

A PUBLICATION OF THE INTERNATIONAL ASSOCIATION OF FLIGHT PARAMEDICS



INTERNATIONAL ASSOCIATION
OF FLIGHT PARAMEDICS

REVOLUTIONIZING CRITICAL CARE TRANSPORT

FP NEWS

November 2005

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Great News!

IAFP Review Course Coming Soon to a Location Near You!

What's New?

- Rowan Enterprises is now The BACFIELD Group.
- The course has been updated to stay current with the Certified Flight Paramedic Exam!
- New endocrine section helps make sense of these complex medical emergencies.
- More respiratory, cardiac, and hemodynamic information than ever before!
- The same course now helps you prepare for the CFRN exam too!
- This updated course is now titled the Critical Care Transport Certification Review Course.
- All this and sixteen (16) hours of CE, too!

We've listened and taken your suggestions to heart. In an effort to increase access to the official IAFP Review Course, we are updating course delivery, focusing on prescheduled courses in regional centers of excellence.

But the greatest things about your Review course remain the same:

- The same great instructors are with you each course. Anthony and Will offer excellence in education with wit and enthusiasm. The course is full of practical pearls to make each transport smoother, more professional, and focused on optimal patient care.
- The same two-day format helps you assimilate all that information. We also give you plenty of time to ask questions and get individual help.
- The price is still the same. This course was developed by members for members and we continue to make every effort to keep costs down and pass that savings on to you!
- The IAFP, Anthony and Will remain intent on delivering the quality education you expect.

2006 course schedule to be announced soon!
Come see what's new at



www.fpcreview.com

The Flight Paramedic News

Executive Committee

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Jason Hums, CCEMT-P

Loyola Lifestar

Brenda Kubiak, FP-C

ARCH Air Medical Services

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Donald Leatham, CCEMT-P, FP-C

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IAFP Welcomes four new Board Members

The membership elected four new members this summer to the IAFP's 2006 Board of Directors. The following Board members began their two-year term in October following the Air Medical Transport Conference.

Don Leatham, CCEMT-P, FP-C, has been an IAFP member for the last ten years. Over the last three years, he has been the Montana State delegate and has worked closely with the IAFP Board of Directors. In May 2005, Don was appointed to fill a vacancy on the Board. Don began his professional career in EMS over 28 years ago, the last ten as a Flight Paramedic with Life Flight at St. Patrick Hospital in Missoula Montana. He is currently the CAMTS coordinator for Life Flight's certified fixed and rotorwing program.

Brenda Kubiak, FP-C, has been a paramedic for ten years and a flight paramedic for three. She is currently employed by ARCH Air Medical Service in St. Louis, MO. She is involved in Outreach Education, providing onsite education on current trends in emergency care to rural ambulance districts and fire departments free of charge.

Jason Hums, CCEMT-P, has worked for the past twenty years in the urban, suburban and rural settings as a ground and flight paramedic. He holds a Master's degree from New York Medical College and for nine years he worked as a full time educator at the community college and university level, which allowed him to interact with local, state and federal agencies on educational projects and grants. Jason is currently employed by Loyola Lifestar in Chicago, IL.

James Riley, CCEMT-P, has a healthcare administration degree and has fifteen years experience in healthcare. He has worked in hospitals and in the public and private sectors of EMS. A professional firefighter for eight years, he learned to negotiate his way through the political arena to achieve his objectives. He has played integral roles in policy and procedure development and benchmarking paramedic standards in the late 90's for the National Association of EMS Quality Professionals. His five-year career in the air medical industry has enhanced his confidence in education, research and clinical practices for critical care ground, rotor and fixed wing transport. He currently works for Mayo Medical Transport at the Mayo Clinic of Rochester, MN.

We are very fortunate to have four motivated individuals joining the IAFP's Board of Directors. Their experience, commitment, and knowledge of the critical care profession will help the IAFP as it continues to provide its members professional representation, education and development on an ongoing basis.

End of a Great Year – Beginning of the Future

By Ron Walter – Immediate Past President

As AMTC came to an end in Austin, I couldn't help but reflect back over the past year. Wow, what a year it was, the IAFP board was very busy, and has a lot to be proud of. I can remember last years AMTC in Cincinnati like it was yesterday.

At that meeting the board was faced with finding a new account executive. After conducting a national search we hired Monica Newman in February to run the day to day operations of our association. We moved the home office from Salt Lake City, Utah to Snellville, Georgia a suburb of Atlanta. I must say, Monica has fit in extremely well in a very short period of time. She has helped improve the functionality of the web site, supported the board members with their projects and addresses membership issues. During this same period the Association changed its name from the NFPA to the IAFP to better serve our mission and goals. The changes that began this year within the Association are only the beginning, there is much more work to be done.

This year the association has established itself as a voice for critical care transport paramedics. Looking back, once again, at AMTC in Cincinnati we asked our members and sister organizations to help us address concerns with the National EMS Scope of Practice document put out by NHTSA. Through your letters and those from our sister organizations the IAFP was invited to participate as a member of the National Review Team to draft the final version of this document.

While many of our recommendations were included in the final document one major area affecting critical care transport paramedics was missing. The section pertaining to Advanced Practice Paramedics was removed from the final draft because it lacked definition and appropriate application to the needs of the EMS community. Drew Dawson from NHTSA assured us that a separate committee will be established to address the advanced practice paramedic scope of practice late this year. The IAFP will play a very important role in this committee over the next year.

