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HOW WILL YOU CELEBRATE EMS WEEK?

BY TRACY MILSAEBECK

As you plan for EMS Week 2018, it’s helpful to reflect on how other organizations throughout the country honor and inspire the fire and EMS professionals who put their lives on the line every day. EMS leaders emphasize that it’s not just about celebrating and paying tribute to those who serve, but it’s also a time to educate the public on how the EMS system works, and to remind citizens about the valuable and indispensable roles that all EMS services play in the community.

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References:

¹ Teleflex Internal Data on File 2014.
⁴ Philbeck TE, Miller L J, Montez D, Puga T. Hurts so good; easing IO pain and pressure. JEMS 2010;35(9):58-69. Research sponsored by Teleflex Incorporated or its affiliates.

*Based on adult proximal humerus data.
“For us, EMS Week is as much about celebrating the EMS worker as it is about celebrating how we provide EMS to our community in our ALS fire-based model,” says Jenkins.

Schaeffer believes that EMS Week is the ideal time to explain how EMS services operate differently in every community, county and state. “There are private transport services, first response services, fire-based services, third-party services—career, volunteer or combinations, and literally an almost infinite number of variations. Communities throughout the United States that are fortunate enough to have an EMS system, regardless of its type, should take the opportunity to educate the public about how their system works, its governance, its capabilities, and especially celebrate the responders.”

Schaeffer explains that the week is also about making community connections through valuable outreach programs such as stroke and chest pain awareness, CPR training, injury prevention and bicycle safety.

A TIME TO CELEBRATE, HONOR AND RECOGNIZE

During EMS Week, organizations across the country celebrate and honor providers with pancake breakfasts, BBQs, parties, gifts and award ceremonies. These events give fire, police and EMS team members an opportunity to relax and bond with co-workers, hospital staff and executives.
Schaeffer believes it’s a lot about executives and healthcare partners simply reaching out to responders. “In the Spokane Fire Department, our executive and legislative branches come together and recognize the responders and the week with a proclamation recognizing EMS Week to acknowledge the pride for our organization and services we deliver.”

“EMS Week is not only a celebration, though, it is an opportunity. The opportunity is one of education and awareness for the community and a chance for us in organizational leadership to say thank you to the talented professionals who provide the best medicine possible in our streets every day,” says Schaeffer.

THE ROLES AND GOALS OF LEADERSHIP

Charles A. Blankenship, Manager of System EMS Transport in the Asheville, North Carolina area also believes the week is really about leadership taking extra steps to recognize employees and partners. “Both our leadership team and the ED leadership team do a lot of additional rounding on staff during the week. Our health system leadership does some social media posts and thank yous during the week as well,” says Blankenship. “In short, we try to make them feel appreciated for the special people they are, to choose EMS as a profession and spend their days helping others.”

“People are at the heart of EMS, and EMS Week gives us the opportunity to ensure every EMT and paramedic understands their importance,” says Moreland.

“EMS Week is not only a celebration, though, it is an opportunity. The opportunity is one of education and awareness for the community and a chance for us in organizational leadership to say thank you to the talented professionals who provide the best medicine possible in our streets every day,” says Schaeffer.

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“The most important aspect of EMS Week is to show appreciation to the ambulance crews who give so much to the job to ensure our patients are taken care of,” states Tracy Moreland, NRP, Operations Manager with Baptist Ambulance, a Priority Ambulance company in Booneville, Mississippi. “EMTs and paramedics are in demanding, fast-paced jobs that require compassion and skill to provide exceptional patient care. In the service of patients, our crews sacrifice, but their efforts can go unrecognized,” believes Moreland.

The goal of her department is to make sure that every employee feels celebrated and appreciated through appreciation gifts, meals and awards. “People are at the heart of EMS, and EMS Week gives us the opportunity to ensure every EMT and paramedic understands their importance.”

