

A PUBLICATION OF THE INTERNATIONAL ASSOCIATION OF FLIGHT PARAMEDICS



INTERNATIONAL ASSOCIATION  
OF FLIGHT PARAMEDICS  
*REVOLUTIONIZING CRITICAL CARE TRANSPORT*

# FP NEWS

July 2005

## ELECTION 2005!

Members, this is your opportunity to decide who will best serve your interests within your organization. We have four open board positions and a diversely qualified and enthusiastic group of candidates. Please take the time to review the [Candidate Submissions](#) before voting.

This year the IAFP has developed online voting for your convenience. You will need your membership number and a Unique Voting Number (UVN) to access the ballot. This information has recently been sent you via U.S. Mail. To cast your vote, go to [www.flightparamedic.org](http://www.flightparamedic.org) and click on the appropriate link.

If you do receive the 2005 Election postcard by June 22, please notify the IAFP office at 770-979-6372 or email [monijn@yahoo.com](mailto:monijn@yahoo.com).

### Election Timeline

- **July 15, 2005:**
  - Polls Open
- **August 15, 2005:**
  - Polls Close
- **August 23, 2005:**
  - Election Results Announced to elected officers
- **October 23, 2005:**
  - New Board Members Introduced at the General Membership Meeting (AMTC) in Austin, Texas

## From the President's Desk *by Ron Walter*

In the April issue of the FP-NEWS, I provided you a copy of the Association's response to the National EMS Scope of Practice Model. Since then there has been a lot of progress on this issue. Most notable was an invitation from NHTSA to participate as a member of the national review team, to hear public comments, and take an active role in the final draft. I would like to thank all of you who took part in supporting our position and wrote letters to NHTSA requesting that a member of the air medical community be involved in this process. I'm confident your continued support of the IAFP and letters to NHTSA made a big difference.

I represented the IAFP at the EMS Scope of Practice Task Force meeting in Washington, DC this June. Many of the concerns voiced by our membership were echoed in the public testimony. Much of the conversation revolved around the EMT-Intermediate level knowledge base and skill set. In the end, the final document will reflect many of the suggestions made by the IAFP and its members.

The final draft of the National EMS Scope of Practice Model will be ready in September to submit to NHTSA for approval and adoption. Due to the lack of definition and development the "Advance Practice Paramedic" section, it was removed from the final document. The IAFP advocated that a paragraph be included in the final document that recognizes the fact that many Critical Care and Flight Paramedics throughout the country are routinely involved in advanced practice situations every day. Failure to mention the existence of the advanced skills presently being performed would leave the Flight and Critical Care Transport Paramedics in an undefined role.

Drew Dawson, EMS Division Chief at NHTSA, indicated that his office would convene a work group this fall to develop the Advanced Practice Paramedic model to be added to the Scope of Practice. The IAFP will be keeping a close eye on this project and report back to our membership on the progress. We plan to be substantially involved in the definition and creation of any Advanced Practice Scope of Practice Documents.

Also in June, the IAFP was represented on the committee of another NHTSA project, The Inter-Facility Transfer Guidelines document. This document has been under construction for the past two years. The majority of the work has been completed over the Internet. The IFT workgroup meet in Washington, DC to pull all of the sections of the document together to create a final document. The final draft on this document should be available to the Association members to review early this fall. Check the website!

This summer the IAFP was invited to participate in the NIMS National Credentialing Initiative. We are part of a diverse group of professionals working to establish a nationwide credentialing system to be used in situations of large-scale mutual aid – like natural disasters and acts of internal or external terrorism. Through bimonthly conference calls and face-to-face committee meetings, we are making steady process. The entire project should be complete by spring 2006. The NIMS project dovetails with the National EMS Scope of Practice documents and IAFP and BCCTPC work to develop and credential the national advanced practice and critical care for EMS.

On a much broader scale, the IAFP has taken the position to support the document written by the George Washington University Homeland Security Policy Institute titled "Back to the Future: An Agenda for Federal Leadership of Emergency Medical Services". The IAFP believes the optimal solution to advance EMS at the federal level, both from a policy and financial perspective, is to create an independent U.S.EMS Administration within the Department of Homeland Security.

While NHTSA has been the home of EMS within the country for the past few decades, its primary focus and mission is not directed to the administration of EMS but toward improving transportation and motor vehicle safety. With limited funds and little federal recognition, NHTSA has done the best they can to promote EMS over the years. EMS has matured to the point where it deserves a suitable federal agency, with equal but separate identity alongside the U.S. Fire Administration. Our position has been supported thus far by the National Association of Emergency Medical Technicians, the EMS Labor Alliance and state associations including Florida, Georgia and New Jersey.