The voice of the IAFP members was also heard on another national issue, the establishment of a U.S.EMS Administration office within the federal government. This issue is just starting to take shape and the IAFP is positioning itself to make the wishes of our members known.

At our meeting in Austin the board voted to establish a formal Government and Legislative Committee to help coordinate efforts within each state on issues affecting critical care paramedics. This new committee will also be working with State Delegates to achieve their goals.

The Association has been involved with two other national projects this year. The Inter-Facility Patient transfer document, completed in September, is designed to help communities develop patient transfer guidelines that will protect the safety of patients and providers. The National Incident Management System through the national credentialing system to add federal, state, and local governments effectively manage domestic incidents by establishing standardized levels of certifications for emergency personnel.

Our membership continues to grow and we have been working hard to keep our membership roles climbing by addressing those issues affecting our members. Over the next year the Association will be developing programs to attract individuals from the critical care ground segment since they share a lot of issues with the flight paramedic segment. We will also be working very closely with the IAFP members in Germany to develop a European Chapter of the IAFP. We hope to have this chapter up and running by next years AMTC in Phoenix. Other projects are underway that will directly benefit our members. The association will be publishing a revised FP-C Review book early next year and has started to develop a Critical Care Transport Paramedic textbook.

It's hard to believe that a whole year has passed and the end of my term as president. I would like to extend my heartfelt appreciation to the entire IAFP board, their hard work and dedication made all of these projects reality. As I turn over the presidency to Gloria Dow for the next year, I'm confident that she will see that these and many more projects are completed in a way that will benefit the members of the association. Gloria and I have made it our goal to grow this Association professionally and undertake projects that have a direct impact on the interests of our members and the critical care paramedic.

I'm looking forward to my last year on the board as the past president and ask all our members and fellow paramedics to please keep safety first. Remember safety starts with you.

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 has been said to 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? By showing that you want your employees to be kept up to date of goings on in the critical care transport community they will want to raise the standard of care and professionalism.

IAFP Board Meeting Update...

Austin, Texas October 2005. Before the lectures, before the labs, before the dinners and even before the parties, the IAFP Board of Directors were meeting to discuss the year in review and the direction the Association will be taking this coming year.

2006 is a very important year for the IAFP, for we will be celebrating our 20th Anniversary, representing a profession we love and strive to improve. The board of directors is working very hard to create opportunities, education, representation and unity in all areas of the ground and air transport industries.

On behalf of the Board, as the President Elect, I would like to share some of the plans and visions that the board is currently working on. The membership is stronger than ever. The renewals and new membership are keeping our account executive, Monica, very busy. Please continue to share the word of the Association, for; in numbers we can make even greater strides.

The website will receive a facelift in the near future. We have found that the opportunity to correspond with the membership is more efficient and timely through the use of the website. The contact information of the Board, the updates for educational offerings, membership message board, purchasing IAFP apparel and a whole lot more can all be done through the website. The elections and the Newsletter this year, and in the future, will be done over the Internet. This "Paper or Pixel" project, not only allows the Association a cost savings, but allows us to reach our members, nationally and internationally, in a judicious timeframe.

National Scope of Practice was another topic that is of great interest to the members and the Board. The Board is strongly in favor of this position and the direction of its content. To view a draft of this position please visit our website. Although the interfacility guidelines have not yet been available for print, please log in to the website for updates.

AAMS Vision Zero will be on the website please make yourself familiar with it. The AMSAC meeting this past May had a huge turnout and the FAA gave a presentation on safety system/risk management. Please remember....safety is a responsibility for all of us.

In the education corner; IAFP will be creating a FP-C review textbook and exam review book. The Bacfield Group will be coordinating and orchestrating the review class for the FP-C exam. We will keep you informed of future classes and the development of regional testing sites which will be posted on our website and on The Bacfield Group website at www.fpcreview.com.

To memorialize those that have fallen over the year, Ron Walter, Immediate past President, represented the IAFP in Roanoke Va., this past May. A letter of sympathy has been and will continue to be sent out to the families and the programs that have suffered such tragic losses. May God bless those that were taken from us and continue to watch over the rest of us.

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The IAFP has a new brochure!!! Fresh pictures, vibrant colors and a clear depiction of what we represent, and what membership grants you. Please ask the main office for a few and spread them around. The more members we have the stronger our voice is in representing our profession.

The State delegate program is stronger than ever. If you are interested in becoming a delegate in your state, please contact board member, Jim Reeves, through the website, and express your interest. With a membership that has swelled to over 1000 members, there is no reason why we could not have at least 2 delegates per state. We are in the process of creating as Government and Legislative Committee--again with Jim Reeves as a lead. We need to have representation nationally.

By Anthony Pellicone, IAFP President-Elect

Proposed By-Laws Changes

ARTICLE I

2. Types of Members

- a. Active Members. An active member is a credentialed paramedic or military medic engaged in the business of providing transport to ill or injured patients by land, air, or sea as a critical care or “advanced practice” paramedic. Persons admitted as active members may vote on all matters brought before the membership for a decision and are eligible to hold any office provided for in these by-laws. If an active member leaves the critical care/ “advanced practice” transport industry, that member shall be granted a grace period of (12) twelve months to re-enter the critical care/“advanced practice” transport industry.