No matter how your organization chooses to commemorate the week, what’s important is seizing the opportunity to celebrate. “The fast pace and challenging environment of EMS rarely allows for time to take a breath, especially when family and hobbies balance your life,” says Bruce Evans, Fire Chief for the Upper Pine River Fire Protection District in Colorado. “Annually, to stop and celebrate with your second family—your public safety family—gives you a chance to take a breath and realize what a noble undertaking the work involves.”
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STRONGER TOGETHER

The role of EMS in responding to disasters is much more than just answering the call when a major incident occurs. In fact, EMS’ role in maintaining stability—and building resiliency in a community—starts long before winds begin to build or a bomb goes off. That work begins months or years earlier through training local residents how to help themselves and help each other when tragedy strikes. In the best of those situations, EMS professionals teach residents to be the true first responders and how to take care of themselves—and others—until help arrives.

During EMS Week 2018, it’s important to remember the critical role EMS plays on a local and national level when a disaster hits. Throughout some of the toughest, most horrific scenarios humans face, EMS responders are there to help those who need them most—the community, its citizens and fellow EMS providers.

Cheryl Crow remembers getting the call.

A paramedic with Acadian Ambulance in Lafayette, Louisiana, she’d been a member of a regional Disaster Medical Assistance Team (DMAT) since 2011, but had never been activated—until this year.

Crow was part of a DMAT deployed to Puerto Rico for a 30-day mission to provide emergency medical care to the region ravaged by Hurricane Maria.

“There’s a lot of things that go through your head,” Crow says. “I have to get all of my things together. We were told we were going into real austere situations. You have to be able to be sufficient on your own in terms of food and water for at least 72 hours.”

Crow, however, had work to do. Before she could leave she had to coordinate coverage with the team at Acadian to cover shifts and make sure her work on the...
technical help desk continued smoothly. She needed to get someone to feed her animals while she was out of the country.

“I let people know, pretty much, I’m going to be off the grid for 30 days,” Crow says. “Don’t expect to hear from me. Don’t worry.”

Michael Potts, a paramedic and support services manager with MedStar Mobile Healthcare in Fort Worth, Texas, was also one of those who answered the call for volunteers to help out in the wake of Hurricane Harvey. A married father of young twins, Potts didn’t sign up when the first request went out because the team had enough members.

“Once it got to a category 4 storm, they needed a lot more help,” says Potts. “I’ve got the training. I’ve got the skillset. It’s neighbors helping neighbors.”

Crow and Potts were not alone in stepping up to respond in 2017 when a series of hurricanes hit the mainland United States, Puerto Rico and the U.S. Virgin Islands. Fact is, they were just two of many EMS, fire and police personnel deployed into other states, towns, territories and islands desperately in need of emergency help for rescues, EMS and humanitarian aid following a string of severe storms that ripped apart regions of the country.

Acadian alone had 592 medics and support team members deployed into the Louisiana and Texas regions hit by Hurricane Harvey. The agency also sent five ambulances and crews to Florida to help after Hurricane Irma hit the state.

LOCAL EMS AND FEMA JOIN FORCES

When a major disaster occurs, local and regional responders are in first, followed by help from responders just outside the area and then across the country. The Federal Emergency Management Agency estimated that over a span of 25 days starting with landfall of Hurricane Harvey, FEMA and its partners deployed “tens of thousands of personnel across 270,000 square miles in three different FEMA regions.”

That should come as no surprise. Four hurricanes made landfall, affecting more than 25.8 million people. And as the hurricane season ended, the California wildfire season hit.

“You’ve had years of activity where it’s been pretty busy,” says Craig Fugate, the former FEMA administrator who now works as a consultant in the areas of emergency response and crisis.

“The thing that makes [2017] kind of unusual is you’ve had Harvey, and Irma, and then Maria. Three different states, all significant impacts.”

The response to major events happens through a variety of forms, ranging from regional or state EMS task forces, DMAT teams, FEMA’s Urban Search & Rescue task forces and FEMA’s Federal Disaster Response Team, operated by American Medical Response.

“The definition of a disaster is an event that didn’t stick to the plan,” says Dr. Persse, who has worked on multiple major disasters in his career.

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The Federal Disaster Response Team was created following the hurricane season of 2005. In 2007, FEMA named American Medical Response as the primary provider of ambulances, air ambulances and other emergency equipment and personnel to supplement the federal and military disaster response.

Those teams are what Dr. David Persse, Medical Director for the Houston Fire Department, calls the “cavalry,” which comes in shortly after the storm hits.