With these projects underway, the future of the IAFP looks very exciting. At our summer board meeting we reviewed the State Delegate program. Future emphasis will be placed on expanding the state delegate program and adding a political action committee to address the needs of our members on the state and local levels. The ultimate goal is providing more advocacies for our profession.

If you have an interest in getting involved with the IAFP and helping with the state delegate program or our political action committee please let us know by sending an e-mail to our office at [monijn@yahoo.com](mailto:monijn@yahoo.com).

## The Flight Paramedic News

### Executive Committee

**Ron Walter, BS, NREMT-P**

President: STAT MedEvac

**Gloria Tavenner Dow, FP-C, NREMT-P**

President-Elect: Mobile Life Support Services

**Kenneth L. Sheldon**

Secretary-Treasurer: Saint Alphonsus Life Flight

**Jon Gryniuk, FP-C, NREMT-P**

Past President: Life Net of New York

### Board of Directors

**David O. Bump, NREMT-P, FP-C**

BCCTPC Liaison: Air Trek Air Ambulance

**Cliff Larrabee, NREMT-P**

Medi-Flight of Northern California

**Donald Leatham, FP-C**

St. Patricks Hosp. Life Flight

**Treg Manning**

Industry Relations Bell Helicopter Textron

**Anthony J. Pellicone**

North Shore—LIJ Health System

**Jim Reeves**

State Delegates and Marketing Tech-Med

Industries/Civil Air Patrol

**Kevin Savidge, NREMT-P, FP-C**

Military Liaison

USAF Reserve

**Scott C. Sherry**

STAT MedEvac

**Brian Wall, NREMT-P, CCEMT-P, FP-C**

Native Air Ambulance, Inc.

**Gregory Winters**

San Antonio AirLife

### Account Executive

Monica Newman

The *FP News* is a publication of the International Flight Paramedics Association. It is published four times per year—January, April, July and October. Annual subscription is available as a benefit of membership in the Association for \$60/year (\$65 international). Articles and information contained within the *FP News* may not be reproduced in any form or part without written permission of the IAFP. Advertising is per issue and is priced as follows: Full page \$400; Half page \$250; Quarter page \$175; A 10% discount applies to the purchase of any 4 ads (size can be mixed and matched, but must in four consecutive issues.) Contact: (770) 979-6372.

[www.flightparamedic.org](http://www.flightparamedic.org).

4835 Riveredge Cove, Snellville, GA 30039

## IAFP/BCCTPC at AMTC

### Schedule of Events

#### Friday, Oct. 21, 2005

0800-1700: FP-C Exam Review

0900: BCCTPC Board Meeting

#### Saturday, Oct. 22, 2005

0800-1700: FP-C Exam Review

0800-1700: IAFP Board Meeting

*(IAFP members invited to attend)*

0800-1800: BCCTPC Board Meeting

#### Sunday, Oct. 23, 2005

0800-1000: FP-C Exam

0800-1700: IAFP Board Meeting

*(IAFP members invited to attend)*

1700-1900: IAFP General Membership Meeting

#### Monday, Oct. 24, 2005

0700-1800: AMTC Conference Registration  
& Information Desk Open

0900-0930: Opening General Session: Raise The Bar!

0945-1700: Educational Sessions

1200-1800: Exhibit Hall Open

1700-1800: Grand Opening Reception in Exhibit Hall

#### Tuesday, Oct. 25, 2005

0700-1800: Registration & Information Desk Open

0945-1700: Educational Sessions

1000-1600: Exhibit Hall Open

1700-1900: IAFP Leadership Reception

#### Wednesday, Oct. 26, 2005

0700-1800: Registration & Information Desk Open

0800-1200: Exhibit Hall Open

0900-1730: Educational Sessions

### AMTC Housing Procedures and Information Hotel Room Reservations

#### Headquarter Hotel:

Hilton Austin 512-482-8000

Omni Austin 512-476-3700

Hotel Downtown

Hampton Inn & Suites 512-4721500

## Summer Board of Directors Meeting

The board of directors convened for the summer meeting during the last weekend of June in Kansas City, Kansas. This was a very productive board meeting, and we are very pleased with the results and the progress made this year. As most of you probably know, the Association released a position paper in May, entitled [Emergency Medical Services in the 21<sup>st</sup> Century: Strengthening our Presence in the Federal Government](#). This publication penned by **James P. Burke**, is available on our website.

The board has also been focused on the [National EMS Scope of Practice](#). We have consistently promoted Paramedic and Advanced Practice Scopes of Practice, including critical care practice, as opposed to limiting it. The IAFP supports the theory that advanced practice is a privilege, not a right, and all advanced practice must be preceded with, and continuously supported by, enhanced education, skill verification, quality improvement with loop closure, and active, educated medical direction. Additionally, the IAFP strongly supported the Draft 2.0 addition of a standardized and limited EMT Advanced Scope of Practice based on the premise of "first, do no harm." Read the IAFP responses to the Scope of Practice [drafts 1.0](#) and [2.0](#).