ARTICLE III

1. Annual Meetings. The Corporation shall hold an annual meeting for the purpose of receiving reports from its officers, directors and committees; as well as the transaction of any other scheduled business. Notice of this meeting shall be mailed to each member at their last recorded address, or sent electronically to the last recorded email address at least ten (10) days prior to the appointed meeting time. All notices of this meeting shall specify the location, date, time and purpose of said meeting.

5. Voting. Each member shall be entitled to only one vote for each matter submitted to the members. If the manner of deciding any questions has not otherwise been prescribed, it shall be decided by majority vote of the members through electronic/online voting or by proxy.

ARTICLE IV

17. Government & Legislative Affairs Committee Chairperson The Board of Directors of the IAFP shall appoint from its membership a delegate to serve as chair of the Government & Legislative Affairs Committee. This delegate shall serve a term of three (3) years. This delegate may serve a maximum of two (2) terms. The candidate for Government & Legislative Affairs Committee Chairman shall come from the sitting Board of Directors or will have served on the Board of Directors within the past two years. If there are no candidates that meet these pre-requisites, the G&LAC Chairperson shall be appointed from the general membership of the IAFP. The G&LAC Chairperson will hold a non-voting status on the Board of Directors of the IAFP, but will otherwise be expected to participate in board activities.

ARTICLE V

5. Government & legislative Affairs Committee The Government & Legislative Affairs Committee shall be established by majority vote of the Board of Directors with the mission of educating elected officials, legislators, policy makers and other decision makers regarding emergency medical services, air medical & critical care transport and issues affecting the paramedic profession. The Government & Legislative Affairs Committee will educate IAFP members as well as others associated with the paramedic profession regarding issues, policies and/or legislation that would alter, enhance, harm or otherwise impact the paramedic profession. The Government & Legislative Affairs Committee will serve as a voice for the members of the IAFP and paramedic professional alike at the local, state and national levels. The Government & Legislative Affairs Committee is a non-partisan, non-political committee that neither endorses nor opposes candidates for political office, nor endorses or opposes proposed legislation. The Government & Legislative Affairs Committee shall consist of as many as five (5) members,

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including the chairperson. Committee members shall be appointed by the Board of Directors to serve a term of three (3) years. Members may serve for a maximum of two (2) terms. Meetings of this committee shall be conducted in the manner provided for in ARTICLE V, Section 2.

**Comments on By-law changes should be submitted to: gtdow@flightmedicmail.com or monijn@yahoo.com.
Deadline January 15, 2006.**

CAMTS Update

Jonathan Gryniuk FP-C, IAFP CAMTS Representative

Reprinted and edited from content found at www.camts.org

Executive Summary – CAMTS Board Meeting – July 22-24, 2005

The Board of Directors met in Vancouver, BC. Dr. Ralph Rogers welcomed the new Board representative for International Association of Flight Paramedics – Mr. Jon Gryniuk. Mr. Gryniuk is currently the medical base supervisor for Life Net of New York in Albany, New York. Mr. Gryniuk actually took a brief hiatus from the Board while he served as President for IAFP and became a CAMTS site surveyor. The Board also voted on a new Secretary to the Board. Ms. Jan Stordahl (ASTNA representative) was elected to complete Ms Tammy Bauer's term until July 2006. Executive Board members are elected by the full board and serve two year terms. Ms Bauer (representing AACN) resigned from the Board after serving since 1998 and has been Secretary to the Board for the past 5 years. Ms Bauer will pursue a career change and will begin attending nurse anesthetist school in August. The Board also decided to divide the position of secretary and have a recording secretary who is primarily responsible for minutes at all meetings and conference calls. Ms Teri Norton (representing NAACS) was elected as recording secretary.

There were 17 accreditation deliberations and 8 progress reports reviewed by the full Board. The Executive Board reviewed 5 progress reports. Of the accreditation deliberations, the following services were awarded accreditation:

Newly accredited:

Air St Luke's – Boise, ID - RW/FW/G

Reaccredited:

Air One – Tyler, TX - RW

ARCH Air Medical Services- St Louis, MO - RW/FW

Critical Care Transport – Birmingham, AL - FW/G

Eagle Air Med – Chinle, Kayenta and Window Rock, AZ - FW

Flight For Life – Denver, CO - RW/FW/G

Flight For Life – Milwaukee, WI - RW

LifeNet of Kentucky – Frankfurt, KY - RW

Portneuf Life Flight – Pocatello, ID - RW/FW

REMSA – Reno - RW/G

In addition, the Board approved the 2006 budget as presented by Treasurer, Mr. Dudley Smith (AAMS representative).

Ms Karen Rogers presented a report on recent surveys and scheduling complications as well as performance improvement tracking from the past cycle of site visits. Two programs were reviewed by two independent Board members without the ability to consult with each other prior to the meeting. Results were almost identical even though the board members did not speak or confer prior to the meeting.

Ms Frazer provided a summary report from the ACCESS database and discussed AirMed 2005 in Barcelona last month.

Meeting adjourned at on July 24. The next Board meeting will be held in Austin, TX – October 21-22, 2005.