**IN COMES THE CAVALRY**

“We had a large contingent of EMS crews from Virginia respond to Hurricane Harvey in Florida,” says Tom McEntee, CEO of AMR’s east region. “They went to work and it was like they’d been in Florida their entire careers. It was pretty amazing. And they did it because this was impacting their AMR family.”

Also among the crews deployed from around the country were more than 70 members of the Los Angeles Fire Department, who were deployed as part of FEMA’s US&R CA-TF1 to assist with Hurricane Harvey in August. After several days of working on rescue and recovery, the team was then redeployed to Alabama to prepare for the response to Hurricane Irma. Also in August, 80 members of New Jersey’s TF-1 responded to Katy, Texas to help out after Harvey; and in early September, they were sent to Florida to assist in the preparation for Hurricane Irma.

FEMA has 28 such teams around the country trained for rescue and all were activated during the brunt of hurricane season in 2017.

“The definition of a disaster is an event that didn’t stick to the plan,” says Dr. Persse, who has worked on multiple major disasters in his career.

Hurricane Harvey was the first category 4 storm to hit the United States since 2005 and dumped more than 50 inches of rain. The record-setting rains flooded waterways that normally don’t overflow, and stranded people in neighborhoods and on roadways.

“There are times when you are faced with problems and your first reaction is overwhelmed,” says Dr. Persse. “Then you have to get your act together and work the problem.”

Working on that problem comes along with a whole host of challenges. There’s the response by local residents, the initial coordinated response by local providers, and then there’s the integration of the outside agencies and others sent in to help communities continue the rescue, recovery and rebuilding phases.

**WORKING SOMEONE ELSE’S DISASTER**

For outside agencies, deploying EMS, fire and police to the front lines of someone else’s disaster takes planning. In addition to sending teams out of town, managers must also make sure their home response areas are covered as well.

“The work doesn’t stop, if anything, it picks up,” says Potts. “When you start talking about sending mass amounts of people out of town, you have to ask, is this right for our community? Is our community going to take a hit for it?”

Indeed, Potts says MedStar made a decision before the deployment to only have the team out of town for seven days before it was switched out with a new team.

In the aftermath of Harvey, Dr. Persse says FEMA sent 206 ambulances into the Houston area, plus 25 rotary-wing air ambulances and 29 fixed-wing ambulances.

“EMS employees deployed to disasters tend to figure out how to work together,” says Jerry Romero, president of Acadian. “They don’t worry about turf battles, they don’t need to understand local politics. They’re all there to help.”

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Another 93 ambulances came from around the state. Those units supplemented the Houston Fire Department’s 50 BLS ambulances, 35 paramedic ambulances and 11 paramedic squads.

And for those going to other regions, EMS responders may need to deal with language barriers, or climate issues they usually don’t face at home.

“EMS employees deployed to disasters tend to figure out how to work together,” says Jerry Romero, president of Acadian. “They don’t worry about turf battles, they don’t need to understand local politics. They’re all there to help.”

THE IMPACT ON RESPONDERS AND THEIR FAMILIES

However, there is another factor that is often overlooked in such responses—the impact on the disaster on the EMS workforce and their families.

Residents expect EMS, fire and police to be there whenever they call, no matter the weather conditions, 24/7, 365 days a year. But, when an incident occurs in their own region, first responders are tasked with helping others, while also worrying about the safety of their own families, their homes, their cars and everything they own.

“If you know it’s coming, with some of these weather events, then your people have some time to get their families secure before they come into work,” Dr. Persse says.

Planning for the care of staffers—and their families—is often overlooked by EMS agencies, says Fugate. In many cases, after a storm, EMS goes back to normal operations. But when the homes of EMS providers are damaged in the storm, returning to normal can be a challenge at best. In the U.S. Virgin Islands, for instance, most homes were damaged, leaving EMS providers facing a conundrum—help themselves or help others?

“I think that’s one of our blind spots,” Fugate says. “We forget as we plan that we may be as much impacted as the people we’re trying to help. What happens when you’ve got large evacuations that take place, but you...
have to have your critical response ready? What’s your protocol on that? This is something that doesn’t get on anybody’s list. It’s hard for you to say ‘I need you to come in here’ and the person’s saying, ‘I’m in the evacuation zone.’”