Board members and staff continue to work on safety initiatives, the website, membership materials, marketing, FP-C review materials, EMS Memorial projects, member benefits, and advocacy with other agencies.

The IAFP board members thank ZOLL Medical Corporation for their monetary donation to the Association. The board enjoyed a demonstration of the ZOLL AutoPulse Non-invasive Cardiac Support Pump, and viewed the CodeNet electronic system for capturing and analyzing code event data.

Another contributor is WelchAllyn Industries, who generously covered the cost of a delicious dinner at a Kansas City Steakhouse. Thank you!

Future Association events are as follows: The fall board meeting and the General Membership Meeting will be held in conjunction with AMTC in October. We will also be announcing the results of this year's election at the General Membership Meeting.

We would like to thank the programs and individuals that contributed time and funding to make this meeting possible.

Have a safe summer and don't forget to vote!



### President's Pin



The 2005 President's pin is the third pin in a series beginning in 2003. The 2005 pin features President-elect Ron Walter's transport program STAT MedEvac.

The 2003 pin features former IAFP President TJ Kennedy's program, IHC Lifeflight performing a mountain hoist.

The 2004 pin features current IAFP President Jon Gryniuk's program, Life Net of New York flying by the tribute in light World Trade Center memorial in New York City.

All three pins are available for purchase via the IAFP webstore while supplies last. Each pin is individually numbered and produced in a quantity of only 300.

## Membership Corner

By Brian Wall

I am very pleased to announce that Hertz is the preferred rental car agency for IAFP members. As a member you are entitled to a 10% savings when renting a car from Hertz. The program number will be available in the member's only section of the website soon.

I am also quite busy trying to get more discounts to you, the members.

Members should also know that paramedics may take, not audit, the TNATC course. As an IAFP member, you get the same discount as an ASTNA member. Many paramedics in the transport community will benefit from taking this course. It's reputed to be a very intensive course.

On another note, I would like all members of the IAFP to present this question to their programs. Is there full support for involvement? Many services have education reimbursement. So does your program offer reimbursement for joining the IAFP? If not, why? By joining the IAFP, you become involved in the critical care transport community. By being more involved, you stay educated, updated and more knowledgeable than someone that is not involved in the community. For services that have clinical ladders, is membership a requirement?

**Administrators, show that you want your employees to be up-to-date with goings on in the critical care transport community. Encourage them to raise the standard of care and professionalism.**

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## CAMTS Update

During the January Board of Directors meeting of the IAFP, the decision was made to appoint a new IAFP representative to the CAMTS board. The IAFP would like to thank former CAMTS representative Chris Giller for his service in this position for the past two and one-half years. The board elected to appoint IAFP Past President Jonathan Gryniuk to the CAMTS Representative position. Mr. Gryniuk formerly served as the CAMTS Representative for the IAFP before assuming the IAFP Presidency. Mr. Gryniuk has also served as a CAMTS Site Surveyor.

*The following is a reprint of the Executive Summary of the most recent CAMTS board meeting:*

Executive Summary – Board Meeting – April 22, 2005  
Washington DC

Introduction of Ad hoc Board members – Mr. Lee Murphy (also a site surveyor for JCAHO and CHAP) and Dr. John Overton (a cardio thoracic surgeon and commercial pilot) will be joining the Board of Directors.

Invited Guests: Dick Wright, the Safety Director from the HAI joined the meeting as an invited guest. There was a presentation by the Maryland State police – aviation department – during the Friday lunch hour.

### I. Treasurer's Report

Current status was discussed as well as initial draft of the 2006 budget.

### II. Executive Director's Report

Ms. Frazer discussed participation at the AAMS mid-year conference in Washington last month. Ms. Frazer served on the panel for safety discussions. Dr. Rogers, Mr. Smith and Ms. Frazer also met with the Indian Health Services, Mr. Ballough, director of Flight Standards from the FAA and Mr. Healing from the NTSB. Mr. Smith and Ms. Frazer also met with NATA and the HAI. There were very supportive discussions with each of the groups and follow-up on some of their suggestions will continue.

The FAA suggested their website [FAA.Safety.com](http://FAA.Safety.com) be hyper-linked to our website and that perhaps we could work on some educational CDs with the FAA. Ms. Frazer will follow-up with the appropriate people

at the FAA. Mr. Healing also agreed that they would accept suggestions for questions that NTSB investigators should ask when interviewing personnel involved in an air medical accident. The NTSB is working on separating the database so that EMS accidents could be more easily identified.