2005 IAFP Leadership Reception

The Iron Cactus, on Austin's famous Sixth Street, was the venue for the 2005 IAFP Leadership Reception. While we arranged for food and beverage, your enthusiastic participation ensured success. The exchange of ideas and information from all part of the country was amazing. Our European members added a unique perspective to many discussions.

We are already planning a very special event in Phoenix at the 2006 AMTC. Plan on helping us celebrate the 20th Anniversary of the International Flight Paramedic Association / National Flight Paramedic Association.

The IAFP gratefully acknowledges the Leadership Reception support from the following programs and vendors:

IAFP Leadership Reception Sponsors



Important Dates:

- Comments on By-law changes should be submitted to monijn@yahoo.com.
Deadline January 15, 2006.
- Next General Membership Meeting: AMTC, September 24, 2006 1700-1800
- Next Board of Directors Meeting: CCTMC, April 2, 2006, 0800-1800

FP-C

Future Critical Care Transport Certification Reviews (Conducted by the Bacfield Group):

January 17-18, 2006	0900-1800	Clarian Health Partners, Indianapolis, IN	To Register call (770) 979-6372
March 31-April 1, 2006	0900-1800	CCTMC, Las Vegas, NV	To Register call (770) 979-6372

Future FP-C Exams (BCCTPC):

January 20, 2006	1400-1600	Clarian Health Partners, Indianapolis, IN	To Register call (770) 979-6372
April 2, 2006	0800-1000	CCTMC Las Vegas, NV	To Register call (770) 979-6372



University MedEvac – AtlantiCare Hammonton Municipal Airport, NJ

By: *Kevin Savidge, NREMT-P, FP-C IAFP, Board of Directors*

June 20, 2005, marked a new opportunity for University MedEvac in New Jersey. Their latest expansion is with a Eurocopter BK-117, their sixth aircraft, located at the Hammonton Municipal Airport (N81).

Since 1987, the air medical transport program at Hahnemann University Hospital has been providing critical care air transport for the patients in eastern Pennsylvania and New Jersey.

The service now responds from within the state of New Jersey, providing both on-scene and inter-facility transports. There are several advantages of this placement – the most important one is a reduction in response times for critical care patients. The aircraft is staffed by a Pilot, Flight Nurse and Flight Paramedic 24 hours a day, 7 days a week.

This enhanced response location is important in reducing patient mortality and improving outcomes. University MedEvac will provide service to the State of New Jersey operating from the strategic hub located in southern half of the state hosted by AtlantiCare Regional Medical Center.

AtlantiCare Regional Medical Center City Division is a an accredited Trauma Center in Atlantic City New Jersey which treated over 1,500 trauma patients in 2004. The Mainland Division is located in Pomona. AtlantiCare MICU provides Advanced Life Support Care to over 360,000 residents and visitors to the ever growing Atlantic & Cape May counties. The MICU answered over 27,000 calls in 2004.

University MedEvac is a joint venture between the Lehigh Valley Hospital and Hahnemann University Hospital operating 6 aircraft, including two - single pilot IFR Sikorsky S-76 helicopters and 4 BK-117's operated and maintained by Keystone Helicopter Corporation in West Chester Pennsylvania. Since it's inception in 1981, the program has transported over 38,000 patients.

A Salute to the Air Medical Community---*Ubuntu*

As we go through our busy lives we tend to get focused in only on the details of our particular worlds. For me, graduate school, work, and family life is all consuming of my time. It is easy to lose focus of why we do what we do as flight medics as we struggle through the everyday challenges of our lives. I know many of you are just as busy, if not busier with your schedules. As paramedics, we tend to be workaholics. It is easy to lose sight of the air medical community we operate in.

I traveled to South Africa this summer with one of my professors and encountered the warm African concept known as *ubuntu*. Roughly translated from Zulu, this means community or family. Noble Prize recipient, Bishop Desmond Tutu says that *ubuntu* is more than just a word for community but is the very essence of humanity—what affects one affects us all.

I saw the community we are a part of in this industry come together and work like family during the recent hurricane evacuations. Business competition and rivalries were suspended as we rolled up our sleeves and went to work.

With hurricane Katrina, we flew into Tulane hospital and I was humbled at the nonstop effort I witnessed by air medical programs from all over the country. We were just one of many. The same thing happened later on with hurricane Rita.

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We flew into Galveston and landed amid multiple aircraft—both fixed wing and rotor wing. Genuine smiles of welcome sprang up from those we knew and even those we did not. I lost count of the times I heard “Fly safe”.

Between the multiple air medical programs, countless patients were transported out of harm’s way. Many flight paramedics assisted in countless other ways such as staffing aid stations and EOCs. I came home truly proud to be a flight paramedic and to be a part of this community.

I am sure many of you feel the same way. I salute those involved with aiding during these disasters, both directly and indirectly. Let’s continue to foster the sense of *ubuntu* as we settle back into our normal routine. Be proud of yourselves for a job well done. We are a relatively small family of flight paramedics; watch out for each other.

Fly safe.

Greg Winters BAAS, LP FP-C

CCTMC 2006

Harrah’s Las Vegas Hotel & Casino
Las Vegas, Nevada
April 3-5, 2006

- **Critical Care Transport Certification Review Course**
- **FP-C Exam**

Come learn how to manage Acute Aortic Disease, Abdominal Compartment Syndrome, CHF, Airway Emergencies, Endocrine Disorders, Cerebrovascular Accidents, Head Injury, IABP and much More! Hear from our military colleagues on air evac issues.