The impact of Hurricane’s Irma and Harvey was felt deeply by employees at AMR, according to McEntee. “Along with the stress associated with trying to move thousands of patients and get them to safety, at the same time EMS personnel are trying to make arrangements to take care of their own families—and in several cases we had employees whose homes were pretty badly damaged,” McEntee says.

WHEN DISASTERS HIT HOME

Michael Bascom, a Task Force Leader with the New Jersey EMS Task Force, knows that stress first-hand. “I knew the impact [Superstorm Sandy] had on my family,” Bascom says. “We were insistent when we got there that they take a break and get home.”

“They got beat up pretty good,” says NJ EMS Task Force planner Neel Mehta, who went on two deployments to the U.S. Virgin Islands. “They needed time off to do whatever they had to get done in their personal lives.”

Therein lies an inherent trait in most first responders—a willingness to respond to major events and then work longer-than-normal hours without regular breaks.

When Superstorm Sandy hit New Jersey in 2012, Bascom was away from home for 14 days coordinating the EMS response in his community and around the New Jersey shore region devastated by the storm. While he was responding to the emergency, his home was flooded.

He took that experience and lessons learned at home with him to the U.S. Virgin Islands, where he led a deployment of 59 EMS, New Jersey State Troopers and Disaster Mental Health personnel in a mission to help residents of St. Thomas and St. John, which were badly damaged by back-to-back category 5 hurricanes. One goal of the mission was to allow local providers much-needed rest and a chance to check on their own homes.

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“Many of our EMS providers worked for days before they could even find out if their home was flooded,” Romero says. “Some talked to neighbors, but they stayed for days at work before they could get access to their homes.”

Romero says about 100 employees were directly affected by Hurricane Harvey in the Greater Houston, Beaumont and Port Arthur regions because their families were in the storm zone. Soon after, Acadian set up financial help for them as well as hands-on help to assist with the cleanup and rebuilding of their homes.

TAKING CARE OF YOUR TEAM
Acadian Ambulance lead recruiter Brian Cowart, a paramedic, was one of those who volunteered to help his co-workers start that emotionally draining process. He’s been through it before, having had his home damaged in 2016 when the Amite River flooded his neighborhood.

“For all the people who helped myself and my family, it was real important for me to give back as best I could,” Cowart says.

Cowart knows well the importance of taking care of responders in the aftermath of a disaster. It’s also something Fugate says is critical, though often overlooked, especially in the preparation phase.

“You’ve got to take care of your team,” Fugate says.

“What are the things they need to have so they can stay at work serving the community? How can you ask that person to give 100% to the community if they’re worried about their family’s safety?”

ANSWERING THE CALL
Crow didn’t have to worry about her home when she was deployed to Puerto Rico. Instead, she was thinking about the people she expected to help when she was in Puerto Rico. She packed extra soap, shampoo and
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An inherent trait of all EMS providers is a willingness to answer the call and work tirelessly during major events.

“People were so grateful for whatever you would give them—shampoo, deodorant, snacks. They were trying to give us things when they needed them at home,” Crow says.

If the call comes again to respond to a disaster, she’ll be there.

“It makes me want to do it again because you realize how much we actually have and it makes you grateful for what you do have,” Crow says. “When you’re in any kind of emergency response business, we’re in it to help our fellow man.”

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In the days and weeks after Hurricane Maria slammed Puerto Rico, one of the many narratives that emerged was the need for citizens to be trained in basic first aid and CPR.

Given the damage to infrastructure and the inability for crews to respond to the initial emergency, bystanders were forced to help.

When the severity of flooding in Houston was setting in—and forecasters predicting record rain—the Cajun Navy, a collection of volunteers with boats formed during Hurricane Katrina, began to mobilize. They headed to the region where they helped local EMS providers rescue residents unable to get to safety.

In the aftermath of the deadly mass shooting in Las Vegas, there was a call for more people to learn how to stop life-threatening bleeding before trained professionals get to the scene.

EMS TAKING THE LEAD

EMS providers have an active role in this process. EMS, while on the front lines of a disaster, also has a key part in building community resilience long before a crisis happens. From routine CPR classes to rolling out the “Stop the Bleed” training, EMS is critical in preparing the public to help themselves.

