WHERE WILL EMS TAKE YOU?

EMS WORLD EXPO

OCTOBER 14–18, 2019
NEW ORLEANS, LA

Register by Sept 6 and SAVE $75!
Use code ALUM19

emsworldexpo.com
THE LARGEST EMS-DEDICATED EVENT IN THE WORLD

EMS WORLD EXPO IS TAKING YOU PLACES.

From reviving a patient in cardiac arrest, to treating an entrapped patient in a motor vehicle crash, to helping a patient manage their chronic disease, EMS World Expo will take you every step of the way throughout your EMS career.

Over the course of 2 days of pre-conference workshops and 3 days of main conference sessions, EMS World Expo will provide you with the cutting-edge training and knowledge you need to increase the quality of your patient care. With more than 210 sessions across eight learning tracks and 100,000 square feet of exhibits, you will leave EMS World Expo with skills that could help you save a person’s life on your very next shift.

Register today at emsworldexpo.com.

EMS World Expo is hosted in partnership with the National Association of Emergency Medical Technicians (NAEMT).

6,700+ ATTENDEES  340+ EXHIBITORS  50+ COUNTRIES  265+ CEs

TABLE OF CONTENTS

6  Highlights
8  NAEMT Annual Meeting
9  NAEMT Workshops
10  EMS World Expo Workshops
14  Conference Program
36  Faculty
40  Exhibit Hall
41  Special Events
48  Hotel and Travel
48  Registration Information
The EMS World Expo is simply unmatched. The cost of attendance is extremely affordable when you consider the information, knowledge, and experience received. All of the sessions that I attended were excellent and each had concepts that my department will be able to implement to better support our community.”  
Mark B., Alabama

Fantastic opportunity to learn about the latest trends in pre-hospital care. We have made several protocol changes as a result of attending this Expo.”  
Todd B., Missouri
WHERE WILL EMS TAKE YOU?
EVENT SCHEDULE

Workshops
MONDAY, OCTOBER 14
7:00 AM–6:00 PM
TUESDAY, OCTOBER 15
7:00 AM–6:00 PM

Main Conference Program
TUESDAY, OCTOBER 15
5:30 PM–6:30 PM
WEDNESDAY, OCTOBER 16
8:00 AM–5:00 PM
THURSDAY, OCTOBER 17
8:00 AM–5:30 PM
FRIDAY, OCTOBER 18
8:00 AM–2:45 PM

Opening Ceremonies and Keynote
WEDNESDAY, OCTOBER 16
9:30 AM–10:45 AM

2019 International Scientific Symposium
WEDNESDAY, OCTOBER 16–FRIDAY, OCTOBER 18

Exhibit Hall
WEDNESDAY, OCTOBER 16
11:00 AM–4:30 PM
THURSDAY, OCTOBER 17
11:00 AM–4:30 PM
FRIDAY, OCTOBER 18
10:00 AM–1:00 PM
CONFERENCE HIGHLIGHTS

Complex Coordinated Terrorist Attack (CCTA) Workshop
Monday, October 14
1:00 PM–5:00 PM

The world has seen countless terrorist attacks of varying sizes and degrees. First responders have trained extensively to be prepared for these attacks, but are they preparing for the most complex attacks? In this workshop, choose from a variety of roles such as HazMat Tech, Unified Command, or Rescue Task Force and experience a multi-pronged, simultaneous event terrorist attack drill.

World Trauma Symposium
Tuesday, October 15
7:30 AM–5:00 PM

This one-of-a-kind pre-hospital trauma event features more than a dozen timely and compelling pre-hospital trauma topics from experts renowned for trauma care practice and innovation.

Yoga for First Responders
Wednesday–Friday, October 16–18
7:00 AM–7:45 AM

Free Daily Yoga Practice (Street-Clothes Friendly!) Pre-registration not required.

Come start your day with free yoga! Open to all attendees. No special equipment or experience necessary in order to participate.

Revenue and Reimbursement Workshop
Wednesday, October 16
1:30 PM–5:30 PM

Come find out how to maximize your revenue and learn about new and creative ways to seek reimbursement for your EMS agency. Experts will be available to answer questions after their short presentations on various topics, from payment reform to value metrics and false claims.

Norman E. McSwain Spirit of Charity Level 1 Trauma Center Tours

Wednesday, October 16
7:30 AM–9:00 AM & 11:30 AM–1:00 PM

Thursday, October 17
7:30 AM–9:00 AM & 12:30 PM–2:00 PM

Friday, October 18
7:30 AM–9:00 AM

As the only Level 1 Trauma Center in New Orleans and the Southern Louisiana region, the Norman E. McSwain, Jr., MD, Spirit of Charity Trauma Center has become a pillar in providing care to critically injured trauma patients. For victims of major trauma, Level 1 Trauma Centers offer a high-level response while also hosting research that involves these patients and serving as a community center for prevention and outreach programs.

The team at University Medical Center New Orleans includes physicians, nurses, therapists, technicians, and ancillary staff who work together to evaluate, resuscitate, and expeditiously treat patients. Treating approximately 2,000 patients each year, the trauma center has become one of the busiest inner-city Level 1 trauma centers in the country.

The full tour lasts about 30 minutes. You will ride a shuttle bus from the convention center to the site.

Data and Technology Summit
Thursday, October 17
8:00 AM–1:00 PM

Technology innovations are driving change in healthcare at a pace never seen before. Attendees at the Data and Tech Summit will see how those innovations can increase operational efficiencies and maximize revenue while improving the delivery of patient care.
Start your engines!

Resuscitation pit crew simulation

Wednesday, Oct. 16, 1:30 p.m.
Thursday, Oct. 17, 1:30 p.m.

Booth 800
**NAEMT Members!** Please join us in New Orleans, Louisiana for the

**ANNUAL MEETING** October 14–16, 2019

NAEMT Members! Please join us in New Orleans, Louisiana for the NAEMT Annual Meeting, October 14–16, 2019.

The Big Easy offers the perfect blend of distinct music, diverse cuisine, and vibrant nightlife to make it an enjoyable event for all. The NAEMT Annual Meeting provides ample time to network with colleagues, interact with association leaders, and socialize in a fun and relaxing environment. Held in conjunction with EMS World Expo, the NAEMT Annual Meeting is an exclusive event and free of charge to NAEMT members.

It’s easy for members to become involved in the business of the association and celebrate our EMS profession. Attend NAEMT committee meetings, the General Membership Meeting, where National EMS Awards of Excellence presentations are made, and the highly popular member reception. NAEMT committee meetings are open to all NAEMT members and we encourage members to attend. Committee meetings include Advocacy, Education, EMS 3.0, EMS Disaster Preparedness, EMS Workforce, Membership and Military Relations, Meetings of the NAEMT Board of Directors, Affiliate Advisory Council, NAEMT Foundation, and NAEMT Faculty will all be held.

Visit [www.naemt.org](http://www.naemt.org) and follow us on Facebook and Twitter for the latest updates.

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**MONDAY, OCTOBER 14**

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>9:00 AM–12:00 PM</td>
<td>NAEMT Board Meeting</td>
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<tr>
<td>3:00 PM–4:30 PM</td>
<td>EMS Workforce Committee Meeting</td>
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<tr>
<td>3:00 PM–4:30 PM</td>
<td>Membership Committee Meeting</td>
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<tr>
<td>5:30 PM–7:00 PM</td>
<td>International Reception (by invitation)</td>
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**TUESDAY, OCTOBER 15**

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<th>Time</th>
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<tbody>
<tr>
<td>8:30 AM–10:00 AM</td>
<td>EMS 3.0 Committee Meeting</td>
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<tr>
<td>11:00 AM–2:00 PM</td>
<td>Affiliate Advisory Council Meeting and Luncheon (by invitation)</td>
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<tr>
<td>3:00 PM–4:00 PM</td>
<td>NAEMT Foundation Meeting</td>
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<tr>
<td>3:00 PM–4:30 PM</td>
<td>Advocacy Committee Meeting</td>
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<tr>
<td>3:00 PM–4:30 PM</td>
<td>EMS Disaster Preparedness Committee Meeting</td>
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<tr>
<td>5:30 PM–6:45 PM</td>
<td>General Membership Meeting and Awards Presentation (open to NAEMT members)</td>
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<tr>
<td>6:45 PM–8:30 PM</td>
<td>NAEMT Member Reception (open to NAEMT members)</td>
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**WEDNESDAY, OCTOBER 16**

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<tr>
<td>7:30 AM–9:00 AM</td>
<td>Military Relations Committee Meeting</td>
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<tr>
<td>8:00 AM–9:30 AM</td>
<td>Education Committee Meeting</td>
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<tr>
<td>2:00 PM–4:30 PM</td>
<td>NAEMT Faculty Meeting (by invitation)</td>
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<tr>
<td>4:30 PM–6:00 PM</td>
<td>NAEMT Faculty Reception (by invitation)</td>
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</tbody>
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Dates and times are subject to change. All events are open to all NAEMT members unless otherwise indicated.

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**NAEMT General Membership Meeting and National EMS Awards of Excellence Presentations**

**TUESDAY, OCTOBER 15 | 5:30 PM–6:45 PM**

The General Membership Meeting brings our association family together for a recap from President Matt Zavadsky on the successes and activities of our association, as well as our goals for the coming year. This meeting serves as a forum to thank the NAEMT Board and committees, recognize our corporate partners and volunteers, and honor the outstanding efforts of EMS professionals.

**NAEMT Member Reception**

Sponsored by Columbia Southern University and the National Registry of EMTs

**TUESDAY, OCTOBER 15 | 6:45 PM–8:30 PM**

NAEMT members are invited to attend the Member Reception and enjoy the company of fellow members and the complimentary hospitality.

**NAEMT Faculty Meeting and Reception**

Sponsored by JEMS and Jones & Bartlett Learning Public Safety Group

**WEDNESDAY, OCTOBER 16 | 2:00 PM–6:00 PM**

All NAEMT faculty are invited and encouraged to attend the annual gathering of NAEMT educators. The meeting will include NAEMT education program updates, recognition of outstanding faculty achievements, and an open forum. The meeting will be immediately followed by a reception for all NAEMT faculty.
NAEMT WORKSHOPS

Sponsored by Jones & Bartlett Learning Public Safety Group and Journal of Special Operations Medicine

OCTOBER 14 | 1:00 PM–4:00 PM
Advanced Medical Life Support (AMLS) 3rd Edition Instructor Update
The 3rd edition AMLS Instructor Update will present the compendium of changes to the AMLS textbook, including new chapters on sepsis and pharmacology, review the 3rd edition course schedule and lessons, and discuss the new patient simulations and other new course features. Current AMLS instructors who attend will be qualified to teach 3rd edition AMLS course materials.
Current AMLS Instructor status is required to attend.
Participants receive 3 hours of CAPCE-approved credit. Textbook and instructor materials included.

OCTOBER 14 & 15 | 8:00 AM–5:00 PM BOTH DAYS
Tactical Emergency Casualty Care (TECC) 2nd Edition
The 2nd edition of Tactical Emergency Casualty Care (TECC) teaches EMS practitioners at all levels how to respond to and care for patients in a civilian tactical environment. The course includes lessons for each component of the MARCH assessment, immediate action drills for tourniquet application, pediatric casualty care, and all-new patient simulations, including a final, mass-casualty, active shooter event simulation. NAEMT’s 2nd edition TECC course meets the updated TEMS Competency Domains, and is consistent with the Committee on Tactical Emergency Casualty Care (Co-TECC) guidelines.
Participants receive 16 hours of CAPCE-approved credit. Course manual included.

OCTOBER 14 & 15 | 8:00 AM–5:00 PM BOTH DAYS
Critical Care Test Prep (CCTP) BETA 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, and special populations.
Participants will receive 16 hours of CAPCE-approved credit, and the course manual is included.

OCTOBER 15 | 7:30 AM–5:00 PM
World Trauma Symposium
The latest prehospital trauma techniques and research will be presented at the 2019 World Trauma Symposium making it the best investment to advance your knowledge and skills. This year’s theme is Saving Lives Worldwide and will cover these and other topics: Response to the Pittsburgh Synagogue Shooting; Surviving an 80-foot Fall in the Wilderness; Prehospital Coagulopathy; Pediatric Simulation/Error Prevention; Whole Blood Resuscitation; Revised TCCC Tourniquet Standards; and Aeromedical EMS in Austere Environment.
Designed by NAEMT’s Prehospital Trauma Committee, the symposium incorporates expert presentations, panel discussions, debates, the latest trauma technology, and opportunities to network with practitioners and physicians from around the world. It’s prehospital trauma education you can’t get anywhere else!
Participants receive up to 8 hours of CAPCE, CME, or nursing credit. Price includes continental breakfast and lunch.

OCTOBER 15 | 8:00 AM–5:00 PM
Geriatric Education for EMS (GEMS)
Geriatric Education for EMS (GEMS) provides EMS practitioners at all levels with the skills and knowledge to address the unique medical, social, environmental, and communications challenges of older adults. Featuring case-based lectures, live-action video, hands-on skill stations, simulations, and small group scenarios, GEMS is recognized by the National Registry of Emergency Medical Technicians (NREMT) in 20 different categories of required recertification content.
Participants will receive 8 hours of CAPCE-approved credit, and the textbook is included.

NAEMT Members: Select the “Three-Day Core Program NAEMT Member Rate” and provide your membership number to receive your $125 savings. NOT AN NAEMT MEMBER?
Join NAEMT for $40 during the EMS World Expo registration process to receive the $125 savings. Once you receive your member ID from NAEMT, check out the benefits available to you through the Member Portal on the NAEMT website (www.naemt.org). Member benefits include more than 30 top-brand products and services that help you achieve professional and educational goals. Benefits include AD&D insurance, discounts on travel, tactical gear, electronics, and more.
NOTE: The discount applies to the Three-Day Core Program individual registration fee only. The discount cannot be used with the Agency or Military Discount Rate, or toward workshop registration fees.
Behavioral Health Workshop for EMS Providers

MICHELLE ALBERT, LPC, CSOTP

This workshop will focus on the behavioral health disorders that EMS providers can encounter in the field. Topics include addressing the stigma surrounding behavioral health diagnoses, signs and symptoms of patients presenting in crisis situations, medications, and other treatment recommendations, and patient barriers to compliance. Both mental health and substance use diagnoses will be included. Attendees will also learn about suicide intervention including statistics, ideations, and intention, and how to identify key signs and symptoms if someone is in distress. The workshop will teach techniques of active listening and practical skills to use when making a connection with an individual in crisis. Finally, the workshop will explore vicarious trauma, burnout, and compassion fatigue, and various resources/programs utilized in various locations around the country to facilitate partnership building.