Pre-registration deadline is March 31, 2006.

Presented by: **AMPA ASTNA IAFP**

With Participation by: **NAACS**

CCTMC 2006 Call for Abstracts

Reed Brozen, MD

Thomas J. Doyle, MD

The Critical Care Transport Medicine Conference (CCTMC) will once again feature a Scientific Forum with poster presentations of original scientific research. Poster presentations will be formally judged during the conference on April 3, 2006, and an Outstanding Research Award bestowed. Efforts are being made to publish accepted abstracts in the *Air Medical Journal*. Abstracts presented at other meetings during 2005-2006 will be considered. If abstracts have been published prior they will not be republished in the *Air Medical Journal*. Our goal is to nurture and provide an appropriate forum for research in air medical transport.

Deadline: February 10, 2006; Noon EST

Abstracts must be sent as E-mail attachment in MS Word format (Macintosh or Windows) without names or institutions listed. Objective, methods, results and conclusion sections should be included, 3200 maximum number of characters allowed (including spaces). Use single line spacing. Leave one line of space between paragraphs. Left justify all text. Word document should have 1 inch margins, and text in Times font, 12 point size. Please use the “word count” feature under “Tools” in Word. The E-mail cover should list names of participants in the study, institutional affiliations, funding sources, and identify the person who will present the poster at the conference. In addition, the E-mail cover must state whether or not the abstract has been or will be presented and/or published prior to April 2006. The reference must be supplied. Submissions should be sent to Reed.Brozen@dartmouth.edu and must be received by noon EST on February 10, 2006.

AMSAC Report

“Safety Above All”

The Air Medical Safety Advisory Council (AMSAC) meets semi-annually, once in the spring and again at the AMTC in the fall. The spring meeting was held May 3-4, 2004 in Addison, TX.

This was the largest attended meeting they have ever had with over fifty in attendance.

There was a brief discussion of the current Recommended Practices that were approved previously by the AMSAC. The list of current and approved Recommended Practices is as follows:

RP1 – Safety Roundtables

RP2 – Discourage use of Launch times as Competitive Tool

RP3 – Medical Crew Rest Guidelines

RP4 - Rotorcraft VFR Weather Minimums

FAA Advisory Circular Draft – Air Medical Resource Management (AMRM)

Recommended Practices are published under the direction of the Air Medical Safety Advisory Council (AMSAC), and can be found on their website, www.amsac.org. RP's are a medium for discussion of aviation and medical operational safety pertinent to the Air Medical Community. RP's are not intended to replace corporate judgment, Federal Aviation Regulations, Company Operations Manuals, or Organizational SOP's. Suggestions for subject matter are cordially invited.

There was discussion on Data Collection and the need to improve the process so that more accurate data can be used to assess the EMS community with regard to accident rates.

The FAA made a presentation on System Safety and Risk Management. The group felt that the information was very useful and informative, however, it was lacking the EMS component. A suggestion was made to include EMS specific information at future meetings. The council was very appreciative of the FAA and NTSB for their presence and participation.

Several groups in the audience voiced a concern about the effects of growth and expansion of programs on our community:

AAMS was concerned about the quality of the workforce.

National EMS Pilot's Association (NEMSPA) is working on a standard skill set and qualifications for EMS pilots.

CAMTS discussed findings that the expansion of bases is outpacing the expansion and training of management and safety resources.

There was some discussion on an EMS Pilots Certification process similar to the Medallion Program in Alaska regarding weather certification. There will be further discussion at later meetings.

There was a request for AMSAC to look into a Recommended Practice concerning flights that are turned down due to weather and notification of neighboring programs in order combat helicopter shopping.

There was a brief discussion on the need for a Recommended Practice on maintenance safety in EMS. It was pointed out that AAMS/CORE Safety committee has a position paper on that.

The next AMSAC meeting is scheduled for October (date and time yet to be announced) at the AMTC in Austin, TX.

Other News: **VISION ZERO** (Continued on next page)



AAMS has adopted Vision Zero as our community's safety program. Vision Zero was originally developed in Sweden to bring the motor vehicle accidents involving fatalities and serious injuries to zero. The concept is that every member of our community must commit to Zero Errors of Consequence with no fatal crashes or serious injuries. As a community we must agree to a system of measurement and commitment in order to implement the best practices that will enable us to reach this goal.

A steering committee has been assembled to start the ball rolling and give direction to Vision Zero. All facets of our community are represented through all of the affiliated organizations. If you want to be more involved in the Vision Zero process, or if you have any suggestions for the steering committee, contact Blair Beggan at bbeggan@aams.org.

Vision Zero has a webpage at <http://visionzero.aams.org>.

The goal of Vision Zero is for each and every one of us to live and breathe Vision Zero every day, every hour, every minute, and every second. We must work together to achieve Vision Zero – Zero Errors of Consequence!

Be safe and grow old.

*Cliff Larrabee,
NFPA Board Member at Large*

What's your Flight Paramedic Number?

By Brian Wall

Recently, I had the opportunity to have a long conversation with several air medical colleagues. The topic of flight paramedics came about and after much discussion, it was summed up that flight paramedics fall into three types.