Likewise, EMS often helps through messaging on social media with important information before, during and after a disaster.

“We have to make sure the citizenry is prepared to deal with the first 24 hours until the government can respond,” says Jerry Romero, president of Acadian Ambulance. “A well-equipped, well-trained citizenry can save a lot of lives.”

As part of the response to the Port Arthur, Texas area after Harvey, Acadian providers worked hand-in-hand with the Cajun Navy to rescue people and confirm other homes were cleared.

“The public’s a resource, not a liability. From Joplin and a whole host of other traumatic events, the stories you hear of people being saved, it’s very rarely the lights and sirens folks. They’re going to do it whether you’re there or not,” Fugate says.

In fact, it’s important to let the public know the reality of response times and how critical bystanders are in the process, whether it’s after a storm or a mass shooting.

“I think we need to be frank and honest with people, whether it’s a heart attack, a gunshot, or a fall from a ladder, the fastest response is not 9-1-1—it’s the bystander,” Fugate says.

When wrapping up the 2017 hurricane season, FEMA Administrator Brock Long put an emphasis on the part local community responders play in dealing with disasters.

“This historic hurricane season should serve as a gut check and an opportunity for citizens, businesses, state, local, tribal and federal officials to re-evaluate how we prepare for and respond to any disaster,” Long said in a statement. “Response and recovery is dependent upon the whole community to be successful. While we continue to support the recovery from these storms, we must also take the opportunity to become better prepared for future disasters.”

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These may be quickly followed by a routine patient transport, with little time for recovery. Research shows that rapidly cycling between high and low intensity routine work can lead to exhaustion and errors—whether it’s forgetting to be careful when lifting a gurney or making a small driving error that leads to serious consequences.

Even when fully alert, long hours spent driving on roadways, in all kinds of weather and traffic conditions, at all hours of the day and night, exposes EMS practitioners to the potential of motor vehicle collisions. EMTs and paramedics have also been injured while responding to accidents by the side of the road. EMS practitioners are also put into harm’s way every time they respond to a call that involves interacting with members of the public who are highly stressed, under the influence of drugs and alcohol or in a mental health crisis. Surveys of EMS practitioners have found that assaults, either intentional or unwitting, are all too common.

So what steps can EMS agencies take to protect the health and well-being of EMS practitioners and their patients? One of the most important steps is implementing a comprehensive workplace safety program.

A comprehensive workplace safety program establishes policies and procedures that reduce risks, a plan of action when accidents or occupational exposures occur, and the steps to take to conduct
investigations and ensure that the same type of incident does not occur in the future.

To make it more feasible for EMS agencies of all sizes to establish safety programs, in late 2017 the National EMS Safety Council published the Guide for Developing an EMS Agency Safety Program. Available free of charge on the NAEMT website (www.naemt.org), the guide covers the many potential risks faced by EMS professionals and how to mitigate them.

Recognizing that EMS agencies have differing levels of resources available for safety programs, the guide provides tools and templates that EMS agencies can use, including:

- Specific steps and guidance on recommended policies and protocols to be included in a comprehensive safety program.
- Sample policies currently in use by some of our nation’s most highly respected EMS agencies.
- Other resources for educating yourself and your workforce about safety issues and injury prevention.

INCREASING AWARENESS OF SAFETY ISSUES IN EMS

In 2013, the National EMS Culture of Safety Strategy, funded by the National Highway Traffic Safety Administration (NHTSA), brought together the EMS stakeholder community to identify what constitutes a safe environment for EMS patients and practitioners; barriers to achieving a safe EMS environment; and a strategy to overcome these challenges.

One of the central concepts of the Culture of Safety Strategy was the concept of “just culture,” which encourages EMS agencies to foster an environment in which employees are urged to report near-misses and errors, and to share safety concerns, without the fear of punishment. This openness allows the agency to identify issues and take action to prevent future incidents.

The strategy also envisioned the establishment of a national level organization to coordinate national EMS safety efforts and serve as a repository for information, data and resources. In 2015, 12 leading national EMS and safety organizations, including NAEMT, came together to form the National EMS Safety Council. The goals of the council are to:

- Ensure that patients receive emergency and mobile healthcare with the highest standards of safety.
- Promote a safe and healthy work environment for all emergency and mobile healthcare practitioners.
- Mitigate fatigue, reducing the risk of collisions, promoting scene safety and preventing violence against practitioners are among the major issues

Why implement a safety program?