EMS Patient Safety Leadership

LEE D. VARNER, MS EMS, CPPS, EMT-P; EUNICE HALVERSON, MS, CPPS; JENNIFER MCCARTHY, MAS, NRP, CHSE

Bored with lectures? So are we! Experience a day of interactive fun, beginning with an introduction to patient safety principles and their impact on your organization’s culture. This one-of-a-kind, hands-on workshop, offers vital and actionable patient safety information in a TED-talk format, followed by group simulation activities, discussions, and customized patient safety plan development. After this workshop, you’ll be better prepared to implement changes to improve patient outcomes.

EMS Supervisor Leadership Academy 2.0

RYAN GREENBERG, MBA, FACPE, NRP, EMD; ROB FARMER, BSM, FACPE

This full-day leadership academy, based on public safety leadership curriculum and the NEMSMA 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.

NAEMSP Medical Direction Overview Course (MDOC)

PETER TAILLAC, MD; JOHN GALLAGHER, MD, FAEMS, FACEP

This 1-day course is designed to provide participants with information regarding the scope of components of medical oversight activities, their implications, and methods of incorporation into decision-making in EMS systems.

CPR University

BEN BOBROW, MD, FACEP, FAHA; MICAH PANCZYK, MS

This course provides essential science-based, hands-on training for achieving high-performance CPR during out-of-hospital cardiac arrest. The course emphasizes proficiency in compression and ventilation skills and covers the essential importance of real-time feedback and team choreography in achieving high compression fraction and in minimizing per-shock pauses. Drug administration, airway management, and transition to mechanical CPR are also covered.
Evidence-Based Practice in Integrated Health Care: What is It and How Do We Do It?

BAXTER LARMON, PHD, MICP; DAN SWAYZE, DRPH, MBA, MEMS

Over the past few years, we have seen a proliferation of mobile integrated healthcare and community paramedicine (MIH-CP) programs launched by EMS agencies. Many programs that were initially funded by grant monies now need to find ways to be financially sustainable and prove the clinical value of the patient care they are delivering. This involves developing evidence-based practice for EMS in the integrated healthcare environment. This workshop will discuss the current literature in MIH-CP in a “journal club” using interactive participation and will assist programs in developing evidence-based and outcomes approach methods. This workshop has been developed by the Prehospital Care Research Forum (PCRF) at UCLA, which has educated more than 600 individuals in pre-hospital care research over the last 16 years.

Handtevy Prehospital Pediatric Instructor Course

PETER ANTEVY, MD

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

The Teaching Course for EMS: 2.0

ASHLEY LIEBIG, BSN, RN, CCRN; TYLER CHRISTIFULLI, FP-C; SAMUEL IRELAND, CCP, FP-C; MORTEN LINDKVIST, CCP

The Teaching Co-Op is back for a second year with new content in the same interactive and immersive experience. Our talented and expert faculty will showcase different teaching styles, techniques, tools, and exercises, and then give you a chance to model the teaching in real time. Reinforcing each lesson is a “meta moment.” By teaching and learning about education and putting those same techniques under the microscope, you will see the meta-cognition behind every session and activity. This isn’t your usual education workshop!

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**Half-Day Workshops**

**MONDAY**
**OCTOBER 14**

1:00 PM–5:00 PM

**CCTA: Complex Coordinated Terrorist Attack Workshop**
*MICHAEL WRIGHT, NRP*

Participate in a full-scale, real-world, multi-agency operation. Attendees will mitigate an active shooter and a hazmat/explosive scenario while incident commanders will lead the operation, managing multiple simultaneous events and deploying real-time command and control. Through the use of WiFi cameras and live radio communication with other students, this is an opportunity to practice the unthinkable within the safety of a controlled training environment. We will conduct an after-action review with all participants to discuss the event in detail.

8:00 AM–12:00 PM & 1:00 PM–5:00PM

**Teleflex Pre-hospital Emergency Care Procedural Cadaver Lab**

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.

*Note: This workshop is intended for ALS providers and above.*

**TUESDAY**
**OCTOBER 15**

8:00 AM–11:00 AM & 1:00 PM–4:00 PM

**Active Shooter Workshop**
*MICHAEL WRIGHT, NRP*

It’s back where it all began! Southeast Tactical LLC delivered the first Active Shooter Workshop in New Orleans in 2016, and this year the training is better than ever. 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. We are providing the workshop over 2 days, giving more students more time to attend—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.

**EMSPOCUS: Point-of-Care Ultrasound Sampler**
*BRANDEN L. MIESEMER, NRP; JASON BOWMAN, MD, MS, FFxCCEMTOP; JAMES GOODPASTER, NRP, FP-C*

This hands-on workshop will teach participants the basics and potential of out-of-hospital point-of-care ultrasound (POCUS). Framed around the Rapid Ultrasound in Shock and Hypotension (RUSH) exam, participants will get a taste of the applications of POCUS when dealing with various body systems through hands-on scanning on live models.
8:00 AM–12:00 PM

**Cardiology Master Class: STEMI Recognition**

**TOM BOUTHILLET, NRP**

In this 4-hour Cardiology Master Class, Tom Bouthillet, NRP will guide you through a systematic approach to 12-lead ECG interpretation. You will learn what a normal 12-lead ECG is supposed to look like, the importance of interpreting a 12-lead ECG in clinical context, how to apply the rule of proportionality, decision rules to help identify STEMIs in each infarct location, the rule of appropriate T-wave discordance for right and left bundle branch block, and how to identify the most important STEMI equivalents and STEMI mimics.

**EMS Resuscitation Workshop**

**WILL KROST, MD, MBA, NRP**

This 4-hour session is designed to give advanced EMS providers, nurses, APPs, and physicians an opportunity to review the most recent literature related to resuscitation, specifically field application. This session will cover various topics in pre-hospital emergency care, including medical and traumatic cardiac arrest, airway and ventilatory management, and diagnostic tools used in the field. Everything you need to know about resuscitation taught in just 4 hours. Topics include: 2019 Cardiac Arrest Science and Practice, airway and ventilation, and ultrasound and other diagnostic tools.

**Processing Stress and Building Resilience Through Yoga**

**OLIVIA MEAD, E-RYT 500, YACEP**

This session will introduce attendees to the original intention of yoga and why it’s beneficial to first responders, as well as addressing misconceptions that inhibit its embrace. Its first half will explain how our line of work affects brain function and the nervous system and how changing how stress is experienced can enhance our abilities and career longevity; its second will teach the Yoga for First Responders protocol and how to apply it. A demo class will provide exercises to practice immediately.

1:00 PM–5:00 PM

**All Hazards Moulage: A Simple Approach to MCI Scenarios**

**BOBBIE J. MERICA, SME**

Join moulage expert and author Bobbie Merica in this hands-on workshop for MCI moulage and training. Utilizing CORE techniques to overcome training challenges, participants will gain wound development training based on MCI simulations, including an active shooter, explosions, burns, and sensory engagement. Join us in creating beginner, intermediate, and accessory moulage. Learn how to save time and resources while supporting agency training outcomes in this all-hazards moulage workshop.

**Cardiology Master Class: Bradycardias and Tachycardias**

**TOM BOUTHILLET, NRP**

In this 4-hour Cardiology Master Class, Tom Bouthillet, NRP will guide you through the differential diagnosis of bradycardias and tachycardias. You will learn how to use the bradycardia and tachycardia algorithms in the 2015 AHA ECC Guidelines, assess the appropriateness of various arrhythmias for the patient’s clinical condition, identify and treat underlying causes, and how to intervene—when necessary—with a high degree of clinical confidence. You will take away strategies to be successful with transcutaneous pacing, a new appreciation for compensatory tachycardias, a healthy respect for antiarrhythmic drugs, and the confidence to shock when necessary.

**The Cure for the Common Career: Where You Can Go from EMS (and How to Get There)**

**JEFF LUCIA, NRP (RET.); BLAIR BIGHAM, MD, ACPF, MSC, DTMH; RAPHAEL M. BARISHANSKY, MPH, MS, CPM; LISA M. DEBOER; CARL COWAN, MS, NRP, CCP-C**

If you’ve ever wondered what it’s like to have a job where you make good money and nobody throws up on you, this special workshop is for you. In this hands-on learning session, you’ll meet people who’ve parlayed their EMS experience into something bigger, both within the profession and beyond. You’ll participate in small-group exercises tailored to your area of interest, guided by our panel of experts. You’ll get tips on “packaging” yourself for job openings or educational opportunities, along with valuable networking practice. Most of all, you’ll come away confident in your newfound ability to take control of your future.
REGISTER TODAY

MAIN CONFERENCE PROGRAM

THANK YOU TO OUR LEARNING TRACK SPONSORS!

TUESDAY
OCTOBER 15

5:30 PM–6:30 PM

OPERATIONS/MANAGEMENT

Post-Traumatic Growth: How Art Helped Me Heal
DANIEL SUNDAHL

Post-traumatic growth is about more than recovering; it’s about reconfiguration and becoming a better person than you were before. For Daniel Sundahl, photography has been a mechanism for purging nightmares and battling demons. In this session he shares how this artwork, which has been shared worldwide, helped him build resiliency and recover from his stressors.

ALS

Traumatic Cardiac Arrest: Are We Doing It Wrong?
JEFFREY M. ELDER, MD, FAEM, FAEMS; LOUIS J. RELLE, III, BBA, NRP, FP-C, CCP-C

Traumatic cardiac arrest is a disease process that should be approached in a structured manner that is different from a medical cardiac arrest algorithm. Identifying and treating reversible causes should be stressed during the initial prehospital care of these critically ill patients. Traditional ACLS may delay the identification and treatment of reversible causes of traumatic cardiac arrest. In this presentation, we will discuss a new approach to the patient in traumatic cardiac arrest and how prehospital providers are the key to survival in this patient population using HOTT-C.

BLS

Wound Ballistics for Trauma Care Providers: Facts vs. Myths
PATRICK GREIFFENSTEIN, MD

Trauma care providers in the US are all too familiar with patients wounded by bullets. Understanding the effects of bullets on the human body is a field highly complicated by the physical properties of the different body parts impacted as well as the dynamic nature of bullets as they strike the body and travel through it. We may incorrectly treat a patient injured by a ballistic object if misconceptions are present. This session primarily seeks to examine the most common misconceptions and to use scientific evidence as well as our own clinical experiences to dispel them.

Weed and the Workplace: Implications of Today’s Changing Marijuana Policies
RON THACKERY, JD

While some states have legalized recreational marijuana, the federal government still classifies it as Schedule I under the Controlled Substances Act. Because the future of federal marijuana policy and enforcement continues to be uncertain, it is important to stay up to date on the laws and legal decisions concerning this complex and rapidly changing issue. You should also seek legal assistance to develop and communicate sound company policy addressing the use and reimbursement of medical marijuana for workplace injuries as well as employee use of both medical and recreational marijuana.

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UNIFIED COMMAND

“Unified command” is a buzzword we hear all the time, but is it something that is achievable? This session will discuss the true definition of unified command, who should be included, how and when to use it, and simple recommendations on improving your system’s use of it. The session will use after-action reports from several active shooter/hostile events including Parkland, Pulse nightclub, and the Boston Marathon as examples of its use, or lack thereof, affecting the management of an incident. We will also hear directly from experts and leaders throughout the country who are advocating for the use of the Unified Command System.

BRINGING BACK THE DEAD: YOU’VE GOT ROSC—NOW WHAT?
JEFFREY M. ELDER, MD, FAAEM, FAEMS

Often, the focus on out-of-hospital cardiac arrest education ends when a pulse is obtained. This is only the beginning. In this lecture, we will discuss the management of the out-of-hospital post-arrest patient. From optimal management of ventilation and oxygenation to patient positioning and selecting the appropriate hospital destination, attendees will learn about the critical interventions that should be mastered by the pre-hospital ALS provider. Additionally, we will discuss intra-arrest wakefulness and how providers can manage this newly described condition.

CARDIOLOGY FOR EMTS: HOW I TAUGHT MY PILOT TO READ A 12-LEAD ECG
KRIS KAULL, BS, NRP, CCERT-P, FP-C

Demystify cardiology and 12-lead ECGs. What are all the fancy cardiology things paramedics do? Is it voodoo magic? This fun and entertaining session walks through Cardiology 101 from basic anatomy to 12-lead interpretation. Will you be an expert in under an hour? Nah. But each audience member will walk away understanding 12-lead basics and why immediate intervention is key. Whether you’re a rookie EMT or a seasoned paramedic, you’ll learn something new!

DIFFERENT STROKES: COMPARING PREHOSPITAL SCORES TO IDENTIFY LVO
BRANDON MEANS, RN, BSN, LP, CCRN, CFRN; PETER ANTEVY, MD
Sponsored by pulsara

In this presentation, we will take an in-depth look at prehospital stroke care. There aren’t a variety of treatments for stroke in the prehospital environment, so a proper assessment using new tools and stroke scores is key to making a proper transport decision. We will first explore the different types of strokes, and how they present differently from each other. We will discuss treatments for each type, and what capabilities hospitals have for these patients.

HIGHWAY SAFETY FOR THE EMERGENCY RESPONDER
RICHARD PATRICK, MS, EFO, NRP; MATT ZAVADSKY, MS-HSA, NREMT

Emergency service organizations (ESOs) respond to a wide variety of incidents involving operations on or near a highway (roadway), which pose special risks to personnel performing fire, rescue, and EMS functions. Every year a significant number of emergency service personnel are killed or injured while operating on our highways. There may be a wide variety of reasons for these losses, but they should never happen! In many instances, an ESO responds to a “primary incident” on a highway, only to become the victim of a “secondary incident.” This session will address the specific areas that responders face and provide immediate solutions to the problem.