The first type of flight paramedic is a career professional. They remain involved in supporting their profession and their program. These individuals "step up to the plate" when needed to and are very goal oriented. These paramedics are generally well known and respected in the profession and are constantly raising the bar when it comes to performance. This paramedic supports the team idea and is not the "airway" person nor the person to "carry the bags". This individual tries to remain current in the latest procedures, trends and gains as much education as possible to further patient care. This paramedic exercises his right to question the validity of a mission during marginal weather conditions or when safety is otherwise compromised.

The second type of flight paramedic is the individual that has found a higher paying job that is more fun than working at a ground service. This 'money medic' goes to work, does his/her job and goes home to await the direct deposit paycheck. They remain at a primary understanding level of many aspects of air medicine. The equipment is not used often and some of the more specialized equipment is often not understood. This individual relies on their partner to handle the charting and is primarily the "airway" person and "bag carrier". Some of the service's medications may be foreign to this individual. This is the team member that must be carried, doesn't complete the daily checks and often leaves the expired medications where they lay. This paramedic will never question the decision of the pilot to take a mission, regardless of the thunderheads looming on the horizon.

The third type of flight paramedic is the egomaniac. This individual became involved in the air medicine environment due to the feeling of superiority over the standard ground services. This individual normally introduces themselves as "flight paramedic" to everyone. This team member normally primps like a peacock when in his flight uniform. This individual knows the equipment and the protocols but not the appropriate times to use them. This paramedic generally tells everyone about all their good calls and takes every opportunity to do an invasive procedure and give a very detailed account of it. Quite often this person takes great latitude with the expansive protocols that we operate under and aggressively treats patients who do not

Continued on page 12

require the advanced procedures. This paramedic dares the pilot to take a mission and enjoys when the pilot pushes the performance of the aircraft to perform hazardous low-level stunts.

My question is which type of paramedic do you want to be known as? We have all seen some bit or piece of these three in ourselves at one time or another. The big question is which category do you fall into? Do you sit in the background and go along with the flight? Do you often look sideways into a mirror when you're wearing your flight uniform? Or, are you involved on the front line and participating actively in everything you can? On weather days or during down time, do you watch TV or research the most current trends in air medicine? Are you always willing to learn a new way to do something or improve your personal practice?

So, what is your Flight Paramedic number? I would hope the vast majority of us fit into the first category as opposed to the other two. It doesn't mean that you can't be proud of your flight program or proud of your flight suit: as long as you know every drug in your drug box, every piece of equipment on your aircraft and adhere to strict safety standards. I urge and I challenge each and every one of you to be that career professional paramedic. Step up and be involved!

How to Submit For AMTC 2006

Have you attended AMTC, CCTMC, or other similar venues? Were you impressed, awed, or perhaps inspired by any of the speakers? I hope the educational and lab sessions make you think – think about your practice, your program, and your air medical and critical care community. I also hope they evoke some contemplation. “What do I do well?” “What do I know well?” “What could I share with others?”

I haven't even finished unpacking and I'm talking about next AMTC. I'm still humming blues music and looking for the bats at dusk, y'all. So why I am writing to you about AMTC 2006 in Phoenix? It's because I want you to be there. I want you to present at AMTC. And the submission deadline is looming!

Still with me? Well in order to present, you must be selected... And in order to be selected, you must submit.... And in order to complete that submission, you must meet, or beat, the **DECEMBER 16, 2005** deadline!

To increase your chances of selection, I've compiled some basic tips. For the legal department, following these guidelines doesn't guarantee acceptance. (Nothing guarantees acceptance!) But come selection time, these are some of the things the education committee looks for.

- **Complete the form.**

AMTC speaker submissions are electronic. Note: The system is designed so you can't submit an incomplete form. It is not designed so you can't submit incomplete or wrong information. Make sure you answer the question that is asked. Answer it completely.

- **Objectives.**

If you don't know how to write course objectives, find help from someone who does! This is a basic tenet of education. If you don't get it right, it is fair to assume you may not get some other educational tenets right. Formal objectives include 5 things:

- Who
- Will do what
- By when
- With what degree of accuracy
- As measured by what evaluation tool.

Less formal objectives generally follow the following format:

“By the end of this presentation participants will be able to:

- List...
- Discuss...
- Contrast...
- Integrate ... into his or her air medical practice.”

Insert appropriate objectives containing action verbs and measurable terms.

- **Spelling, grammar, and punctuation.**

People assume your submission is prepared with the same care and effort as your presentation. If y Continued on page 13
grammar and punctuation errors on your submission, well... Spell check is not enough. When writing about "public"
policy, leave out the "I" and the word slips right by spell check.

- **Topic.**

Choose your topic wisely. Choose something you are really interested in. Muster a little passion, if you can. Narrow your topic to one that can be introduced, discussed and summarized in 50 minutes. Make it broad enough that you'll still draw an audience. Your topic should be current.

- **Work from the theme.**

The theme for 2006 AMTC is Shaping the Future.

- **Target the audience.**

You will be speaking to air medical professionals. In almost every case, they already have the basics: anatomy, oxygen masks, or IV site selection. You may review these at the beginning of your presentation-if you must- but move on quickly. AMTC participants attend to learn something new. Advanced clinical information is always better than basic.

- **Are you an expert on your topic?**

Your credentials and experience should reflect this. Why did you choose this particular topic?