- Protect the physical and mental health of EMS practitioners
- Protect patients
- Protect the public at large
- Lower operational costs (fewer collisions, time off due to injury, sick days)
- Lower worker’s compensation costs
- Lower insurance costs
- Fewer liability claims

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The guide addresses many other areas, including facility safety and security, infection control, substance abuse prevention, and all aspects of personal safety, from lift injury prevention to the mental health of practitioners.

The guide is divided into main topic areas, some of which are particular to EMS and others that could apply to many types of businesses, both within healthcare and outside of it. Chapters include:

1. Facility Safety and Security
2. Vehicle Operator Safety
3. Scene Safety
4. Infection Control
5. Personal Health and Safety
6. Patient Safety

By implementing policies that protect the health and well-being of EMS practitioners, agencies ensure that their employees can continue in their chosen line of work and continue to serve our nation's communities for many years to come.

To view and download a free copy of the guide, visit the National EMS Safety Council:


The campaign aims to provide civilians with the knowledge and tools to help control severe bleeding.

Find Out How You Can “Stop the Bleed”

The American College of Emergency Physicians (ACEP) is proud to partner with the White House National Security Council and the U.S. Department of Defense in an initiative to expand the role of bystanders as immediate responders in stopping life-threatening bleeding.

PURPOSE
The purpose of the campaign is to build national resilience by better preparing the public to help save lives by taking basic actions to stop life-threatening bleeding following everyday emergencies or disaster events. Severe hemorrhage control kits should be readily available to the public in easily accessible locations such as public access automatic external defibrillator (AED) locations in business, schools, airports, and other public buildings.

OBJECTIVES OF THE CAMPAIGN
- The general public will know the phrase and associated logo, “Stop the Bleed.”
- The general public will have access to lifesaving bleeding control kits at home and in public places.
- Every bleeding control kit will provide “just in time” audio and visual training.

The campaign aims to provide civilians with the knowledge and tools to help control severe bleeding.

Be Prepared When Disaster Strikes

The American College of Emergency Physicians
National Disaster Life Support™ Foundation

Collaborating to offer programs that provide essential training for strengthening healthcare preparedness and response.

- Core Disaster Life Support® (CDLS®)
- Basic Disaster Life Support™ (BDLS®)
- Advanced Disaster Life Support™ (ADLS®)

For more information - www.ndlsf.org
email us: info@ndlsf.org
Wednesday: EMS for Children Day  
**Sponsored by:** Medtronic  
EMS for Children Day highlights the distinctive physiological and psychological aspects of caring for children, and raises awareness about improving specialized care for children in pre-hospital and acute care settings.

Thursday: Save-A-Life Day  
**Sponsored by:** PerSys Medical  
It doesn’t matter how quickly EMS providers get to a scene—bystanders will always be there first. Save-A-Life Day empowers the general public to learn and apply steps that can be taken to help save a life. Two great examples are community CPR and Stop the Bleed training courses. Check for more information under the CPR Challenge tab on the EMS Week page at [https://www.acep.org/emsweek](https://www.acep.org/emsweek)

Friday: EMS Recognition Day  
**Sponsored by:** National Registry of EMTs (NREMT)  
On EMS Recognition Day, honor local EMS heroes who regularly go above and beyond what is expected. Give gratitude to first responders for their unwavering commitment to serve their communities.

**NASEMSO Annual Meeting**  
May 21-24, Providence, RI  
[www.nasemso.org](http://www.nasemso.org)

**Fire-Rescue Med**  
June 11-13, Henderson, NV  
[www.iafc.org](http://www.iafc.org)

**Pinnacle Leadership Forum**  
July 23-27, Phoenix, AZ  
[www.pinnacle-ems.com](http://www.pinnacle-ems.com)

**NAEMT Annual Meeting**  
October 29-31, Nashville, TN  
[www.naemt.org](http://www.naemt.org)

**EMS World Expo**  
October 29-November 2, Nashville, TN  
[www.emsworldexpo.com](http://www.emsworldexpo.com)

**EMS Today 2019**  
February 20-22, National Harbor, MD  
[www.emstoday.com](http://www.emstoday.com)

**RECOGNIZE THE BEST IN OUR EMS PROFESSION**  
Nominate them for a National EMS Award of Excellence by June 30.  
Visit [NAEMT.org/initiatives](http://www.naemt.org/initiatives) for more information.