IMPROVE YOUR PEDIATRIC CARDIAC ARREST SURVIVAL RATE BY 35%
PAUL R. BANERJEE, DO; RAF VITTONE, EMT-P; JOSHUA COLON, PM

In the United States, approximately 16,000 pediatric patients suffer CA each year. A collective review of pediatric cases of CA published a decade ago reported a survival rate to discharge of 13%, with good neurologic outcome in 8% overall. Out-of-hospital pediatric cardiac survival rates have remained lower than 9% despite many new advances in care. This session will demonstrate how Polk County Fire Rescue improved pediatric arrest survival from 0% to 35% using new techniques and tools, including the Handtevy System and early aggressive airway management on scene.

TIMING IS EVERYTHING: ECT FOR THE RESCUES
BRANDON MEANS, RN, BSN, LP, CCRN, CFRN; PETER ANTEVY, MD

Emergency service personnel (EMTs) are trained to respond to cardiac arrest and begin CPR at the scene. When an automated external defibrillator (AED) is available and a documented rhythm is ventricular fibrillation (VF), the current AHA guidelines recommend early defibrillation (within 3 minutes of CPR initiation). However, most EMTs do not have access to an AED or a documented rhythm, and may need to judge whether to administer a shock. This session will review the indications for early defibrillation, and conditions that may indicate delays in shock administration.

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JOIN THE DASH: DUAL-ANALOGUE SCINTIGRAPHY TO IDENTIFY LVO
BRANDON MEANS, RN, BSN, LP, CCRN, CFRN; PETER ANTEVY, MD
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PALS/PEDIATRICS/SPORTS

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FIND PATIENTS WITH SUBTLE PREHOSPITAL STROKE PRESENTATIONS
BRANDON MEANS, RN, BSN, LP, CCRN, CFRN; PETER ANTEVY, MD
Sponsored by pulsara

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WEDNESDAY
OCTOBER 16

8:00 AM–9:00 AM

LEADERSHIP

10-Step Checklist for Success for New EMS Leaders and Their Managers
RYAN GREENBERG, MBA, FACPE, NRP; ROB FARMER, BSM, FACPE

So, you have a new leader in your organization. How can you ensure their success? By checking off all 10 items on the leadership checklist, of course! This session will delve into 10 key areas for new leaders to excel in. From mentorship and leadership resources, creating written road maps, and writing incident reports, this course will go into exactly what you need and where to find it. This class is for the new leader and for those who manage new leaders so that together, you can create a leadership team that achieves great things.

OPERATIONS/MANAGEMENT

Active Shooter Hostile Event Response (ASHER) Programs: Unified Command and the Role of EMS
JOHN M. MONTES, NREMT

“Unified command” is a buzz word we hear all the time, but is it something that is achievable? This session will discuss the true definition of unified command, who should be included, how and when to use it, and simple recommendations on improving your system’s use of it. The session will use after-action reports from several active shooter/hostile events including Parkland, Pulse nightclub, and the Boston Marathon as examples of its use, or lack thereof, affecting the management of an incident. We will also hear directly from experts and leaders throughout the country who are advocating for the use of the Unified Command System.

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BLS

Cardiology for EMTs: How I Taught My Pilot to Read a 12-Lead ECG
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Learning Through Art: Creative Arts in Medical Education

GINGER LOCKE, BA, NRP

When an EMS student brought illustrations of the concepts he was learning to Ginger’s trauma management course, she found a new way into the brain of her learner. Beginning with a case study, she began to explore the nuances of using art as an instructional tool in medical education. This session shares evidence in support of the use of visual arts and art appreciation in medical education. The attendee will observe actionable examples of how to implement creative arts into their classroom or preceptorship. This timely topic will enrich current discussions about whether the humanities are important in the initial education of paramedics.

Nightwatch Nation: Bringing Public Awareness to the EMS Profession

BAXTER LARMON, PHD, MICP; LACEY D. SPENCER, BS, NRP; NICOLE JAGERS, EMT-P; NIKI JOHNSON, EMT-P; STACEY PRUITT, NRP

Numerous EMS reality shows have brought a new spotlight to our industry, highlighting the work we do and the hurdles we face. Join Baxter Larmon, historian of EMS, as he moderates a panel of EMS providers from Nightwatch Nation to hear how our profession can benefit from being in the spotlight.

Pressure Doesn’t Equal Flow: Understanding Vasopressors

GUSTAVO E. FLORES, MD, EMT-P, FP-C

When patients are severely hypotensive and volume resuscitation is not enough, timely use of appropriate vasopressors can be lifesaving. The selection of the appropriate vasopressor (or combination of vasoactive drugs) must be based on the patient’s needs, drug properties, and best evidence. In this lecture participants will learn to “treat the patient, not the monitor.”

The Pain Paradox: Managing Pain in the Opioid Crisis Era

BROOKE BURTON, NRP

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 class will discuss the paradox of opioid pain management, review the most current research in pain management disparities across the United States, and give field providers at all certification levels tools to reduce patient pain and suffering. We will review proper evaluation of patient pain and proper documentation to aid continued research.

The Vital Role of Community Paramedics in Managing the Opioid Epidemic

DAN SWAYZE, DRPH, MBA, MEMS

MIH-CP programs can play a valuable role in helping communities address the growing opioid crisis. In this unique lecture, community paramedic pioneer Dr. Dan Swayze will describe several new alternatives for managing the opioid crisis, and the pearls and perils encountered while starting a program in Pittsburgh, Pennsylvania.

Weird, Strange, and Cool: Rare Diagnoses in the Back of an Ambulance

BLAIR BIGHAM, MD, ACPF, MSC, DTMH

We review six cases that had either entirely benign or totally bizarre presentations and concluded with fascinating diagnoses. From tropical infections to surgical complications to rare genetic problems, we’ll find the most interesting true stories from the field. Join in as we work through these “Dr. House” cases and discover the clues that reveal potential prehospital interventions.
LEADERSHIP

Best Practice – In It for the Long Haul: Career Development in EMS
SEAN J. BRITTON, NFA, NRP; CHRISTOPHER E. WAY, PARAMEDIC, BA; SUSAN FISHER. BAILEY, MSN, NRP, NCE; BRUCE EVANS, NFA, NRP, CPO, SPO; DENNIS W. ROWE, EMT-P

Are you looking to leave the field but continue serving in EMS in other ways? Join a panel of members from the Board of Directors of NAEMT as they discuss career development in EMS. This panel represents careers in private ambulance services, the fire service, and government. Roles represented include serving as managers and leaders of EMS services, state government EMS administrators, and positions in hospital administration.

EDUCATOR

Better Choices: Ten Tips for Improving Clinical Judgement
BRIAN BEHN, BA, NR-P, FF-P; BRANDON MEANS, RN, BS, LP, CRN, CFRN

We make tough decisions about patient care while working with limited information in stressful situations. We should use sound clinical judgment, but we are not always given the tools to do so. You need to know when to use your brain and when to trust your gut, when to use heuristics, protocols, algorithms, checklists, and calculators and when to rely on your experience and “street smarts” to make the right decision. This session will use entertaining and thought-provoking real-life examples to present powerful tools and strategies you can use to improve your decision-making and build on your existing skills. This session will change the way you make decisions.

ALS

Dead Man Walking: Clinical Use of qSOFA in Sepsis
GUSTAVO E. FLORES, MD, EMT-P, FF-P

If your patient has an infection and it is dead within 18 hours, would you do anything different now? As sepsis progresses to septic shock, and the patient slips into a deadly spiral of cellular hypoperfusion, the healthcare team must identify and control the source of infection before multiorgan failure occurs. Could we have predicted this earlier? In addition to being able to identify and differentiate the patient in sepsis versus septic shock and to begin appropriate treatment, participants will learn how the timely use of the qSOFA score prevents impending doom.

Elevate, Not Escalate: Lessons from Women Leading the Way in EMS
TRACEY LOSCAR, BA, NRP; GINGER LOCKE, BA, NRP; ANNE M. JENSEN, BS, EMT-P; HILARY GATES, MA ED, NRP; CYNTHIA M. GRIFFIN, DO, NRP; REMLE CROWE, PHD, NREM; LILLIAN BONSIGNORE, NRP, CI

A 1970’s handbook published for Ambulance Personnel stated that, “Female ambulance attendants are employed by some authorities, but obviously the duties which they can perform normally have to be of a limited nature.” Since then, many barriers have lifted that intentionally or unintentionally excluded women from the EMS workforce, while others persist. From compassionate clinicians capable of critical decisions to organizational leaders moving their departments forward into progressive, high-performance futures, how did these women get from then to now? Join Hilary Gates, EMS World’s own Senior Editorial and Program Director, as she moderates a unique panel of national industry leaders—women who occupy leadership positions across the EMS spectrum.

BLS

Firefighter Down CPR: Treating Our Own
ROBERT CONKLIN, BS, NRP, LPC; DOUGLAS E. HICKS, NREM, MS

This session focuses on rapid initiation of CPR on a firefighter who experiences a cardiac arrest while wearing full personal protective equipment and SCBA after the firefighter’s removal from the immediately dangerous to life and health (IDLH) area. The program presents data on firefighter cardiac arrest, familiarization with PPE, steps to identify cardiac arrest in the firefighter, initiation of CPR, and removal of PPE while maintaining minimal interruptions in chest compressions. The program strengthens the AHA recommendation to maximize chest compressions and minimize interruptions CPR.

CRITICAL CARE

How Special the K: Is Ketamine Really the Wonder Drug We Think?
DAVID J. OLVERA, AS, NRP, FF-P, CMTE

This presentation looks at the effects of ketamine in the prehospital transport system. This will be a deep dive into the multiple uses of ketamine and data collected over several years from a large multi-organ transport program that serves associated hospitals. By the end, the attendee will understand current data related to pre-hospital transport and when and where this medication should be used.

OPERATIONS/MANAGEMENT

Global EMS Update
ROB C. LAWRENCE; LINDA DYKES, MBBS (HONS), FRCEM, MRCS (EM), PG CERT MEDED

International speakers Rob Lawrence (UK/US) and Dr. Linda Dykes (UK) return to provide their popular and highly-rated EMS Global update. The EMS world is in fact a village, and the speakers will provide their usual entertaining update celebrating the similarities and differences of operational and clinical practices around the globe. The addition of international attendees in the audience provides for a high-energy and informative information exchange.

PEDS/GERIATRICS/SPEC POPS

Oh, No, She Isn’t! Delivery Emergencies
TERI CAMPBELL, RN, BSN, CEN, CFRN

We’ve read about it. We’ve attended lectures. We’ve watched it on TV. But have you actually performed an emergency delivery? Come to this fast and fast-paced lecture to learn valuable “laugh out loud” delivery pearls and actually perform complicated deliveries using a mom/neonate simulator and GoPro camera. Learn to avoid filling your own flight suit/scrubs/tournant gear with personal meconium 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!!)

PEDS/GERIATRICS/SPEC POPS

Pediatric Cases: You Make the Call
PETER ANTEVY, MD; SHAUN FIX, PDM, NRP

Join emergency physician Peter Antevy and fire-rescue EMS supervisor Capt. Shaun Fix for an interactive session that will review the basics of pediatric assessment as well as unique presentations of both ‘sick’ and ‘not sick’ children to establish an initial diagnosis and management plan. These individual case assessments will discuss management and outcomes you may well see on your next call. Come and meet two dynamic educators who live and breathe pre-hospital pediatric medicine as they share tips that will change your practice.
ALS
Spot the STEMI: Case Studies from Williamson County EMS
JEFF JARVIS, MD, EMT-P

Is the patient you’re seeing having a STEMI or not? Often this is an easy call, but not always. Integrating concepts like pre-test probability, post-test probability, and likelihood ratios with a rapid-fire series of real-life cases (and real-life ECGs and pictures from cath labs), Dr. Jarvis will review the key findings that help identify patients with STEMIs. He will also review data from his system on the accuracy of prehospital STEMI activation.

OPERATIONS/MANAGEMENT
Triage Lessons from the Pros: New Orleans EMS
CARL FLORES

This lecture will highlight mass casualty incidents managed by New Orleans EMS, where large crowds are the norm. In 2017, a car crashed into a crowd during Mardi Gras. Listen to former Chief of NOEMS Carl Flores as he reviews this incident (and others), plays audio of the radio traffic, and speaks about different triage techniques and lessons learned. These lessons will help you be able to gauge strengths and shortfalls within your own departments to help prepare for MCI-related events in the future.

MIH/CP
Urban Community Paramedicine Panel
ANNE M. JENSEN, BS, EMT-P; MICHAEL D. WRIGHT, NRP; DAVID MARCOZZI, MD, MHS-CL, FACEP; DAN SWAYZE, DRPH, MBA, MEMS; MARK FLETCHER, NRP

Urban Community Paramedicine (UCP) can help communities address complex issues that impact the safety net and community. This panel discussion will lay out principles and framework for Community Paramedic operations in the urban setting. Learn from seasoned providers from Milwaukee, San Diego, Pittsburgh, Dallas, and Baltimore.

4:00 PM–5:00 PM
EDUCATOR
Back to the Drawing Board: Learning Strategies You Should Know
SALIM R. REZAIE, MD

If educational theory sounds boring to you, think again—how we teach can have a direct impact on patient care. Education and teaching are the most rewarding activities we do and the way we do it is vital in ensuring providers deliver the best care for their patients. Join the discussion on educational theories that every educator should know and more importantly, how to apply them into your educational didactics.