Ms. Frazer will be a speaker at the Flight Safety conference for EMS Operators in Dallas in May. They have developed an EMS flight department and are looking to CAMTS to assist with mutual education and publication projects.

Dr. Rogers and Ms. Frazer described recent discussions with epidemiologists at the CDC to develop a study that would find that CAMTS accredited programs offer safer services and that would identify needed standards. Mr. Bob Dodd, a consultant who did the 1988 EMS accident study when he was with the NTSB, and Dr. Ira Blumen are assisting with the development of this study. Dr. Rick Hunt (a founding CAMTS Board member is now the head of Injury Prevention at the CDC) has spearheaded this project.

III. Site Survey Coordinator Report

Ms. Rogers discussed the training program In January held in Atlanta. Sixteen new site surveyors were qualified and will be scheduled with senior site surveyors over the next few months. Several new site surveyors have already completed site visits.

Evaluations from the education program were excellent. Mr. Lee Murphy, an ad hoc Board member, also attended the education program and then observed a site visit. He provided feedback to the full Board about the education and site visit compared to what he has experienced with JCAHO and CHAP.

IV. Accreditation Decisions

The Executive Board reviewed thirty-five progress reports and the Full Board reviewed four progress reports. There were twelve services reviewed for re-accreditation and seven new accreditations as follows: 17 Full Accreditations, 1 Provisional action and three suspensions. There are now 111 accredited services.

The following services were reaccredited:

AeroCare MTi – Tulsa, OK	FW
Air Idaho Rescue – Idaho Falls, ID	RW
AirLife of Greeley – Greeley, CO	RW
Air Med Team – Redding, CA	RW
Guardian Air – Flagstaff , AZ	RW/FW
LifeNet of the Heartland – Olathe, KS	RW
LifeStar – Erie, PA	RW
Mercy Flight Central – Canandaigua, NY	RW/FW
PHI Air Medical Services – Albuquerque, NM	RW/FW
San Juan Regional Air Care – Farmington, NM	RW/FW
Sky Life – Fresno, CA	RW

The following services were new accreditations:

AeroMed Arizona – Tucson, AZ	FW
Huntsville Medflight – Huntsville, AL	RW
Neonatal Transport of UNM – Albuquerque	FW/G
Star Care V - Lincoln, NE	RW/FW/G
Tacoma General Hospital Neonatal Transport	G
UNC Air Care – Chapel Hill, NC	RW/G

The next Board meeting will be July 22 - 24, 2005 in Vancouver, Canada

## Fixed Wing Forum: **Air Ambulance Forum** **A Logical Choice**

*Scott Sherry*



In today's Air Medical Services environment, it is becoming increasingly important for programs to increase revenue, operate more efficiently, and decrease the amount of downtime of aircraft that is not due to maintenance and safety. With gas prices continuing to hover at over \$2.00 per gallon, the associated increase in the price of Jet Fuel is placing added burdens on the aviation industry, and air medical is no different.

The majority of Fixed Wing programs fly a large number of miles that are non-reimbursable, or considered "dead legs". These are the legs of the mission that usually are flown after the patient is delivered to the receiving facility and the crew is returning to their home base. Depending on duty time of the pilots and medical crew (and depending on program policy or state regulations), these legs could be potentially revenue generating.

The challenge for identifying aircraft that would be available for fixed wing missions is one of the largest hurdles for the industry. The quick availability for fixed wing aircraft to respond to a patient needing transfer to a tertiary care center and deliver the patient in the most efficient, safe, and cost-effective manner is a delicate balancing act for communication centers, referring hospitals, insurance carriers, and in some cases, flight programs. We all want to provide the quickest response possible to requests for fixed wing service, so wouldn't it make sense for fixed wing utilization to follow the same guidelines used in most rotor wing programs, meaning send the closest available resource.

Airambulanceforum.com is essentially a clearinghouse that allows programs to advertise their "dead-legs" so that other vendors and programs can see who is going to be where, and when, so that those non-revenue generating legs can potentially be utilized for patient missions. This obviously serves two purposes. First, it gets an air medical team to the patient quicker, thus delivering patients in need of tertiary care to the centers that provide that care in a more timely manner. Second, it provides an opportunity to generate revenue for a mission that would otherwise have a potentially long "dead leg".