- **Are you the expert on your topic?**

When many people submit to speak on the same topic, all else being equal, the education committee looks for the expert!
HINT: You are always the expert on your own case study. If you treated the patient, did the research, and related critical care treatment to patient outcome- you're the expert!

- **Are you an adept presenter?**

Use your submission to demonstrate that you are an accomplished speaker. At least some of your presentations should include material you've prepared yourself.

- **To co-speak or not to co-speak, that is the question?**

Co-speakers can be a boon or an albatross. To push towards the positive, choose someone whose style compliments yours. First time submission? Choose a co-presenter with a great track record! A medical team member who really wants to speak on autorotation? Ask a pilot to co-present.

- **How much time?**

Ask for 50 minutes. I know. The form gives you the option. Generally, the committee does not. It is the rare orator who can keep rapt attention for more than an hour.

- **A catchy title always helps.**

Make it short, descriptive and something that catches the eye and the imagination.

- **Experienced speaker – give us something new!**

Are you a critical care or air medical education institution? We love you. We'd love you even more if you'd give us some new material to choose from. No matter how good, AMTC rarely uses the same presentations 2 years in a row. (The same goes for presentations from CCTMC.)

- **Find an honest proofreader!**

Forget nice. Look for someone who knows his or her stuff. More importantly, find someone who will be bluntly honest. Then show them this list. Ask them to proof a hard copy of your submission.

Finally, submit – **before December 16!** If you're not sure whether the submission went through, email AAMS to check.

Best of luck. See you in Phoenix!

Gloria Tavenner Dow

President, IAFP

AMTC 2006

Phoenix, AZ

Air Medical Transport Conference

September 25-27, 2006

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**National Registry of
Emergency Medical Technicians®**
THE NATION'S EMS CERTIFICATION™



COMPUTER BASED TESTING BOOSTS FLIGHT PARAMEDIC REPUTATION

Flight Paramedics make critical decisions on a daily basis that affect the lives of patients. They must act quickly and expertly. Members of the IAFP are proud of the role they serve in developing standards for critical care paramedic education and establishment of a nationally recognized credentialing process.

The transition to computer based testing (CBT) by the National Registry of Emergency Medical Technicians (NREMT) scheduled for January 1, 2007 will complement the IAFP's dedication to professional excellence.

Computer based testing is not a new concept. The National Council of State Boards of Nursing implemented CBT on a national basis in 1992, and as a result, today's nurses are benefiting from the advantages of CBT. The NREMT is committed to bringing these same benefits to flight paramedics.

What are the Benefits of Computer Based Testing?

The NREMT conducted extensive research for two years and received broad input before making the decision to adopt computer based testing. The recommendation made to the NREMT Board of Directors was that transitioning from a pencil-and-paper examination to computer based testing would bring a number of benefits to EMTs across the country:

- In most cases, exam results will be available *the next business day* instead of four to six weeks
- Exam candidates can now *test when they are ready* instead of testing on a date established by someone else's schedule
- Exams can be scheduled at an approved testing *location and time that is most convenient* for the candidate. Hundreds of testing centers are located across the country.
- Testing centers are *highly secure environments* with many processes in place to protect the integrity of high stakes testing. This provides additional credibility to the EMS profession
- *Easier registering and scheduling* of the exam can now take place online
- CBT allows for Computer Adaptive Testing (CAT)— *one of the most accurate methods for determining competency* of a candidate

How is Computer Adaptive Testing (CAT) Different from Computer Based Testing?

CAT is a key factor in the transition to computer based testing and will help move the EMS community to a higher level of professionalism. With CAT, a computer algorithm determines the difficulty level of a candidate's next test question, based on how the previous question was answered. Computer adaptive exams

- are customized according to the candidate's ability
- are individualized according to the candidate's performance
- target the questions' difficulty to match the candidate's performance
- measure every candidate against a predetermined minimum competency level

“We believe the EMS community deserves the benefits Computerized Adaptive Testing offers,” says NREMT Associate Director Gregg Margolis. “This superior form of testing is quickly becoming the ‘standard of care’ when it comes to high stakes testing.”

Affirming the benefits of CAT is Mountain Measurement, Inc. CEO Brian Bontempo, Ph.D., who currently serves as Psychometric Consultant for the NREMT. “Virtually all cheating and security issues related to high stakes testing can be eliminated through Computerized Adaptive Testing,” Dr. Bontempo states. “Much more information about the competency of a student can also be gained in the same amount of testing time as linear or pencil-and-paper tests.” In the case of high stakes testing, this more precise method of testing greatly reduces the potential of jeopardizing the integrity of flight paramedics.

Desiring to keep the EMS community at pace with other medical professions, the National Registry is eager to adopt CAT beginning January 1, 2007. “This is the direction in which most certification agencies are moving,” explains Mr. Margolis. “Linear testing was acceptable when there were no other tools available. However, we are committed to employing the most reliable method of testing, and believe it is our responsibility to adopt Computerized Adaptive Testing.”

As 2007 draws closer, the EMS community including EMS educators will receive detailed information regarding the transition to computer based testing. They will receive information regarding how exam candidates can register and schedule their test online, test date selection, testing site selection, taking the test on a computer, and obtaining test results.

“The NREMT is committed to EMS excellence,” says Mr. Margolis. “We want to make sure every candidate who passes the NREMT exam has reached a minimum level of competency. We believe this supports IAFP in their development of standards for critical care.”