MIH/CP
Baltimore Helping Baltimore: The City’s Novel Approach to MIH-CP
DAVID MARCOZZI, MD, MHS-CL, FACEP; MARK FLETCHER, NRP

Is your community considering an MIH-CP program, but not certain if it’s worthwhile? This session will show how the City of Baltimore’s (MD) new MIH-CP program is bringing value to its citizens and how you can do the same for yours. The program’s deputy medical director will explain how this innovative, community-based initiative will support patient health through a comprehensive, free, multidisciplinary care model to also decrease ED visits and hospital readmissions. Attendees will learn how to establish their own MIH-CP program, how to ensure continuous quality assurance and improvement, and what value a unified electronic health record can bring to local hospitals and EMS agencies.
CRITICAL CARE

Charlie Fox Cric and Common Pitfalls in the Surgical Airway
CYNTHIA M. GRIFFIN, DO, NRP

Go from cric-disaster-cursed to cric-educationally-versed. We will discuss a real interfacility HEMS transport case of a Can’t Intubate Can’t Oxygenate (CICO) patient requiring a surgical airway after an unrecognized false passage. This session will review the pertinent anatomy regarding the surgical airway, common and uncommon pitfalls, and techniques to overcome them by looking at the available literature on this topic. A discussion will examine what the future holds for this advanced procedure as the availability of ultrasound increases.

BLS

How Tragedies (Manmade or Otherwise) Have Impacted EMS
KEN BOUVIER, NRP

First responders were changed forever by the tragedy that occurred on September 11, 2001. We have to turn the mirror on ourselves and ask the tough question, “Are we ready?” We must be specially trained for unusual events such as active shooter, school shootings, terrorist attacks, bombings, civil disorder, and environmental and weather incidents. You will learn that we do more than give people a ride.

OPERATIONS/MANAGEMENT

Hurricane Florence Panel Discussion: From Planning to Recovery
KEVIN T. COLLOPY, BA, FF-P, CCENT-P, NRP, CMT; JOSEPH G. KOTORA, DO, MPH; LYLE JOHNSTON, BS, MPH, NRP; DAVID F. GRODDHAL, MS, NRP

When Hurricane Florence made landfall along the North Carolina coastline as a strong Category 1 hurricane, its diameter approached 500 miles and it was crawling at 6 MPH. Disastrous flooding and damage spread across nearly a dozen counties, resulting in a coordinated disaster response lasting more than 10 days. A panel of leaders from Brunswick, New Hanover, and Onslow counties and the U.S. military discuss how their teams prepared for, responded to, and ultimately recovered from 30+ inches of rainfall. Listen to the similarities and differences of how four systems planned for and approached their response, enjoy their lessons learned, and hear their recommendations on preparation for future large-scale disasters.

ALS

Meet the Medical Directors: Part I
PAUL E. PEPE, MD, MPH, FACEP, MCCM, MACP, FAEMS; PETER ANTEVY, MD; KENNETH A. SCHEPPKE, MD; STEIN BRONSKY, MD; WILLIAM S. GILMORE, MD, EMT-P, FACEP; FAEMS; MARK D. LEVINE, MD, FACEP, FAEMS; COREY M. SLOVIS, MD, FACP; FACEP, FAEMS; DABEMS; JEFF JARVIS, MD, EMT-P; KIMBERLY M. PRIETT, MD; PAUL BANERJEE, DO

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 educational events worldwide. Dr. Pepe will provide an update of the hottest topics discussed at this year’s meeting, plus 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.

PEDS/GERIATRICS/SPEC POPS

Pediatric Medical Pearls and Jeopardy Jewels
SCOTT DEBOER, RN, MSN, CPEN, CEN, CCRN, CFRN, EMT-P

Education will never be the same, nor will your expectations of how educational offerings are provided for healthcare professionals once Scott DeBoer delivers this fast-paced learning experience in an interactive game show format. Through a Jeopardy-style quiz game, this presentation will review and reinforce the assessment skills, clinical findings, and management priorities for successfully handling a wide variety of common and not-so-common pediatric medical emergencies. Do you know the questions to these answers? Come play and find out!

People Analytics: The Humans Behind the MIH-CP Data
ANNE M. JENSEN, BS, EMT-P

Traditional EMS data systems were not made for people-centered care and finding MIH-CP patient cohorts can be difficult. Tailored to attendees who aren’t data professionals, this session will provide an introduction to basic people analytics, providing you with tools to identify potential patient populations and see them holistically through the data.

Note: This session does not address quality or performance metrics.

LEADERSHIP

Telling Our Story: Keeping EMS in the Public Eye
ROB C. LAWRENCE

Rob Lawrence is the master of SPP!–Shameless Product Placement and realizes that keeping his organization in the public eye is a critical activity both to promote the excellence of the staff delivering world class patient care and also to enhance reputation management. Rob will provide an overview on how to create image, manage reputation, and get ahead of the story. Rob will use examples of best practices in order to conduct KAPE–Keeping Your Agency in the Public Eye.
The Next Medical Discovery Could Come from You!
Lessons from the Five Biggest Medical Discoveries of All Time
BLAIR BIGHAM, MD, ACFT, MSC, OTMH

The five biggest medical discoveries of all time were not moments of genius. They were borne out of sheer stupidity, desperation, delightful accident, and remarkable human courage. We review the serendipity that led to these world-altering and life-saving discoveries and inspire the audience with tales that highlight anyone—yes, even you—can make the next earth-shattering medical discovery.

What You Need to Know About Pre-Hospital Ultrasound
JASON BOWMAN, MD, MS, FF/CEMT-P

Join Dr. Bowman as he discusses everything you need to know about pre-hospital ultrasound: why you should be using it, how you can improve your patient care, how to implement POCUS in your system, what is available, how to train your providers, and how to maintain proficiency. The time for POCUS is now.
Dose with Confidence

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LEADERSHIP

From Vision to Reality: Implementing EMS Agenda 2050 in Your System
JON KROHMER, MD, FACEP, FAEMS; ANDY GIEAPP, MS, NRP; JEFF JARVIS, MD, EMT-P

EMS Agenda 2050 provides a glimpse into what EMS systems should look like in the future, but creating the vision was just the first step: How do we actually apply EMS Agenda 2050 to patient care, agency management, and other aspects of the system? In this session, EMS leaders who facilitated the creation of EMS Agenda 2050 will cover the critical components of its people-centered vision and help EMS clinicians and leaders identify the first steps they should take in their own systems. Presenters will share their own plans for implementing the vision, the unique challenges facing systems today, and why taking steps immediately is critical to creating the EMS system of the future.

MH/CP

Health System Bloopers and the Superutilizer Problem
ARIELLA BAK, BA, EMT

This course will review a timeline of a case study in community paramedicine. Common themes woven throughout this presentation will include unsuspected partnerships, patient advocacy, and how providers may be getting in their own way. This conversation will translate into a brainstorming session for solutions to widespread problems within the health system.

ALS

Meet the Medical Directors: Part II
PAUL E. PEPE, MD, MPH, FACEP, MCCM, MACP, FAEMS; PETER ANTEVY, MD; KENNETH A. SCHEPPKE, MD; WILLIAM S. GILMORE, MD, EMT-P, FACEP, FAEMS; MARK D. LEVINE, MD, FACEP, FAEMS; ED RACHT, MD; STEIN BRONSKY, MD; KIMBERLY M. PRUETT, MD; PAUL BANERJEE, DO

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CRITICAL CARE

Mountain Medicine: Lessons from Snowdonia
LINDA DYKES, MBBS (HONS), FRCEM, MRCSED (A&E), PGCERTMED

The mountains of Wales’ Snowdonia National Park may only be 2,500 to 3,500 feet high, but once people set off up the trails, if something goes wrong, domestic EMS won’t be able to help. It’s the job of SAR helicopter crews and volunteer mountain rescue teams to locate, treat, and evacuate casualties. Those who are ill or injured almost all come to Bangor Hospital, where we’ve been adding them to our database—more than 1,500 since 2004. This acclaimed, fast-paced, and wide-ranging presentation reveals what really happens to leisure mountain users who’ve ended up in trouble. We’ll touch on multiple clinical topics through the lens of mountain casualty epidemiology, mechanisms of injury, dispatching logistics, and the clinical capability of rescuers.
The Forgotten Patient: Residual Effects on Bystanders Who Give CPR

PAUL J. SNOBELEN; KATIE N. DAINTY, PHD

The Lay Responder Support Model (LRSM) is a Peel Regional Paramedic Service initiative that provides a framework to capture first-hand information from the lay responders’ perspective about their experience of providing CPR and using an AED. In addition, we will further highlight the need to understand the psychological impact of lay-responders responding to a sudden cardiac arrest and developing a systematic approach to support individuals after such an event which includes a Bystander Network bringing together revivers and survivors to support future research.

American College of Surgeons: Bleeding Control Basics (2-Hour Session)

ASA M. MARGOLIS, DO, MPH, MS, FACEP; MATTHEW J. LEVY, DO, MSC, FACEP, FAEMS, NRP; CORY S. RICHTER, BA; JASON SCHREIDERER, SEAN J. BRITTON, MPA, NRP

Need a refresher on basic bleeding control? The 2-hour ACS Bleeding Control program provides the knowledge and skills to stop life-threatening bleeding. While you will encounter patients with traumatic wounds in regular settings, the nation is also in an era of increasingly frequent mass shootings and terrorist attacks, making it critical for providers to know and practice the proper techniques for rapid intervention in bleeding control. Attendees completing this course will receive a certification from the ACS.

BLS is BS: Life Support is a Spectrum of Care

DAVID A. WAMPLER, PHD, LP, FAEMS; CJ WINKLER, MD, LP

The once-chasmic distinction of ALS and BLS is now truly blurred. Today’s EMS provider, at all levels, must understand resuscitation, airway management, medication management, and may bring many interventions previously only performed in the surgical suite to the point of injury or illness. Airway adjuncts from nasal cannula to endotracheal intubation are just the start, not to mention needle plural decompression, finger thoracostomy, or even clamshell thoracotomy. Vascular access (IV, IO, Central Line), electrical therapy, and point-of-care testing all cross the lines of once-clearly distinguished provider levels. Who should be performing these lifesaving interventions?

Complications! Case Presentations of Patient Deterioration

KEVIN T. COLLOPY, BA, FP-C, CCEMT-P, NRP, CMTE

While complications don’t always mean someone made a mistake, it’s easy for a clinician to doubt their own care after the complication occurs. This session discusses several common pre-hospital and emergency department interventions, the known complications, and their evidence-based frequency. You’ll hear about three actual cases where things went wrong and learn how clinicians managed their patient’s complications and how structured support was provided following each complication.
**Special Focus: RURAL EMS: SURVIVAL OF THE FURTHEST**

**THURSDAY, OCTOBER 17**

9:15 AM–11:15 AM

**MODERATOR: TRACEY LOSCAR, BA, NRP**

**Staying Alive in the Sticks: A Blueprint for Rural EMS Agency Success**

DAN BATSTE, BA, NRP

**Lessons in Rural EMS Leadership**

JARED B. OSCARSON, NRP, FACPE

**Providing Quality Care in a Rural EMS Environment**

BRIAN D.T. HUPP, NRP

**Frontier MIH: Community Paramedicine in Rural Wyoming**

ANDY GEHRAPP, MS, NRP

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**EMTALA, Ambulance Diversion, and Wall Time: What EMS Practitioners Need to Know**

DOUGLAS M. WOLFBERG, JD

EMTALA is the federal law that prohibits “patient dumping” and obligates hospitals to provide screening examinations of emergency patients. EMS providers are put in difficult situations every day, in potential violation of EMTALA, with prolonged patient offload times, hospitals declaring “diversionary” status and refusing to accept incoming ambulance patients, using ambulances improperly for certain interfacility transfers, and more. This eye-opening session will arm EMS providers with the facts they need to properly navigate these difficult issues.

**How Does Your Agency Handle Narcs? Disposal, Transfer, and Storage of Controlled Substances**

JESSICA BANKS, BS, RN, EMT-P

This session will provide clear direction about security requirements, transfer of controlled substances between registrants, and surrendering and disposal of expired controlled substances. EMS agencies must maintain compliance with DEA and federal regulations (among others). This session will package information into a systematic, streamlined lesson that can be duplicated and modified to fit your department.

**Managing the Demanding CP Patient**

DAN SWAYZE, DRPH, MBA, MEMS; ANNE M. JENSEN, BS, EMT-P

The patients seen by community paramedics can be among the most demanding in the healthcare system. During this unique panel discussion, the speakers will describe the approaches their programs take to managing these complex patients while protecting their CP workforce.

**Preventing the Perils of Peri-intubation Hypoxia: A Tale of Two Systems**

JEFF JARVIS, MD, EMT-P; PETER ANTEVY, MD

Peri-intubation hypoxia is common and harmful. Fortunately, there are common sense solutions that are very achievable in the field. Drs. Jarvis and Antevy will discuss the science behind the problem and the solutions, as well as their experiences implementing this solution in their systems. They'll give you specific steps and interventions to prevent this perilous process. If your system intubates, you should do it safely.

**Teaching Without Lecturing: Flipping a Classroom**

HEATHER MICHOLENE DAVIS, EDD, NRP; DAVID PAGE, MS, NRP, PHD(C)

Based on the concepts of active learning, engagement, and hybrid course design, flipping the classroom is your ticket to providing successful learning experiences for your students. Facilitators will be presenting the science behind a curriculum that is learner-centered, where class time is spent doing application and problem-solving activities instead of lecturing by PowerPoint. You'll actually get to see and use some flipped classroom materials and activities, so you know how to integrate them into your classes as you move toward this model of teaching.

**The Idiot’s Guide to Interpreting Research and Incorporating It into Practice**

MICHAEL S. GERBER, MPH, NRP

Reading a peer-reviewed research article can sometimes feel like trying to decipher code: odds ratios, P-values, confounders. Yet it’s vitally important that EMS leaders and practitioners understand how a study was designed, what the results mean, and whether or not it should impact their clinical practice or daily operations. Using examples from recent EMS research, you’ll learn a simple six-step method to use any time you read a research study, how to interpret the results, and whether or not the research should impact your practice.
When the Provider Becomes the Patient: HELLP Syndrome, Pre-eclampsia, and Other OB Medical Emergencies
STEPHANIE LOUKA, MD, AEMT

OB emergencies are high stakes and can be high stress. Not all OB emergencies present with vaginal bleeding or abdominal pain. Sometimes these emergencies are more subtle. Taught from the perspective of an EMS provider and ED physician who experienced severe preeclampsia and HELLP syndrome personally, this course will provide a review of hypertensive emergencies, preeclampsia, HELLP syndrome, and other medical emergencies unique to OB patients.