Using my program as an example (since I'm most familiar with it and we do a large number of fixed wing missions), I will try to illustrate the rationale. STAT MedEvac flies a patient mission from Bangor, Maine to Las Vegas, Nevada. While on the patient leg of the mission, an air medical communications center receives a request for a fixed wing mission from Seattle, Washington for a patient who needs transferred to Johns Hopkins Hospital in Baltimore, Maryland. By having our potential "dead leg" advertised on airambulanceforum.com, the program receiving the request for transport from Washington to Baltimore knows that our Lear 55 is going to be available in a short time following delivery of the first patient to Las Vegas. We could easily fly to Seattle, pick up the patient there, then fly them non-stop to Baltimore. Again, there are two huge advantages to this. A fixed wing crew is able to be at the patient's bedside in a much quicker time, thus initiating transfer to the tertiary care that they need. Second, we are able to conduct a revenue generating flight for a large majority of the miles that would otherwise be considered "dead". Now the "dead leg" of the mission is reduced from Las Vegas to Pittsburgh, to Baltimore to Pittsburgh – a very significant difference.

**Continued on page 8**



Airambulanceforum.com allows programs to advertise their available aircraft, and programs can also list what types of aircraft are available, crew mix (RN, RN; RN, Paramedic, MD, RN, etc.), program name, links to your websites, CAMTS certification status, and a contact number for easy scheduling. There is a membership section where programs can automatically advertise and list available legs of missions, and a list of members, complete with websites, phone numbers, contact persons, and available program resources. The website is chalk full of useful information, is very easy to navigate through, and has a great deal of available information that I have not even touched on in this article.

Improved efficiency, cost-effectiveness, safety, and wise resource utilization are all things that will have a positive outcome on air medical providers, and ultimately our patients, everywhere. Having a central repository of available resources is the key to meeting these challenges. Airambulanceforum.com provides a quick reference for providers who are looking for the closest available fixed wing to complete a patient mission in a timely and cost-effective manner. Programs who participate in this fixed-wing “clearinghouse” enjoy participating in patient missions to support missions that would otherwise see a large percentage of the unloaded miles go un-reimbursed.





[www.americasupportsyou.mil/](http://www.americasupportsyou.mil/)

## FREEDOM ISN'T FREE

REMEMBER THOSE LOST AND HARMED WHILE SERVING THEIR COUNTRY.  
And also those presently serving in the Armed Forces.

For additional Military information, click on the links below:

[www.af.mil](http://www.af.mil) United States Air Force  
[www.army.mil](http://www.army.mil) United States Army  
[www.navy.mil](http://www.navy.mil) United States Navy  
[www.usmc.mil](http://www.usmc.mil) United States Marine Corps  
[www.uscg.mil](http://www.uscg.mil) United States Coast Guard  
[www.esgr.mil](http://www.esgr.mil) National Committee for Employer Support of the Guard and Reserve  
[www.dhs.gov/dhspublic/](http://www.dhs.gov/dhspublic/) Department of Homeland Security

*Contributed by Kevin Savidge, USAF Reserve*



## Heroes of the Tour

*Gloria Tavenner Dow*

So, what do you think of The Tour? Please, oh please, for the sake of my faith in humanity don't let me hear a collective "What Tour?"

I am talking about the "Cyclism", the greatest single test of athletic ability in the world, the Tour de France! I know I just riled all you baseball, football, basketball and soccer fans out there. But before you get too upset, let me present my case. I agree with you that the World Series, Superbowl, Final Four, and World Cup are tremendous athletic events! But imagine your favorite team competing head-to-head in that contest for a little longer, like 21 days! (Given, there are two rest days to ease the pain of climbing the highest mountains in Europe at 10 to 30 miles per hour on a bike!)

You've all heard of Lance Armstrong or have a Livestrong wristband or two. We all know he wins The Tour...again... and again... and again! Go Lance! But do you know about the "domestiques"? Domestiques are the other eight guys on each cycling team who support the team leader. They are not stars. They generally don't wear the famed yellow jersey. And they don't get to kiss the pretty French girls on the podium while adoring fans cheer. They simply perform their assigned tasks, to the best of their ability, each and every day. They set the race pace and standard. They do the brunt of the race work. They help team members who've crashed or had mechanical

**Continued on page 10**

problems. They make sure other members are hydrated and nourished. And after the daily pace setting is complete, they make their way - totally exhausted and alone - to the finish line so they can do the same thing the next day.

These are the team members the incredible Mr. Armstrong credits with his wins. How important are they? Ask Jan Ulrich. In a dismal 2004 display, his team members abandoned him for individual glory. They battled each other for points and stage wins. The team disintegrated and US Postal won again. (I think they would have won anyway, but T-Mobile traded victory for ego!)

This month, in honor of the Tour de France, and Lance Armstrong, and the domestiques, take a look around your program and thank your domestiques. These are the people who quietly and competently do their jobs every day, making sure your team has the best performance possible. These are your mechanics, communicators, office personnel, supply techs, LZ security and housekeeping staff. Look for the little things people do for you each day, not for glory or thanks, but to make the day a little better for you, and the team, and the patient.

