-Member (2-day course)</td>
<td>$370</td>
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<tr>
<td>Third Annual International State of the Future of Resuscitation Conference (2-day course)</td>
<td>$450</td>
<td>$475</td>
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<tr>
<td>World Trauma Symposium: EMT/Paramedic/Nurse/Other</td>
<td>$235</td>
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<td>World Trauma Symposium: Physician</td>
<td>$310</td>
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</table>

Group Rates

| Group 3-Day Conference: 3-5 people | $345 | $380 | $425 |
| Group 3-Day Conference: 6+ people | $305 | $340 | $415 |

Group Rates

Refer to pages 10-13 for detailed information on all workshops. Information contained herein is subject to change without notice.

HOTEL, REGISTRATION & RATES

Discounted Hotel Rates
We’ve negotiated travel discounts and secured a limited number of reduced-rate hotel rooms to make your trip to Las Vegas affordable. Rooms at the group rate are limited and are available on a first-come, first-served basis.

Please be aware that Orchid Events is the only officially endorsed hotel provider for EMS World Expo. If you choose to book with a vendor not endorsed by EMS World Expo, we strongly encourage you to verify their credentials before doing business with them, and then independently confirm that your reservation has in fact been made/will be honored by directly contacting your chosen hotel and/or airline.

THE FOLLOWING HOTELS WILL HONOR THE DISCOUNTED RATE:

- Courtyard by Marriott Convention Center
- Embassy Suites Convention Center Las Vegas
- Flamingo Las Vegas
- Harrah’s Las Vegas
- Hilton Grand Vacations Paradise
- Marriott Convention Center
- Renaissance Las Vegas Hotel
- The Mirage
- Residence Inn Convention Center
- Sahara Las Vegas
- Springhill Suites by Marriott Las Vegas Convention Center
- Westgate Las Vegas Resort & Casino
- The FlightBridgeED Mechanical Ventilation Workshop
- The Pittman Course - Member (2-day course) - IAFCCP Member
- The Pittman Course - Non-Member (2-day course)
- Third Annual International State of the Future of Resuscitation Conference (2-day course)
- World Trauma Symposium: EMT/Paramedic/Nurse/Other
- World Trauma Symposium: Physician

To view or book your hotel, please visit www.emsworldexpo.com/accommodations

The cutoff date for the discounted rates is Friday, August 14, 2020.

For any questions please call 877.878.3153.

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- International Police Mountain Bike Association
- Kansas EMS Association
- Louisiana Ambulance Alliance
- Louisiana Association of Nationally Registered Emergency Medical Technicians
- Minnesota Ambulance Association
- Mississippi EMT Association
- Mississippians for EMS
- Missouri EMS Association
- National Association of Emergency Medical Technicians
- National Association of State EMS Officials
- National EMS Memorial Bike Ride
- North Carolina Association of Rescue and EMS Officers
- North Carolina Office of EMS
- Ohio Association of EMS
- Oregon EMS Association
- South Dakota EMS Association
- Tennessee Ambulance Services Association
- Virginia Office of Emergency Medical Services
- Wisconsin EMS Association
- Wyoming Department of Health–EMS

(As of 2/25/20)

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- **CONTENT**
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- **COMMUNITi**
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- **CPR FEEDBACK**
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