When You Fail to Plan, You Plan to Fail: Why You Need a Strategic Plan to Safeguard Your EMS Agency’s Future
RAPHAEL M. BARISHANSKY, MPH, MS, CPM

Many EMS agencies are mired in the “here and now” with little attention paid to the future. Rational, well-planned strategic plans can help make the future less frightening and put EMS agencies on the road to success. Join Ray as he discusses how to develop a plan, and how to use examples from real-world EMS issues including MIH implementation, transitioning from a volunteer agency to a combination department, as well as volunteer recruitment and retention initiatives to strategize for your successful future.

Breaking EMS: Critical Lessons Learned from Challenging 200 Years of Tradition
DAN SWAYZE, DRPH, MBA, MEMS

Innovation only comes from breaking rules that are steeped in tradition. During this discussion, Dr. Swayze will share some of the critical lessons he has learned about leading innovation in an industry that is already asked to do too much with too little. Attendees will learn how to effectively challenge the status quo and maintain composure when they receive pushback.

Federal Government Casualty Estimation and Decision-Support Capabilities for Large-Scale CBRNE Incidents
ERIK S. GAULL, NRP

This presentation describes the capabilities and services of IMAAC, the Interagency Modeling and Atmospheric Assessment Center, a 24/7 federal resource available to assist state, local, tribal, and territorial emergency response, emergency management, and public health officials with free casualty estimation and decision-support services for virtually any type of CBRNE event (including plans, training, and exercises). The session covers what IMAAC does, the models we use, what kinds of information we can provide, and how to access our services. The session will present case studies of IMAAC activations for the Arkema Chemical plant fire in Crosby, Texas following Hurricane Harvey in 2017, and the Maryville, Tennessee train derailment and Acrylonitrile release in 2015.

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THURSDAY, OCTOBER 17
2:30 PM–6:00 PM

Here About the Baby: MIH-CP for At-Risk Mothers
DARREN FORMAN; R. PAUL MILLER, AAS; LAURA M. SCHWAB-REESE, MA, PHD

Project Swaddle extends the concepts of MIH-CP to providing care for at-risk mothers and their babies. Paramedics make in-home visits with mothers throughout the pregnancy and for 16 weeks following birth. In addition to providing important prenatal and postpartum care and education, paramedics develop a trusting relationship with mothers by providing them 24/7 assistance in the form of emergency response, emotional support, and just answering questions. The speakers will explain the components of the program. The session also includes an overview from an academic partner about efforts to evaluate the program.

Hyperkalemia and Other Electrolyte Emergencies
COREY M. SLOVIS, MD, FACP, FACEP, FAAEM, DABEMS

In this session, Dr. Slovis will explore the intricate world of electrolyte emergencies. You will learn how an ECG changes with electrolyte imbalances and understand the dangers of these imbalances.

Pre-Hospital Whole Blood for the Hemorrhaging Patient
DAVID A. WAMPLER, PHD, LP, FAEMS

Trauma patients bleed whole blood. However, over the last three decades, trauma patients requiring resuscitation have typically received crystalloids during pre-hospital resuscitation and blood component therapy during in-hospital resuscitation. Blood-based resuscitation, specifically the use of low-titer O-positive whole blood (LTOWB), is a capability available to very few pre-hospital providers. This presentation reviews a large-scale, multidisciplinary, multi-institutional regional trauma system pre-hospital LTOWB program in Southwest Texas. A large urban EMS system and 18 rural and frontier air medical providers deployed LTOWB for the treatment of patients in hemorrhagic shock. Learn about the system and clinical processes that led to the successful deployment of LTOWB in the pre-hospital setting.

Preparing Your Students to Take the National Registry Exam
GREG APPLEGATE, PHD

What is a computerized adaptive test? How will it affect my students? What about local protocols? How can I help my students be successful on the National Registry examinations? All these questions and more will be answered in this session about how the National Registry examinations are developed and administered.

So You Want to Go to Medical School?
BAXTER LARMON, PHD, MICP

If you’ve ever considered medical school but are unsure what’s involved and wanted a road map for getting there, then come and learn. Baxter Larmon has counseled and mentored hundreds of EMS providers who have gone to medical school. Come see what your future could be as a physician.

Super Sick Kids: New Research and Guidelines for Managing Pediatric Septic Shock
ROMMIE L. DUCKWORTH, BS, LP

As an EMS provider, you play a decisive role in the identification and early treatment of these critically ill children. This session investigates what research says about how to identify, assess, and begin treatment for pediatric patients with sepsis. This session is intended for both advanced and basic life support providers and intends to teach the latest updates and provide take home knowledge of how you can make the biggest difference for our littlest patients.

What’s the Future of EMS?
KENNETH A. SCHEPPKE, MD

What is the future of EMS? What breakthrough therapies are just ahead for our patients? How should patients be resuscitated? Is it time to remove epinephrine from VFib arrest protocols? What’s the latest on head-up CPR? Where should we be transporting stroke patients? Should ECLS be standard therapy? Should antibiotics be given in the field for septic shock? What other new and exciting protocols are being implemented by the Eagles around the country and globally? Join Dr. Scheppke in this rapid fire, multiple topic summary of the 2019 Gathering of Eagles State of the Sciences Conference.

Why Wait? Police vs. EMS Transports of Severely Injured Patients: A Pro-Con Debate
BABAK SARANI, MD; PATRICK GREIFFENSTEIN, MD

This session will pit two trauma surgeons against each other in a Pro-Con debate evaluating the benefits or lack thereof of police versus EMS transports of severely injured patients. The surgeons will focus mostly on penetrating trauma and reports from major cities who have implemented this strategy.
12:30 PM–1:45 PM

LUNCH AND LEARN

Be Proactive: Use Capnography to Identify Critical Patients and Guide Care
ROBBIE MURRAY JR., NRP, MS

Interactive, case scenario driven lecture to demonstrate how capnography is used to rapidly identify critical patients. Once identified, capnography can guide clinical care, allow proactive clinical decisions and insights into how the patient is responding to those decisions and treatments.

3:15 PM–4:15 PM

This one-of-a-kind, hands-on course was developed to help review and demonstrate of tracheostomy equipment, parts, and pieces. Attendees completing this course will receive a certification from dentists. Attendees completing this course will receive a certification from dentists. Attendees completing this course will receive a certification from dentists. Attendees completing this course will receive a certification from dentists.

ECMO Management: Pitfalls and Possibilities
LEON EYDELMAN, MD

Extracorporeal membrane oxygenation (ECMO) is a lifesaving technology that continues to grow in popularity and EMS providers may soon find themselves called on to transport these patients if not doing so already. This course will introduce the basics of ECMO physiology and management, as well as pitfalls and potential emergencies in ECMO patient transport. Finally, Dr. Eydelman will explore recent advances in ECMO care that are radically changing the role of EMS.

Let the CPs Lead: Field Supervisors in MIH
JONATHAN THOMPSON, NRP, CP-C

While frontline EMS supervisors have often had unclear roles in many systems, emerging MIH programs provide additional challenges and opportunities to leverage effective leadership. Senior staff in more strategic roles frequently lack the depth of expertise in new disciplines, but many programs are reaching the point of maturity where some community paramedics have several years of specialized experience and already serve as role models and mentors. Defining and incorporating this experience and expertise into formal positions is a critical step to program growth. This session will explore ways to analyze your existing program and team to define what leaders look like and should be expected to do.

Montauk and Me: Crisis-Response Canines in MIH
ERIK HICKET, MIH-EMT-BA, JILL FELICE

The Santa Fe Fire Department’s MIH office works with the most vulnerable populations in the city, including patients who are medically and mentally fragile. In many cases they mistrust the people proposing to help them. In order to facilitate renewed trust, we enlisted the help of Montauk, a yellow Labrador retriever. He accompanies us on outreach visits and calms our patients throughout our time together. From establishing an initial relationship to subsequent interactions, Montauk has been a tremendous asset. This presentation will overview the SFFD’s MIH office and how Montauk has been an excellent addition to the team.

Pediatric High-Performance CPR: A Hands-On Experience (2-Hour Session)
PETER ANTEVY, MD

We often hear about high-performance CPR in adults, yet almost never in pediatrics. This special 2-hour session will show you exactly how pediatric high-performance CPR should occur, and each participant will actively practice each of the specified roles. By using this technique, your department will drastically improve outcomes in pediatric cardiac arrest. Maximum of 40 attendees; must pre-register online.

Successful Tactics for Your EMT Classroom
MICHAEL KADUCE, NRP, MPS; BAXTER LARMON, PHD, MICP

Many tactics are deployed to improve outcomes and success in the paramedic classroom. Join Baxter Larmon and Michael Kaduce as they explore how these tactics 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.

The Problem in a Fast-Paced, High-Pressure, EMS Environment
ROB LAWRENCE, MPS; JENNIFER CHAP; RICK CHAP; MIKE PAPALE

The problem in a fast-paced, high-pressure, EMS environment is that providers often don’t receive on-the-job feedback. Patient care is transferred in the ER and the EMS unit goes back in service to attend to the next call. Technology is helping to make strides via a picture of an occluded vessel of a STEM patient or the downloaded read-back from an AED to provide reassurance of a job well done, but seeing the living breathing patient makes all the difference in the world for the rescuer and the rescued. Rob Lawrence will describe how to implement survivor reunions and programs for the patient and provider. Saving a heart is good for the soul.
OPERATIONS/MANAGEMENT

Why ROSC Needs to Die and Other Performance Measures that Do More Harm than Good
MICHAEL S. GERBER, MPH, NRP

For years, ROSC (return of spontaneous circulation) has served as one of the primary measures used by EMS systems to assess performance. Although it’s now widely accepted that survival with neurological function is a better metric, systems and even some researchers continue to use ROSC. Using ROSC may cause more harm than simply not measuring anything at all. Many commonly used metrics need to be retired and buried. This session presents an evidence-based, patient-centered look at EMS performance measures and what you should—and shouldn’t—be measuring now.

ALPS

Wound Patterns in Urban Gun Violence Homicides
BABAK SARANI, MD

Join Dr. Sarani, a trauma surgeon working in Washington, D.C., as he discusses a retrospective study regarding causes of death following gun violence over a 2-year time span in Washington, D.C. The session will compare and contrast wound characteristics from these events with public mass shooting events. The objective of the session is to prepare EMS and ED-based providers for the types of injuries they may encounter from various types of shootings.

4:30 PM–5:30 PM

PEDS/GERIATRICS/SPEC POPS

Geriatric Giants: Frailty, Delirium, and Encouraging Patients to #Havetheconversation
LINDA DYKES, MBBS (HONS), FRCEM, MRCSED (A&E), PGCERTMEDED

Elderly patients are uniquely challenging, presenting with multiple morbidities, complex medication regimens, and higher expectations than ever before. This session will cover a broad selection of topics in GeriEMS, with specific emphasis on the syndrome of frailty. You’ll learn how to use the intuitive Clinical Frailty Scale, which can then enhance your communication with patients and relatives. We’ll discuss delirium and wrap-up by considering how EMS personnel are ideally placed to educate patients about the need for end-of-life care planning and suggest some easy strategies to encourage the conversations patients and their families need to have.

ALPS

Hear Me Out: How to Communicate Clearly
BRIAN BEHN, BA, NRP, PP-C

More than 70% of medical mistakes involve miscommunication. Effective and assertive communication has the power to transform healthcare, making it safer for both patients and providers. This session will explore common barriers to effective communication and teach you how to be assertive when it counts. Based on principles from crew resource management and cognitive science, this session will teach you how to strike a balance when talking to nurses, doctors, patients, coworkers, and more. You’ll learn how to get people to listen to you.

ALPS

K+, Ca, pH, huh?: Lab Values for EMS Providers
STEPHANIE LOUKA, MD, AEMT

We are often called to a facility to transport a patient to the hospital due to an abnormal lab value. Did you know that a high potassium (K+) can be fatal, an elevated lactate may be more than just sepsis, and sodium (Na+) imbalance is a potentially fatal cause of altered mental status? We’ll cover the basics of common labs and panels (BMP, CBC, cardiac enzymes, ABG) and identify when to be concerned for possible patient deterioration.

MH/CP

Learn from Your Peers: A Roundtable Discussion on Mobile Integrated Health
ANNE M. JENSEN, BS, EMT-P; FAITH APPLEWHITE, BA, NRP

In this round table discussion-style session, the speakers will act as moderators for participants to review patient stories to brainstorm treatment and navigation options, as well as communicating lessons learned. In this “Community Care Plan Meeting,” patient stakeholders can come together to discuss the treatment options for a particular patient, as well as assign roles and tasks and explore best practices. Attendees will learn from common difficulties they face both in regard to particular patient cases and in the experience of being a mobile integrated health provider.

OPERATIONS/MANAGEMENT

Shake, Rattle, and Roll: Reality Checks from the Cook Inlet Earthquake
TRACEY LOSCAR, BA, NRP

In the morning hours of November 30, 2018, a magnitude 7.0 earthquake struck near Anchorage, Alaska, crumbling roads and splintering buildings and giving residents a side of tsunami warning with their breakfast. Remarkably, there was no loss of life, and the infrastructure was restored to the region within hours to days. We got lucky, we know that. This presentation will review the operational lessons learned that day and in the weeks and months after. Having gotten through the best “hot drill” Mother Nature has to offer, we want to be even more ready for the next.
Special Medical Needs and the Lessons of Hurricane Katrina
AARON MILLER, PHD, MPH, EMT; COLLIN ARNOLD, CEM, LEM-P; JERRY SNEED; LAURA MELLEM

Major storms continue to demonstrate the need for comprehensive planning and detailed attention to those with special medical needs, including the homebound, bedridden, mobility-impaired, and those with special medical needs. Following the lessons learned in Katrina, how has New Orleans prepared? A panel featuring public safety and leaders from New Orleans will explore the development of special medical needs planning in the aftermath of Hurricane Katrina, including the components of the city-assisted evacuation plan. The panel will discuss the development and maintenance of the medical special needs components as well.