Glance around at your flight team members who go above and beyond the call of duty. (I'm generally not talking about the person in the custom-tailored flight suit telling "I'm-so-great stories.") Recognize the team member who checks the gear every shift. Who cleans the aircraft or ambulance, or both? Thank the pilot who makes you tune in for safety briefing. Applaud the pilot who checks weather frequently...mission or not. Appreciate the educator who made last month's CE so pertinent to your practice that you were able to improve the outcome of your last patient. Honor the person who assures your supplies are available for restock. And bless crewmembers that clean the bathrooms and kitchens.

Finally, after your next call, when you are kissing French girls and taking bows for your tremendous save, take a look at your partner. Then take a hard look at yourself. Are you really that great? Or is your partner brilliant and generous enough to do his or her job and make you look good at the same time?

To end, a few little known facts about The Tour:

- Cycling tradition dictates you do not take advantage of a competitor's mishap. (They wait for the guy who wrecks!)
- The winner of the tour traditionally takes no prize money. All the money goes to the team.
- Groups of cyclists from different teams will share the work of a breakaway for the common good.
- Riders on different teams from all over the world talk to each other during the race.
- And as good as Lance Armstrong, Jan Ulrich, Tom Boonen, and Ivan Basso are, the true heroes of the Tour de France are the domestiques.

Who are the true heroes of your program?





It's not a new action figure, but a new safety initiative undertaken by AAMS. At the AAMS Spring Conference in Washington, DC, the board of directors adopted this new theme as our air medical community's new safety program. This concept was developed in light of the recent spike in accidents and fatalities our industry has experienced over the past eighteen months. With the increased media attention surrounding this issue, it is time we take the issue of safety seriously and put safety on the front line.

Vision Zero stands for:

- Zero Error
- Zero Accidents
- Zero Serious injuries
- Zero Crashes
- Zero Tolerance for Unsafe Attitudes

To learn about "Vision Zero" and receive updates on the program check out AAMS new web site at <http://visionzero.aams.org>

At our spring meeting, the IAFP board of directors agreed to participate fully with this new concept to foster a stronger safety culture within our community. I urge you to take the time to review the AAMS web site and implement the ideas and concepts in your everyday operations. The site will be regularly updated to include programs and learning aids to assist you in this important program.

It's your life, protect it.

Fly Safe,  
Ron Walter

*"I really enjoyed the review class and feel it is invaluable to anyone planning to sit for the FP-C exam." TN*

*"Outstanding review, both instructors knowledgeable and delivery was awesome." NY*

## Are You Ready?

IAFP presents

Certified Flight Paramedic Review

at

AMTC 2005

October 21 and 22, 0800-1700

\$175 Members, \$225 Non-members

**We'll get you ready to pass the BCCTPC's FP-C exam!**

*"Anthony and Will pack more information into 16 hours than I ever thought possible!" KS*

Register at (770) 979-6372

CEU's available

Web Link



## Raising the bar in **AUSTIN**

Air Medical Transport Conference  
October 24-26 2005  
Austin Convention Center

### About the Conference...

The Air Medical Transport Conference is an internationally recognized, annual educational meeting and trade show dedicated to improving the quality of patient care transport services. The AMTC facilitates a lively exchange of information to help medical transport professionals respond to constantly changing patient needs, and promotes industry advancement through adaptation to new technologies. This is your chance to meet with over 1,500 energetic, influential professionals active on all levels and in all areas of the medical transport field.

Attendees are emergency medical and critical care professionals from both hospital and independent providers of air and ground medical transport services - CEO's, program directors, medical directors, physicians, nurses, respiratory therapists, paramedics, pilots, communication specialists, Part 135 operators and aircraft manufacturers. Yes, all disciplines of the emergency medical transport industry are well represented at the AMTC. What better arena in which to show off your product or service?

Quite simply, the Air Medical Transport Conference is THE conference in the air and ground medical transport field. We have the largest attendance of combined crew and administrators – well over 2000 individuals from clinical, administrative and aviation disciplines.

For Additional Conference Information Please Visit: [www.aams.org](http://www.aams.org).

See You There!

**Impressive Research Findings?**

**Great Ideas?**

**Want to Present?**

**[Call for Speakers!](#)**

**2006 Critical Care Transport Medicine Conference**

**Harrah's Las Vegas Hotel & Casino**

**April 3-5, 2006**

**Las Vegas, Nevada**

**Submissions due August 1, 2005!**

**Web link to submission form**

## **National EMS Scope of Practice - Update**

June 6, 2005

EMS Scope of Practice Model Project  
c/o NASEMSD  
201 Park Washington Court  
Falls Church, VA 22046-4527

Dear Task Force Committee Members,

The Board of Directors and members of the International Association of Flight Paramedics appreciate the opportunity to respond to the National EMS Scope of Practice Model, Draft 2.0. The extensive revisions apparent between Draft 1.0 and Draft 2.0 demonstrate the diligence to process the task force is using to truly make this a practical working document that enhances EMS nationwide.