In Honorarium...

Christoph 51, Weilheim Germany

- ❖ *Thomas Kirchner, Pilot*
- ❖ *Dr. Ulrich Meyer, Physician*
- ❖ *Georg Friedrich, Flight Paramedic*

Red Cross Air Mercy Svs. Haarlem, South Africa

- ❖ *Jeremy Wood, Pilot*
- ❖ *Paul Alexander, Emergency Services Worker*
- ❖ *Carlo Juries Emergency Services Worker*

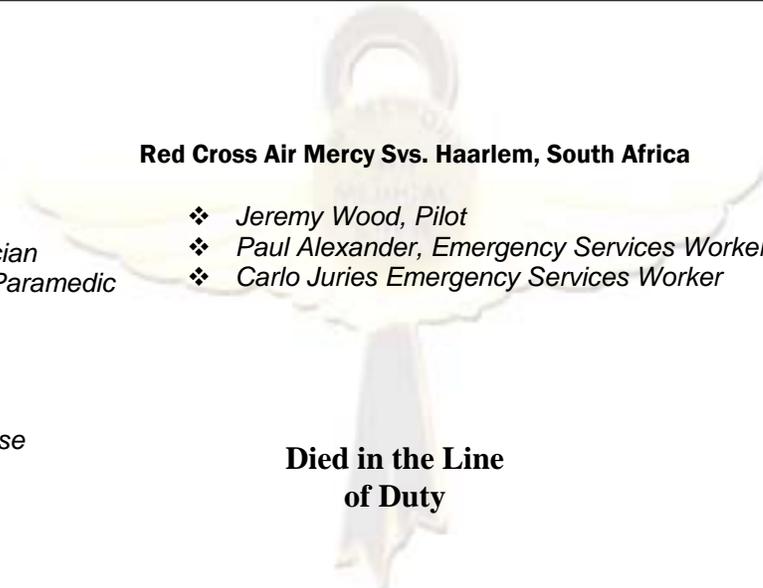
Air Lift Northwest, Seattle, WA

- ❖ *Stephen M. Smith, Pilot*
- ❖ *Louis Susuki, Flight Nurse*
- ❖ *Erin Reed, Flight Nurse*

LifeStar, Erie, PA

- ❖ *Heinz Schulz, Pilot*

**Died in the Line
of Duty**



The Chill is in the Air

Now that most of us have had a taste of the brisk chill in the air. Here is a brief review when battling the elements. Cold weather can be an analogous term. If you are in the southern tip of Illinois, the cold may mean 40 degrees. In the northern tip of the state, it can mean 20 degrees below. Regardless of the geographical region, cold air can strike leaving us devastated in its realm.

Whether at a scene awaiting extrication of a patient or hot loading a patient, exposure to the elements can cause cold injuries in minutes. Cold injuries can typically be classified as: *Freezing and Non-freezing injuries*.

The freezing injuries are frostbite in its various degrees of severity. Non-freezing injuries include chilblains, immersion foot and hypothermia.

Chilblains and immersion foot are a result of exposure to temperatures above freezing, typically less than around 40 degrees. The injuries are a result of reduced tissue perfusion from constricted vessels in the cold wet air. Signs and symptoms usually experienced are paresthesias, pale wrinkled skin, followed by swelling, hyperperfusion and pain (when rewarmed). As with any tissue that has reduced perfusion, complications from prolonged cold exposure can easily damage muscles and nerves if localized and even lead to death if generalized. As the weather drops further into the freezing temperatures, frostbite is represented by the freezing of the fluid on the skin and tissues beneath. Injury or destruction of skin and underlying tissues, most often those of the nose, ears, fingers, or toes are most susceptible to injury due to less blood flow in these areas. These appendages can be difficult to protect without limiting or compromising their function. The severity of frostbite is similar to that of burn injuries, characterized by 1st, 2nd and 3rd degree injuries.

Hypothermia on the other hand, when the body temperature is lowered, can be a result of several etiologies, in this situation should our bodies inhibit the ability to generate heat needed, and our temperature begins to drop. The normal response is to shiver, but at body temperatures around 95°F the shivering stops. With a continued reduction in our temperature loss of coordination, memory and consciousness ensues.

Although several factors may be present, preparation for the elements is key. Layering can provide several barriers from the elements as well as help you retain your body heat and prevent the perspiration on your skin. The idea is to have layers that you can easily take off if conditions change. The layers should be premeditated. Each serving a function.

Your first layer should consist of a thin synthetic material, such as microfibers, this pulls or wicks the perspiration from your body and holds the moisture close. The second layer should consist of an insulation layer, such as a lightweight fleece, which can be water resistant. The third layer should be the shell, try to find one that is water and wind proof. Don't forget your hands and feet, which are the farthest points from your heart and the least insulated. Try to employ the same three-layer system as above. Your head can also lose heat when exposed to the elements. Caps that wick away moisture would serve the best.

Most importantly have a safe and happy start to your new year. Stay warm, the coldest months are among us here in Illinois.

*Joseph M. Bunch CCEMTP, NREMTP, FP-C NFPA Illinois Delegate
Air Angels Inc.*

Share the FP News! Print your electronic copy, post it at work...share with those who are not members and encourage team involvement. Next issue...February.