The Most Important EMS Research: A Panel Debate
COREY M. SLOVIS, MD, FACP, FACEP, FAAEM, DABEMS; JEFF JARVIS, MD, EMT-P; MICHAEL DAILEY, MD, FACEP, FAEMS; KENNETH NAVARRO, MED

This lively panel will debate the importance of several research studies published in 2018 to 2019 that may change the way EMS personnel care for patients. It may include the PRAGMATIC airway trial (airway management in cardiac arrest), the PARAMEDIC trial (epinephrine administration in cardiac arrest), the PHANTASi trial (prehospital antibiotics for sepsis), the COMBAT trial (prehospital use of plasma), and the pre-hospital use of IV sodium nitrite following cardiac arrest, controversy over epinephrine use, TXA in traumatic shock, cricoid pressure, and more. This is research that all paramedics, system directors, and medical directors should know about.

Understanding Why We React the Way We Do: Harnessing Emotional Intelligence for Leadership Success
RAPHAEL M. BARISHANSKY, MPH, MS, CPM

Every day, EMS leaders are confronted by 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 boiling behind the scenes. Join Ray as he uses his extensive background in EMS—from the Street to the hallowed halls of State Government—and offers practical advice using real-world scenarios to develop your emotional intelligence and help you succeed in dealing with conflict in your organization.

Your First Two Years as an EMS Instructor
HEATHER MICHOLENE DAVIS, EDD, NRP

Congratulations! You are the new instructor for class that starts in 2 weeks! Come learn where to start if you suddenly find yourself a new EMS Educator at any level. This session will cover what you need to get started in the areas of national initiatives, accreditation, education theory, delivery methods, student evaluation, motivation, and resources available to instructors. Participants will leave with actual tools to ensure their first or next class is a success.

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FRIDAY, OCTOBER 18
8:00 AM–9:00 AM

**LEADERSHIP**

Best Practice: How and Why You Need to Create a Highly Reliable Organization
DENNIS W. ROWE, EMT-P

The ability to demonstrate reliability is critical as EMS enters the measured healthcare environment. Utilizing the core concept of DMAIC (D: Define the opportunity, M: Measure the performance, A: Analyze root cause, I: Improve the process, C: Control and hold the gains), this session will describe the medical community’s federal policy push to achieving the “ZERO preventable” goal. This expectation originates from Six-Sigma and lean process initiatives. Case-based examples will demonstrate presentations to federal, state, healthcare policy, and payor partners of results and effectiveness.

**OPERATIONS/MANAGEMENT**

Deployment Compliance: The Newest Key Metric in High-Performance EMS
ROB C. LAWRENCE, JOSHUA BRANDT

More than 70% of first-class passengers on American Airlines did not eat the olive in their salads. The meal was optimized by removing the olive and the change saved the airline $500,000 annually. Like olives in a salad, small changes in EMS operations and communications may have a huge impact on everything from finances to employee satisfaction. Merely adding more unit hours to your deployment does not equate to a higher quality of service; however, monthly response time success or failure often comes down to just a few calls, and those calls are often late by only seconds. The financial impact of those few seconds is huge: fines far beyond the cost of the unit hour or even transport revenue. The key to saving essential seconds lies in System Status Management—Management (SSMM). Analyzing, quantifying, and reporting deployment compliance is a new key metric for agencies to manage and direct resource availability.

**BLS**

Evolution for Documentation Dinosaurs
BROOKE BURTON, NRP

Have your documentation practices changed since the day of the dinosaur? The electronic patient care report (ePCR) has replaced lengthy, information-filled narratives with drop-down lists and data sets. This session teaches providers the need for EMS data, where it comes from, where it goes, and how it is used to monitor our skills and operations. We will explore the direct effect documentation has on patient care through real-world examples, as well as how data is helping to establish new, evidence-based protocols, driven by progressive leaders across the industry. Data and technology are the key to survival in today’s healthcare environment; without evolving, documentation dinosaurs will become extinct!

**ALS**

High-Def RSI: An Airway Video Review
AMIR LOUKA, MD

Endotracheal intubation is the mainstay of definitive airway management. Nevertheless, rapid sequence induction and intubation are high-risk, low-frequency procedures. This interactive discussion will center on a review of real videos, recorded from the business end of a video laryngoscope in the field, demonstrating common pearls and pitfalls of pre-hospital intubation.

**MH/CP**

How Understanding Social Determinants of Health Help EMS Improve Community Health
SCOTT CRAVENS, EMT; ROBIN JOHNSON, MD, MPH, FACEP

The Social Determinants of Health (SDOH) are gaining more attention in the payor community as a way to identify and correct community health problems. EMS is uniquely qualified to report on and correct health issues related to SDOH. This is known as Proactive Illness Prevention (PIP) and is of great interest to payors. Come and hear key thought leaders discuss how EMS can create the necessary evidence for this revenue source.

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**AMBULANCE PURCHASING CONCLAVE**

FRIDAY, OCTOBER 18
8:00 AM–10:15 AM

This program is intended to give guidance to those with ambulance purchasing power: attendees will hear discussion of real-life implementations and the latest in best practices for standards and designs.

MODERATOR: CHRISTOPHER WAY, EMT-P, BA

Keynote: Safety First: How Our Well-Designed Ambulance Protected Its Passengers
CHRISTOPHER WAY, EMT-P, BA

Developing Standards for Safer Ambulances
KEN HOLLAND, NRP

Updating Your Fleet: The New Federal Specifications for Ambulance Safety Features
JOHN MCDONALD

Building Your New Ambulance in 2019
RON THACKERY, JD

Improving Ambulance Safety With Available Technologies
MARK VAN ARNAM

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**FRIDAY OCTOBER 18**

8:00 AM–10:15 AM

As If Heroin Wasn’t Enough: The New Street Drugs You Need to Know
WILL KROST, MD, MBA, NRP

The heroin epidemic is out of control. Unfortunately, it isn’t the only drug of abuse on the rise. What’s new on the illicit drug scene? Which new drugs of abuse do you need to worry about? With a significant proportion of EMS calls and ED visits related to traditional and novel drugs of abuse, it is imperative for the EMS provider to understand the key features of the drugs and toxidromes commonly seen today. We will review the newest street drugs, their clinical effects, and unique aspects to their treatment based on the most recent science.
I Survived Cardiac Arrest! Come Hear My Story
MIKE PAPALE

In this presentation, Mike Papale will share his sudden cardiac arrest story and how it has literally changed his life. Growing up with aspirations to play basketball in college, he was forced to stop playing at the age of 17 following his cardiac arrest. He will share how he changed his passion from playing basketball to coaching and eventually making it his mission to prevent death from sudden cardiac arrest and hypertrophic cardiomyopathy. He founded A Heartbeat to bring awareness to the public.

Pediatric Trauma Pearls and Jeopardy Jewels
SCOTT DEBOER, RN, MSN, CPEN, CEN, CCRN, CFRN, EMT-P

Education will never be the same, nor will your expectations of how educational offerings are provided for healthcare professionals once Scott DeBoer delivers this fast-paced learning experience in an interactive game show format. Through a Jeopardy-style quiz game, this presentation will review and reinforce the assessment skills, clinical findings, and management priorities for successfully handling a wide variety of common and not-so-common pediatric trauma emergencies. Do you know the questions to these answers? Come play and find out!

The 2018–2019 CAPCE Update
JAY M. SCOTT, BS, NRP

This lively and interactive presentation will provide an overview of the Commission on Accreditation for Pre-Hospital Continuing Education’s (CAPCE) activities over the last year, a review of data trends from a 10 million records database, progress on current projects, an overview of upcoming projects, frequently asked recertification questions from EMS personnel, and accreditation case studies.

The Critical Role of EMS in Injury Prevention
KEITH GRIFFITHS; PAUL MAXWELL, PARAMEDIC NRP; MICHAEL S. GERBER, MPH, NRP

Over the last decade, the rise of community paramedicine and mobile integrated healthcare programs has reinvigorated efforts to involve EMS in injury prevention programs. The EMS profession has adopted a more proactive stance toward caring for communities, and it is time for all EMS organizations to focus on keeping patients safe and healthy before the emergency, not just after. Two decades ago, the drowning of a toddler inspired paramedics to create EPIC Medics and assume community leadership in injury prevention. In this session, you’ll hear from award-winning agencies including how they implemented their program and lessons learned.

The Other End of the Stethoscope: How to Improve the Patient Experience
JAY FITCH, PHD

Improving the patient experience is one of the three core components of achieving the “Triple Aim.” This session will outline specific strategies to improve customer service from the patient’s perspective and how to de-escalate and resolve issues when they occur.

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CRITICAL CARE

Unplanned Extubation in the Ground or Air Ambulance: An Under-Recognized Complication of Intubation
SCOTT BOURN, PHD, RN, FACHE
Unplanned extubation is defined as the unintentional and premature removal of an endotracheal tube by actions of the patient or during care, movement, or manipulation of the patient. Unplanned extubation results in prolonged ICU and hospital length of stay significantly increased rates of ventilator acquired pneumonia and death. This program will describe the incidence and causes of unplanned extubation and use case studies to identify risk factors and prevention strategies.

9:15 AM–10:15 AM

CRITICAL CARE

Back to Basics: An Overview of Clinical Pharmacokinetics
DANIEL HU, PHARMD, BCCCP
This session is designed to take the learner through the basics of clinical pharmacokinetics. The session will help the learner assess drug therapy using the foundations of principles of how drugs interact with the body and the effects they produce.

BLS

Hazmat Incidents: Avoiding Injury While Caring for the Injured
KEN BOUVIER, NRP
Most emergency responders are injured or killed within the first 5 minutes of arriving on scene of a hazardous materials incident. This session will define a hazardous material, the five modes of transportation, placards, the nine classifications of chemicals, and will take a look at a few hazardous materials incident case studies. Most incidents that you will respond to involve injured people who misused the product because they were unaware of the risks and dangers of the chemical. Meth labs and chemical suicides will also be discussed, including real case studies of incidents that have occurred in the United States over the last 4 decades.

LEADERSHIP

Improving Public Understanding of SCA Motivates Bystanders to Intervene
JENNIFER CHAP; MARY M. NEWMAN, MS
A national study conducted for the Sudden Cardiac Arrest (SCA) Foundation found that understanding SCA drives bystander action to give CPR and apply an AED. Exposure to a lay-friendly definition of SCA significantly increases the number of people “very likely” to give CPR or apply an AED in an emergency. This session will explore how thousands more lives could be saved each year if people understand SCA and the importance of bystander intervention.

OPERATIONS/MANAGEMENT

PMS in EMS: What It Means for Women on the Job
CINDY TAIT, EMTP, RN, PHN, MPH
Ladies: Ever been on a call where you knew you were bleeding more than your patient or had a worse headache? More than 90% of women report premenstrual syndromes, and as many report 3 to 5 years of menopause symptoms in their late 40s and early 50s. Does the cyclic nature of the female body affect the provision of effective patient care? This presentation will provide a brief overview of the physiological aspects of PMS and menopause and explore current research into job performance. Audience members are encouraged to bring cell phones/handheld devices for polling and survey responses.

EDUCATOR

Should Paramedic Education Require a College Degree?
DAVID S. BECKER, MA; WILLIAM M. BROUGHTON, BSC (HONS), PGCEER, TMSC, FHEA, MCPARA; MATT ZAVADSKY, MS-HSA, NREMT; PIERRE POIRIER, ACP, BA, MBA
Recently, there has been a heated debate about the professionalism of EMS and the possibilities of degree requirements. In the US, paramedic programs are required to be nationally accredited and meet all other state requirements for licensure, but that requirement does not mandate the provision of a degree. In the UK, the College of Paramedics has recently led a number of projects to advance paramedic practice in the United Kingdom, including a structure for identifying specialist, advanced, and consultant-level paramedics, with a number of paramedics working at an equivalent level to the MD. To register as a paramedic, the minimum standard of education should be a degree. In Canada, the paramedic profession has evolved significantly in the past 20 years. The competency requirements have increased, and baccalaureate training is now required. This session looks at these issues and discusses both sides, with consideration given to other established programs in the world.

OPERATIONS/MANAGEMENT

Should We Use Triage Tags? The ASPR/TRACIE Whitepaper Panel
ED RACHT, MD; PAUL E. PEPE, MD, MPH, FACEP, MCM, MACP, FAEMS; JON KROHMER, MD, FACEP, FAEMS; JEFFREY M. ELDOR, MD, FAEM, FAEMS; PETER ANTEVY, MD
What is the role, efficacy, and utility of triage in mass casualties? In early 2019, a group of subject matter experts in this field met to discuss best practices for public safety in regard to triage. Join some of these experts as they explore the results of this collaboration with the Department of Health and Human Services (HHS) and the Assistant Secretary for Preparedness and Response (ASPR). Together, these two groups maintain the Technical Resources, Assistance Center, and Information Exchange (TRACIE) to provide guidance to public safety groups for disaster planning.

Peds/Geriatrics/Spec Pops

The Weight of the World: Bariatric Patient Assessment and Resuscitation
TIM HILLIER, MA, ACP
Let’s face it: Our patients are not getting any smaller. Larger patients bring with them challenges to assessment and management as well as their own unique medical conditions. This session uses an interesting case study to review presentations, techniques, and treatments.
Using Big Data to Tackle Big Problems

TODD STOUT; BRENT MYERS, MD; MPH; SILVIA VERDUGO, MD; MPH; SCOTT BOURLIN, PHD, RN, FACHE

Often the clues to effectively addressing big problems can be teased out of big piles of data. During this session, experts from ESO and FirstWatch will share strategies for making tangible improvements in your community. The opioid overdose crisis response shows how EMS data can be used to tackle a public health issue. You’ll learn about collaboration, how to rapidly and reliably identify opioid overdoses with your data, and what other EMS systems are doing to save more lives in their communities.

What Happens to My Patient After the Trauma Bay?

BABAK SARANI, MD; PATRICK GREIFFENSTEIN, MD

Join two trauma surgeons as they discuss how treatments that are started in the field are continued or discontinued in the trauma bay, in the OR, and in the hospital. The session will focus on trauma patients and the ongoing care they receive after being delivered to a trauma center.