The IAFP fully supports the recognition of an Advanced Practice Paramedic level of licensure. Our members understand, perhaps better than most, that "recognition" is the appropriate term here. They practice as critical care or advanced practice providers each and every day. We believe this document should address the fact that a significant number of paramedics throughout this country currently function quite proficiently in an advanced practice environment. In this document's dearth of advanced practice paramedic guidelines, we fear these paramedics will be placed in very precarious situations. Without this national recognition, they are held to a multitude of local standards. There is little recognition of their specialized professional experience. Reciprocity, even within service the same service area, is virtually non-existent. These working EMS professionals should be recognized and discussed, as opposed to omitted or ignored.

As in any profession, the standards of advanced and critical care paramedicine are paramount. In addition to recognizing current advanced scope of practice, the National EMS Scope of Practice document should recommend and promote these standards of excellence. Certain factors must exist to ensure these standards of in advanced EMS practice. These include:

- Dedicated critical care or advanced practice organizations or organizational branches
- Active, participatory medical direction
- Dedicated medical control
- Mission specific protocols
- Extensive and specialized initial education
- Continuing education, clinical experience, and skill verification
- Active quality improvement with demonstrated loop closure

Advanced practice is never a level of practice achieved solely through longevity or individual enterprise. While we support addressing these issues inherent in advanced practice in another forum, this forum has yet to be identified and a working time line is not established. We agree that the adoption of skills and roles beyond those proposed in this model will, in most cases, erode national consistency, interstate mobility, and legal recognition for EMS personnel. However, the establishment of a national maximum scope of paramedic practice, without allowance for EMS professionals currently working in critical care, directly impacts the high quality out-of-hospital care this document promotes. It also effectively forces states and providers into the choice of enacting and implementing the National EMS Scope of Practice or continuing to provide EMS critical care to the public. Addressing advanced practice in this document allows states to uniformly adopt the National EMS Scope of Practice. Deviating from these guidelines, even for a small group of specially educated paramedics, places state EMS organizations on the slippery slope of "scope creep" at all levels and for all special interest groups.

Critical care paramedics do not seem to fall under the Specialty Care designation outlined in Draft 2.0. Specialty Care, as defined in this document, is limited to local needs. It applies only to subtle differences in skills,

practice environment, knowledge, qualifications, services provided, needs, risk, level of supervisory responsibility, and amount of autonomy. And, according to the draft, it "...must not be used to change the scope of practice of an individual." Additionally, advanced practice and critical care EMS providers are not disasters, public health emergencies or extraordinary circumstances. They are, in most cases, professional organizations with specific mission statements and well-defined roles within community and regional health delivery systems.

Critical care air and ground paramedics receive varying additional education in the assessment, performance and re-evaluation of the following skills and treatments not included in Draft 2.0:

- tube thoracostomy
- initiation of blood or blood product administration
- paralytic assisted intubation
- manual transport ventilator operation
- arterial blood gases
- escharotomy
- radiograph interpretation

We do not recommend these skills be included in entry-level paramedic scope of practice.

The IAFP fully appreciates the enormity of the project to create a national scope of practice for Advanced Practice Paramedicine. But we emphatically request the inclusion of wording in the National EMS Scope of Practice to exempt advanced practice paramedics and advanced practice or critical care programs from scope of practice limitations pending the outcome of the advanced practice work in progress. The IAFP requests active involvement and representation in the Advanced Paramedic Practice Task Force.

Just as IAFP members dedicate themselves to providing the best critical care available to patients they serve, they thoroughly understand that they are part of a greater EMS community. As such, the strength of advanced practice providers directly reflects the strength of the entire EMS system. The National EMS Scope of Practice is designed to be a consensus document outlining maximum scope of practice for each EMS education level. To that end, we recommend the task force consider:

- EMT: inclusion of insertion of airways that are not intended to be placed into the trachea. (esophageal-tracheal multi-lumen airways)
- EMT: clarification of "ventilation of already intubated patient". This should not include manual transport ventilator use.
- EMT: include transport of a patient with IV access, for example saline or heparin lock.
- Advanced EMT: clarification of "ventilation of already intubated patient". This should not include manual transport ventilator use.
- Advanced EMT: Assessment: include fingerstick for blood glucose determination.
- Advanced EMT: encourage the use of nasal or IM narcan. IV access in patients with compromised vascular integrity can cause undue delay in narcan administration.
- Paramedic: Please include interfacility transports and hospital, remote site or clinic work in the description of the profession.