What’s New in the World of Community Paramedicine?

MICHAEL NOLAN, MA, CCP(F), ACP

Join Chief Mike Nolan as he gives an overview of the current status of community paramedic programs internationally. Chief Nolan has extensive experience in the community paramedic realm having been involved in Canada’s first delivery model in Nova Scotia in 2002.

I Hope I Screw this Up: The Risks of Playing It Safe and How to Overcome Fear of Failure

JEFF LUCIA, NRP (RET.)

“Make sure the scene is safe” is a great philosophy for keeping emergency responders alive and unhurt but can hold you back in your personal and professional growth. Fear of failure can lead to a focus on avoiding being wrong instead of welcoming opportunities to change things for the better. When that happens, team members don’t speak up about concerns, and they withhold their ideas. This thought-provoking session will explore the neurological, psychological and cultural causes behind fear of making mistakes—and how to overcome them. This session will feature plenty of audience interaction, so come prepared to be courageous.

Flipped Feng Shui: Building a Smarter Classroom

DAN COHEN, NRP

Your flipped classroom need not be an ugly affair. Learn how to produce interactive online training using photography and video with proper audio and lighting, all on a budget. You can do this using tools you already have in the classroom and a little ingenuity. After this hands-on session, you’ll have ideas to make your work stand out and keep your online learners engaged.

Got Social Work? A New Approach for MIH/CP Programs

LAUREN YOUNG, LCSW

MIH/CP programs have moved to the forefront as an innovative approach to meet the needs of patients whose challenges may go beyond the scope of traditional EMS services. Multidisciplinary teams could be the answer to challenges faced by both patients and EMS agencies. Join Palm Beach County Fire Rescue to hear about medical social work and explore the positive and unexpected ways patients, community paramedics, and the healthcare continuum have benefited. Got social work? Learn how partnering paramedics with medical social workers could be the solution for your own community.

Beyond ACLS: The Great Debate With Epinephrine, Airway Management, and POCUS

SALIM R. REZAI, MD

While ACLS provides us with a framework in treating adult victims of cardiac arrest (CA) or other cardiopulmonary emergencies, EMS is different than many environments in medicine. We get minimal information at the time of patient arrival while the disease process that is taking place has not quite defined itself. We are constantly expected to acutely manage and resuscitate anyone, many times without crucial information. Our job therefore should be to ensure coronary and cerebral perfusion are at their highest quality, but also simultaneously putting the pieces of the puzzle together to figure out why our patient is in CA. This session will explore epi drips, airway management, and POCUS during OHCA.

How does a police department and an EMS system work with community service providers to meet the needs of vulnerable adults? In this session, Allina Health EMS and Billie PD will discuss how the Anoka County program offers welfare checks, home and healthcare assessments, law enforcement support, referrals, and navigation support to appropriate resources, and ongoing follow-up checks.

Joining Forces to Meet the Needs of Frequent Flyers

JOAN MELLOR; GREG ROWE

In this session, Daniel, a PharmD who works with EMS agencies, will discuss the causes of status epilepticus and pharmacologic management of acute seizure activity in pre-hospital and emergency medicine settings with a focus on anticonvulsant pharmacology (benzodiazepines, phenytoin, vaproate, levetiracetam, and more).

'Ve Think He's Seizing!': Pharmacologic Management of Status Epilepticus

DANIEL HU, PHARMD, BCCCP

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Old MacDonald Had an Accident: Agricultural Trauma
TIM HILLIER, MA, ACP

Agriculture has one of the highest rates of death and disability of all professional fields. It also poses some of the most dangerous scenes for EMS providers to attend. Using a case-based approach, this session reviews injuries from different types of farm accidents and looks at safe assessment and management of these patients.

Sudden Death in (Seemingly) Healthy Young Athletes
KENNETH NAVARRO, MED

The possibility that young, physically fit athletes may be susceptible to sudden death seems counterintuitive. But these tragedies occur often in the absence of prior symptoms. The emotional and social impact of these events can be profound. Two conditions, hypertrophic cardiomyopathy and commotio cordis together are responsible for almost half of these deaths. This session will provide EMS providers with useful information for helping to reduce the incidence of sudden death in young athletes within their local communities.

The Hemodynamic Effects of Etomidate vs. Ketamine in Pre-Hospital RSI
KEVIN T. COLLOPY, BA, FP-C, CCEMT-P, NRP, CMTE

Does etomidate cause hypotension during rapid sequence intubation? Is it true that ketamine will cause hypertension and hurt patients with a traumatic brain injury? Come hear what we’ve learned from one of the researchers. Join one of the co-principal investigators of two studies evaluating the hemodynamic effects of ketamine and etomidate in prehospital rapid sequence intubation.

The Top 10 Trauma Myths and Legends: Seeking the Science Beyond the Textbooks
ROMMIE L. DUCKWORTH, BS, LP

We’ve all heard the legends of trauma care. This session evaluates the strength of the science behind each recommendation as well as how they might be implemented in different EMS systems. Getting past “we’ve always done it this way,” attendees will return home well-equipped to open up discussions about trauma care in their systems and improvement that make a difference for their patients.

The Zero-th Responder: Law Enforcement/EMS
JARED L. ROSS, DO, FF/EMT-P/T

Many emergency interventions can be performed by BLS providers or even properly trained first responders. By utilizing and empowering law enforcement officers who are often on-scene before fire and EMS, we can improve outcomes. This session will explore benefits and barriers to implementation of law enforcement integration into the EMS system.

Top Failures in EMS: A Raw Story of Struggles
KRIS KAULL, BS, NRP, CCEMT-P, PP-C

This brutally honest look at the past nearly 25 years in public safety and my failures of epic proportion will show attendees that we are all human. This session digs into why we eat our young and how we need to mentor the next generation. Discussions will also include mentoring, resilience, and wellness.

Verifying Continued Competency: New Challenges and Opportunities
MARK TERRY, MPA, NRP

What evidence can we offer of continued competency in the dynamic field of emergency medical services? EMS is constantly changing, shown by evolving practice analyses and scope of practice. Continued competence is more than continuing education. New practices and technologies offer opportunities to better assess continued competence. This session explores the current challenges, best practices, and opportunities to verify continuing competency.

A Closer Look at the Geriatric Public Assist
GARY A. HEIGEL, BA, EMT-P

This BLS-focused talk will cover one of the most dangerous (from a legal-legal standpoint) and common calls we respond to: the geriatric fall patient. Sometimes these people simply need help off the floor, but sometimes there is something much more serious going on. We will identify strategies for effectively assessing these patients and outline the warning signs that should make you think twice about allowing them to refuse transport.

Army Values: Can They Work in EMS?
ANDY GIENAPP, MS, NRP

Many people have misconceptions about how the Army develops leaders and values as an organization. On many occasions, EMS leaders allow these misconceptions to enter EMS, and rather than becoming a value-based organization, the misconceptions feed a toxic culture. This session debunks some of the myths surrounding army leadership, highlights the organizational values of the army, and how the army promotes them, and demonstrates how EMS organizations can incorporate the army’s (or other) values as part of their culture. The material draws heavily on the presenter’s nearly 30-year dual careers in the army and EMS.

Best Practice – How EMS Can Earn its Place in Healthcare
SUSAN FISHER BAILEY, MSEM, NRP, NCEE-NAEMT

The EMS profession seems to lack the respect that other public service agencies and healthcare professions receive. Who and/or what is responsible for this? Perhaps we should take responsibility for the way we are perceived by others. We must earn the respect we receive from other public safety agencies, healthcare professionals, and the public we serve. This session will reveal observation from a state regulatory agency. The respect issues and the possible causes will be identified, and prospective solutions will be discussed.
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The Center for Patient Safety is a non-profit organization and a federally listed Patient Safety Organization that collects data around adverse events, near misses, and unsafe conditions. This session will present four cases where harm reached a patient. Each case will be a retrospective review with key findings from the root cause analysis with an additional goal of understanding if the event outcome was a process failure or behavioral choice of the provider. Resources and basic strategies to prevent future events will be shared.

**Class Dismissed: Why High-Frequency, High-Intensity Training May Be Superior**

BRIAN D. HUPP, NRP; ANDREA L. HORNAL, MSN-RN

Now that the world of hospital professional development has taken advantage of Laerdal's and the AHA's new joint venture of Resuscitation Quality Improvement (RQI), it’s time to see how it works for pre-hospital provider education. It’s easy to use and easy to manage and provides high-frequency training on CPR and ACLS. Unlike a classroom-based, every-two-year program, RQI is done every 3 months to ensure maintenance of the skills to be good resuscitators. This also allows administrators to save money and roll it into other resuscitation-based trainings.

**BLS**

**EMS Improv: Better Interview Techniques**

TRACEY LOSCAR, BA, NRP

Effective interviews take practice and finesse. There is often a lot more to a simple question and answer than meets the eye (or ear). Environment, body language, family dynamics, and more will help you glean the most relevant information and organize it into an accurate assessment. Knowing all the medicine in the world will not get someone to tell you what’s really bothering them if they don’t want to share. Communication can defuse potentially violent encounters and improve cooperation with patients, families, and bystanders. Tips from journalists, social workers, and comedians will teach attendees how to tailor their interviews to improve their care.

**Operations/Management**

Extending Your Reach: Response Drones for EMS

MICHAEL NOLAN, MA, CCP(P), ACP

This session will provide information regarding the current status of the use of drones/remotely piloted aircraft systems in Ontario, Canada’s EMS system. This session will cover the regulatory, standards, technical, and operational aspects of a Paramedic Service drone program that has been in operation since 2014 including six case studies of past uses and an overview of contemporary research being conducted in this area.

**MHR/CP**

How Nurse Triage in Dispatch Reduced Our 911 Burden

DESIREE PARTAIN, MHA, CCP-C, CP-C, LP

Many people call 911 for conditions that could be more appropriately cared for in ways other than an ambulance trip to an emergency department. More than 35% of MedStar Mobile Healthcare’s 911 requests do not result in an emergency response. Since June 2012, more than 11,000 low-acuity callers have been referred to MedStar Mobile Healthcare’s 911 nurse triage program, which helps navigate them to settings such as urgent care, primary or dental care, or self-care at home. This session will walk participants through the nurse triage call-taking process, program challenges, successes, and outcomes.

**Operations/Management**

Stories from the Street: Keeping Our Patients Safe

LEE D. VARNER, MS EMS, CPPS, EMT-P

The Center for Patient Safety is a nonprofit organization and a federally listed Patient Safety Organization that collects data around adverse events, near misses, and unsafe conditions. This session will present four cases where harm reached a patient. Each case will be a retrospective review with key findings from the root cause analysis with an additional goal of understanding if the event outcome was a process failure or behavioral choice of the provider. Resources and basic strategies to prevent future events will be shared.

**BLS**

**Stroke Recognition and Treatment in the Pre-Hospital Setting**

KIMBERLY M. PRIETT, MD

This session will review different stroke presentations syndromes, including different pre-hospital clinical testing strategies used to recognize stroke in the pre-hospital setting. The lecture will also discuss the newest technology and interventions for the treatment of stroke and the impact on EMS patient transport decisions.

**Critical Care**

**TEE Waves: The Promise of Pre-Hospital Transesophageal Echocardiography**

MARK A. MERLIN, DO, EMT-P, FACEP

Ultrasound in the pre-hospital environment has become a reality, and a new disposable TEE (transesophageal echocardiogram) is now available. Currently our system’s physician response unit does pre-hospital TEE during cardiac arrest. This allows EMS to reposition the hand away from the left ventricular outflow tract, maximizing cardiac output with uninterrupted compressions. As technology improves and the price of the TEE probes falls, we anticipate this technology will become standard in the pre-hospital setting.

**Operations/Management**

The Opioid Crisis: Lessons from Ground Zero

NAHUM IF, MA, MED

Vancouver, Canada is the hotbed of the opioid crisis in America. To date, the province of British Columbia has experienced more than 2,000 opioid deaths and 24,000 saved. In this session, we will explore the various methods the British Columbia Ambulance Service (BCAS) used to combat this epidemic, from taking extra care of our paramedics, to placing a mobile hospital in the middle of downtown, to lobbying governments to curb drug imports and changing the response model.

**Critical Care**

**Turn Your Ambulance into an ICU on Wheels**

LEON EYDELMAN, MD

This session will examine the growing role of EMS in providing critical care traditionally associated with the hospital setting, such as CT diagnostics and antibiotics. Core concepts of ICU-level care in the hospital such as ventilator management and fluid resuscitation will be discussed with specific examples of how this can be applied in the out-of-hospital setting. Recent developments and practice-changing literature will also be analyzed with a focus on applications in EMS.

**ALS**

**What You Don’t Know About Atrial Fibrillation and Other Arrhythmias**

JARED L. ROSS, DO, FF/EMT-P/T

Atrial fibrillation is the most common cardiac dysrhythmia encountered by both EMS and emergency department personnel. Providers will gain a better understanding for the etiology and physiology of atrial fibrillation as well as the acute and long-term risks faced by patients with atrial fibrillation. Attendees will understand the treatment of both hemodynamically unstable and stable patients presenting with atrial fibrillation. Building on this, providers will learn to apply pharmacological and electrical treatment for tachyarrhythmias and bradyarrhythmias.
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MedStar Mobile Healthcare
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Directorate
U.S. Fire Administration (OSHA/FEMA)
Silver Spring, MD

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Riggs Family Chair in Emergency Medicine
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AMR
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Priority Ambulance
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West Allis, WI

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Rushville, IN

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Chief Medical Officer, Palm Beach County Fire Rescue
Jupiter, FL

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Kootenai County EMS System and NREMT
Coeur d’Alene, ID

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Senior EMS Advisor
First Responder Network Authority, FirstNet
US Department of Commerce
Reston, VA

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Medical Social Work Coordinator
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West Palm Beach, FL

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Chief Strategic Integration Officer
MedStar Mobile Healthcare
Fort Worth, TX
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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 so many innovations side-by-side in one place, at one time.
EXHIBIT HALL ADMISSION INCLUDES:

- Opening Ceremonies & Keynote Presentation
- Free CE in the Exhibit Hall Learning Center
- EMS World Expo’s Exclusive SimLab
- Active Shooter Simulation
- Ask the Experts at Expo
- EMS World Clinical Challenge

Exhibit Hall Hours

- Wednesday, October 16
  11:00 AM–4:30 PM
- Thursday, October 17
  11:00 AM–4:30 PM
- Friday, October 18
  10:00 AM–1:00 PM

SIM LAB

Get Hands-On in the Exclusive Simulation Lab

Located in the Exhibit Hall, the EMS World Expo Simulation Lab 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!

Sponsored by:

BOOTH #1663

- Wednesday, October 16
  12:00 PM–3:00 PM
- Thursday, October 17
  12:00 PM–3:00 PM
- Friday, October 18
  11:00 AM–1:00 PM

Ask the Experts at Expo!

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 30 minutes long and are available on a first come, first-served basis. Each time slot will consist of one expert and 3–5 attendees. Sessions will be held at the EMS World Booth #837 in the Exhibit Hall.
Are you up to the challenge?

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 one of the prizes listed below.

1st Place: Travel, lodging, and registration to an international EMS conference in 2020 (value: $3,000). Location to be announced.
2nd/3rd Place: Apple iPad (value: $350).

To view rules/regulations or learn more, visit EMSWorldExpo.com/clinical-challenge.

BOOTH #1269

WEDNESDAY, OCTOBER 16
12:00 PM—4:00 PM
Open Competition

THURSDAY, OCTOBER 17
12:00 PM—4:00 PM
Open Competition

FRIDAY, OCTOBER 18
10:30 AM—12:30 PM
Finals with awards to follow
WEDNESDAY, OCTOBER 16TH 7:00 PM – 11:00 PM
GENERATIONS HALL
310 ANDREW HIGGINS BLVD, NEW ORLEANS

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NEW! 555 FITNESS EMS FUN ZONE – ARE YOU STRONG ENOUGH?

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to pick up your two FREE drink tickets*

*While supplies last

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EMS World Expo is proud to present the 2019 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.

EXHIBIT HALL LEARNING CENTER
Free CE in the Learning Center

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

**WEDNESDAY, OCTOBER 16**
- Getting Out of the Small Pond: Publishing and Lecturing on EMS Topics
  - Raphael M. Barishansky, MPH, MS, CPM
- Is It Time to Ditch Single-Tier, All-ALS EMS Deployment?
  - Matt Zavadsky, MS-HSA, NREMT
  - Bruce Evans, MPA, NRP, CFO, SPO
- You Need a Checklist, and It’s Not Because You’re Incompetent
  - Gary A. Heigel, BA, EMT-P
- Medical Emergencies on Commercial Aircraft
  - Erik S. Gaull, NRP

**THURSDAY, OCTOBER 17**
- Trials and Tribulations of Terrible Tot Transports
  - Teri Campbell, RN, BSN, CEN, CFRN
- Teaching into the Millennium and Beyond
  - Christopher Michael Kraboth, MS, NRP, CCEMT-P
- What They Didn’t Teach You About Patient Assessment
  - Baxter Larmore, PhD, MICP
- How to Handle LVADs in the Out-of-Hospital Setting
  - William S. Gilmore, MD, EMT-P, FACEP, FAEMS
  - Mark D. Levine, MD, FACEP, FAEMS

**FRIDAY, OCTOBER 18**
- Why They Stay: Building an Agency Culture that Promotes Retention
  - Dan Batsie, BA, NRP
- CAPCE and NREMT Data Sharing: Benefits, Lessons, and a Glimpse at the Future
  - Jay M. Scott, BS, NRP
- EMS 3.0 Transformation Update: What’s New this Year?
  - Matt Zavadsky, MS-HSA, NREMT

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- 12 Lead Trainer Ltd
- 38 Scientific
- 5.11 Tactical
- 911 Billing Services & Consultant, Inc.
- Acadian Ambulance Service, Inc.
- Acadian Total Security
- AccessMyLAN from AT&T
- Acsetech Corp
- Action Training Systems
- Adrast Surgical
- AdvaMedica Inc.
- AeroClave
- Air & Surface Transport Nurses Association
- Airon Corporation
- Aimpulse Monotoring Systems
- Aladtec
- Albuquerque Ambulance
- AMS - Ambulance Medical Billing
- Ambu, Inc.
- American Ambulance Association
- American College of Emergency Physicians
- American Diagnostic Corporation
- American Heart Association
- American Medical Response
- American Red Cross
- Amphibious Medics
- Ansell
- Argentum Medical
- Armor Express
- ARSY by Michael & Co.
- Aurelia Gloves - Supermax Healthcare
- Axivost Hemostatic Dressing
- Avan
- Binder Lift LLC
- Biomedix-WAI MedSource
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- Bridgesstone Firestone Tires
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- BT Inc
- Butterfly Network, Inc.
- CAE Healthcare
- Calspan
- Cambridge Sensors USA
- Canusa Rope and Twine Ltd.
- CAPCE
- Cardiologists
- CareCredit
- Center for Domestic Preparedness
- Center for Patient Safety
- Certa Dose, Inc.
- Change Healthcare
- Check-4-It
- Chiroak Medical Gear
- Clarus Mobile Health
- Class 1 Electronics / Weldon
- Cledi/sys Solutions Inc.
- The Code Green Campaign
- Columbia Southern University
- Combat Medical
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- Covert Armor International LLC
- Cozea - Battery Powered Heating Blanket
- Codablepoint
- Crestline Coach, Ltd.
- Dfetech, LLC
- Demers Ambulances USA
- Digttech
- Dillon Technologies
- Disaster Management Systems
- Distance CME powered by Relias
- DOD Domestic Preparedness Support Unit
- Dragon Skin (Hi-Tec Intervention)
- Dynarex
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- East Baton Rouge Parish EMS
- Eberspecher Climate Control Systems
- Elecutek Inc.
- EM Innovations, Inc.
- Emergency Reporting
- EMT Corporation
- EMS Healthcare Solutions
- EMS Today/EMS
- EMS World
- EMS World Clinical Challenge
- EMS1.com
emsCharts, Inc.
- EMSFOCUS
- ESO
- EVS Ltd.
- Excellence, Inc.
- F & D Sales Challenge Coins
- Federal Signal
- FERO
- FieldMed
- Fire Armbr LLC
- Fire Recovery
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- First Responder Center for Excellence
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- FirstNet
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- FlightBridgeED, LLC
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- General Motors First Responder Discount
- Gentilino
- Gerber Outwear
- Get Ahead of Stroke
- Graham Medical
- Guangzhou Landswell Medical Technologies Ltd
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- Guardian EMS Products
- Gulfcoast Ultrasound Institute
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- & Critical Care Paramedics
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- MERET Products
- Miller Coach Co., Inc.
- Mobile Power
- Montgomery County Hospital District
- Moulage Concepts, Inc.
- MyDoctor
- Nasco Healthcare
- National Association of Emergency
- Medical Technicians (NAEMT)
- National Association of EMS Educators
- National Creative Enterprise
- National EMS Museum
- National Registry of EMTs
- Nelder Hydrogel Dressings
- Nimbus EMS
- Ninth Brain
- NM/T/ERTRC
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- North American Rescue LLC
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- Operative IQ
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- Panther Vision
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- Medical Solutions
- Per-Sys Medical
- Philips Healthcare
- Platinum Educational Group, LLC
- PRAN Systems, Inc.
- Precision Medical Devices, LLC
- Prodigy
- Pulmodyne
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- Qrifier
- Quadmed
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- Rescue Lift LLC
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- Samara
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We’ve negotiated travel discounts and secured a limited number of reduced-rate hotel rooms to make your trip to New Orleans 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 and will be honored by directly contacting your chosen hotel and/or airline.

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

The cutoff date for the discounted rates listed below is September 20, 2019.

- **Cambria Hotel New Orleans Downtown**
  - Rate: $230 single/double occupancy per night

- **Courtyard New Orleans Downtown/Convention Center**
  - Rate: $209 single/double occupancy per night

- **Hampton Inn & Suites New Orleans Convention Center**
  - Rate: $184 single/double occupancy per night

- **Harrah’s New Orleans**
  - Rate: $224 single/double occupancy per night, plus a $14.99/night resort fee

- **Hilton Garden Inn New Orleans Convention Center**
  - Rate: $205 single/double occupancy per night

- **Hilton New Orleans Riverside**
  - Rate: $225 single/double occupancy per night

- **Hyatt Place New Orleans Convention Center**
  - Rate: $189 single/double occupancy per night

- **Loews New Orleans**
  - Rate: $219 single/double occupancy per night

- **Marriott New Orleans Downtown/Convention Center**
  - Rate: $215 single/double occupancy per night

- **Omni Riverview Hotel**
  - Rate: $205 single/double occupancy per night

- **Residence Inn New Orleans Downtown**
  - Rate: $215 single/double occupancy per night

- **SpringHill Suites Downtown/Convention Center**
  - Rate: $215 single/double occupancy per night

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Airfare discounts up to 10% for EMS participants are available through various airlines. Discounts are valid on travel from October 12, 2019 to October 20, 2019. Book your flight by contacting:

- **United Airlines**
  - 800-426-1122
  - Discount Code: ZFKYS21160

- **Delta Airlines**
  - [http://www.delta.com/air-shopping/searchFlights.action](http://www.delta.com/air-shopping/searchFlights.action)
  - 800-328-1111
  - Discount Code: NMSAL

You may also book your airfare by calling HMP Travel at 800-237-7285, ext. 4218. Tickets booked via phone are subject to a $35 booking fee.

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The group discount cannot be combined with any other discounts. All groups MUST be registered at the same time. Group registrants do NOT have to be from the same agency/department. Discount applies to the 3-day conference only.

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Military attendees are required to show active or retired Military Photo-ID-CAC card on-site to receive the discount.

ON DEMAND
EMS World Expo On Demand is only available to attendees who purchase a 3-day conference pass.

CANCELLATION POLICY
Please note that the cutoff date for cancellation is Friday, August 30, 2019. All cancellations must be received in writing and postmarked by that date. All cancellations via email must be submitted by this date to emsworldexpo@hmpglobal.com. Full registration (less a $100 processing fee or full registration amount, whichever is less) will be refunded only to cancellations received in writing that are postmarked or emailed by the above date. No refunds will be issued after August 30, 2019 for any reason—no exceptions. Registrants wishing to cancel may send someone to take their place without penalty if they send a written request with the replacement person's name by Monday, September 30, 2019. Payments made may not be applied toward tuition for future EMS World Expo conferences, or other meetings or products offered by HMP or NACCME.

Hotel and transportation reservations must be handled by the individual registrant directly with the hotel, airline, and/or other company. No refunds are offered for classes that may be suspended or shortened due to weather or other conditions or circumstances beyond HMP’s control.

CHILDREN
Children under the age of 18 are not permitted in the Exhibit Hall and sessions at any time.

SESSION SEATING
Seating is limited for all session rooms and is available on a first-come, first-served basis.

ADA DISCLAIMER
EMS World Expo is committed to making its activities accessible to all individuals. If you have special needs as addressed by the American with Disabilities Act (ADA), and need an accommodation, please email masherman@hmpglobal.com.

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**Conference Program**

<table>
<thead>
<tr>
<th>Event</th>
<th>Early Bird 6/1–9/6</th>
<th>On-Site Rate Beginning on 9/7</th>
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<tr>
<td>3-Day Conference</td>
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<td>3-Day Conference - NAEMT Member</td>
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<td>3-Day Conference - IAFCCP Member</td>
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<td>EMS World Expo On Demand</td>
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**Exhibit Hall Only**

Exhibit Hall Only (includes Opening Ceremony & Keynote) $35 $46

**EMS World Expo Workshops**

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<tr>
<th>Workshop</th>
<th>Early Bird 6/1–9/6</th>
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<td>The Pittman Course - Non-Member (2-day course)</td>
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<td>National Association of EMS Physicians’ Medical Direction Overview Course™ (MDOCC)</td>
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<td>Teleflex: Pre-Hospital Emergency Care Procedural Cadaver Lab</td>
<td>$145</td>
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<td>EMS Resuscitation Workshop</td>
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<td>Handtevy Pre-Hospital Pediatric Instructor Course</td>
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<td>Active Shooter Workshop: Preparing for the Inevitable</td>
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<td>EMSPOCUS: Point-of-Care Ultrasound Sampler</td>
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<td>Processing Stress and Building Resilience Through Yoga</td>
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<td>Evidence-Based Practice in Integrated Healthcare: What is It and How Do We Do It?</td>
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<td>Cardiology Master Class: Bradycardias and Tachycardias</td>
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<td>AMLS 3rd Edition Instructor Update</td>
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<tr>
<td>Tactical Emergency Casualty Care (TECC) (2-day course)</td>
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<tr>
<td>Critical Care Test Prep Course (2-day course)</td>
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<tr>
<td>World Trauma Symposium: EMT/Paramedic/Nurse/Other</td>
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<tr>
<td>World Trauma Symposium: Physician</td>
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<tr>
<td>Geriatric Education for EMS (GEMS)</td>
<td>$220</td>
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**Group Rates**

| Group 3-Day Conference: 3–5 people                        | $360               | $425                          |
| Group 3-Day Conference: 6+ people                        | $320               | $385                          |
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Supporting Organizations

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<td>National Association of Emergency Medical Services Physicians</td>
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<td>National Association of Emergency Medical Technicians</td>
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<td>National EMS Memorial Bike Ride</td>
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<td>Georgia EMS Association</td>
<td>National EMS Museum</td>
<td>South Dakota EMS Association</td>
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<td>New Orleans Emergency Medical Services</td>
<td>Tennessee Ambulance Services Association</td>
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<td>New Orleans EMS Foundation</td>
<td>Wisconsin EMS Association</td>
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<td>Indiana EMS Memorial Foundation</td>
<td>New Orleans Fire Department</td>
<td>Wyoming Dept of Health - EMS</td>
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<td>International Police Mountain Bike Association</td>
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<td>Kansas EMS Association</td>
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