The International Association of Flight Paramedics is dedicated to representing the professional interests of critical care air and ground paramedics through out the US and abroad. Thank you for your careful consideration of our review and concerns.

We look forward to additional input into this process and any future advance practice paramedic forums.

Sincerely,

Ron Walter,  
President, International Association of Flight Paramedics

*God bless the flyer*

*Who would be flying home tonight*  
**I would give anything**  
*To see that flyer, flying tonight*  
 (Nanci Griffith)

Terry Griffith and I used to sit in dispatch and joke that Texas folk singer, Nanci Griffith was his long-lost aunt and he would be coming into a bundle soon. We were both hardcore Nanci Griffith fans. I used to tease him and ask him not to forget us “little people” when he was a bazillionaire. It would be tough giving up our paramedic careers for wealth but somehow we would suffer through.

Terry’s helicopter went down in March 2000 killing all on board. “The Flyer” was played at his funeral. To this day, I think of him often.

Our IAFP President, Ron Walter presented at the National EMS Memorial Service in May of this year. Close to half of the honorees inducted were flight crews. The National EMS Memorial is located in Roanoke, Virginia and I have the honor to be a part of it through the IAFP. Our goal for this year is to contact all of those programs that have lost crewmembers and invite them to honor their comrades in 2006.

While we miss the friends we have lost, one of the best ways to honor them is to keep their memories alive. An inscription on a chapel wall in Normandy, France states: “Think not only upon their passing, remember the glory of their spirit.”

The IAFP will be sending out invitation letters and will also have information posted on our website for nominations of flight crews to be inducted into the National EMS Memorial.

Please take a moment and learn more about the National EMS Memorial at [www.nemsms.org](http://www.nemsms.org).

Fly safe.

*Greg Winters*

## In Honorarium...

- ❖ **Scott Hyslop, Flight Paramedic**
- ❖ **William Podmayer, Flight Nurse**
- ❖ **Jim Saler, Pilot**

**Died in the line of duty June 30, 2005**  
**Mercy Medical Center**  
**Durango, Colorado**



# The Time It Takes:

**LIFETIME-**To become a safe aircrew member/technician

**YEAR-**To receive a Flight Safety award

**MONTH-** To implement a unit Flight Safety program

**WEEK-** To carry out a formal Flight Safety survey

**DAY-** To conduct Flight Safety training

**HOURL-** To hold a Flight Safety briefing

**MINUTE-** To read a Flight Safety poster

**ONE**

## **SECOND-** To destroy all of the above through a Flight Safety accident

Courtesy of Canadian Forces *Flight Comment*

*We live in a dangerous world, our job can be considered dangerous while performing it, and we are the ones who can make a difference.*

*An Aircraft, Ambulance, medication or piece of equipment not in use- does not present as a threat. It is the attitude using it. All the bells, whistles, gadgets, gizmos, talk, safety patches and pins cannot replace common sense. Medical Mistakes still happen, and Accidents still happen.*

*If you do not have a safety program in place at your place of work- get one. If you do not have a reporting system to address areas of concern and a method to learn from them-get one. If you promote complacency in any manner, you are directly affecting others, their care, and the system-change this now. If you have all of this, please share it with others. Take time to step back and re-examine your product-things do change. A well balanced CRM/Safety Program with team members who are fit and properly trained are the ones most able to perform on a consistent basis.*

*No one remembers the things you do right in this business, but do one wrong thing and they won't forget. Accidents and Medical mistakes will still happen, we need to minimize the risk. Openly communicate with others. This keeps the channels distortion free and everyone on the same page (better known as situational awareness). This includes the guys across the street, or wherever one might be.*

*If you are reading this at work, do your part to see you and others get home. If you are reading this at home, do your part to see you and others get to work, and return. It all starts with you! Without you, there is no next step.*

*There is no silver bullet that will make our world safer. There is just us. Safety programs, CRM, enhanced training, new equipment and all the efforts focused on making things better, still will not create an accident free world. They do make a huge impact on reducing the risk created by human error. That is what we can do; continue to reduce the risk and human error.*

*Take the time to educate yourself, others and keep the process going. The time to establish your process or tweak it is not after an event has occurred. The whole idea is to prevent one.*

*-Complacency & Fatigue **Kill**-*

*Kevin Savidge, NREMT-P, FP-C IAFP, Board of Directors-Military Liaison*

*Disclaimer: The opinions and assertions herein are solely of those of the author and do not represent the official views of Tenet Healthcare, Hahnemann University Hospital, AtlantiCare, The United States Air Force or the Department of Defense*

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