**ITRAUMA.org**  
Improving Trauma Care Worldwide

**ITLS brings you the international standard in trauma care with the updated 8th edition text:**  
Revised guidelines for spinal motion restriction • Hemorrhagic shock and the role of tranexamic acid • Emphasis on capnography

**ITLS is endorsed by the American College of Emergency Physicians**

**ITLS is a global force for excellence in trauma response—with chapters and training centres around the world.**

**ITLS** brings you the **international standard in trauma care with the updated 8th edition text:**  
Revised guidelines for spinal motion restriction • Hemorrhagic shock and the role of tranexamic acid • Emphasis on capnography

**International Trauma Life Support** is a global force for excellence in trauma response—-with chapters and training centres around the world.

**ITLS is endorsed by the American College of Emergency Physicians**

**AACHN data systems use includes data elements:**  
- Delta V  
- Principal direction of force (PDOF)  
- Seatbelt usage  
- Crash with multiple impacts  
- Vehicle type

**AACHN Advanced Automatic Collision Notification**

**Find training on the website!**  
[AACNEMS.ORG](http://www.aacnems.org)
EMSW1 Poster – Based on the cover for this year’s EMS Week Planning Kit, this 14” x 22” poster will help promote EMS Week to your facility and community.
$4.99

EMSW2 Ballroom – Combination of blue and red 11” latex balloons
Pkg/50 ($0.65/ea) $14.99
No personalization

EMSW2 Mylar Balloon – Some facilities will not allow latex, so this 12” inflatable balloon is the perfect way to announce the week. More durable than latex and will last much longer. 
3-24 $3.75, 25-49 $3.49

EMSW4 Vinyl Banner – Make a big statement with this banner. It’s a trouble free banner. Double heat-sealed and rennes printed with tough brass grommets so it can hang indoors or out. A great way to promote to the public and staff.
$99.99

EMSW5 Recyclable Banner – This pull-up economy recyclable banner with stand packs great value into a easy to use durable and attractive display. Vinyl banner pull up and reusable case come in the base. The stand is a aluminum alloy and the banner is made of 13 oz smooth matte vinyl. 78.7” x 33.4” $524.95

EMSW3 Top Seller! Hero T-Tee - This pre-shrunk, 50/50 cotton/poly tee is soft and long lasting. The EMS hero logo shines brightly against the sport grey print.
S, M, L, XL, XXL (add $3 for each XXL), XXXL (add $5 for each XXXL)
Logo personalization minimum: 50, $50 setup

EMSW6 Hero T- Shirt – This insulated 18 oz. t-shirt features full color wrap-around imprint and a sewn-in, top lid 1” IPMA logo, EMSrämer design and a boxed wash only: 4-14 $7.99, 15-99 $7.49, 100-249 $6.99, 250-499 $6.49, 500+ $5.99

EMSW2 Hero Stylo Pen – The EMS Hero logo covers the entire pen. Pens white in black ink and the stylus tip is exposed when the pen is uncloistered. 1.0 mm. Pack of 500 $0.50 each, 500-2499 $0.39 each, 2500-4999 $0.30 each, 5000+ $0.25 each

HEROES!

WEARABLES

EMSW3 Classic T-Shirt – This pre-shrunk 4.5 oz. 100% cotton/poly is twill features a neat sewn collar and double-stitch nestled necklines and sleeves. The Heather red color is a perfectedido for the 2018 EMS logo.
S, M, L, XL, XXL (add $3 for each XXL), XXXL (add $5 for each XXXL)
Logo personalization minimum: 30, $10 setup

EMSW10 Top Seller! Serving With Pride T-Shirt – This pre-shrunk, heavyweight 6 oz. 100% white cotton short sleeve has stay-true color and feels great. But with seamless ribbed cuffs and double-stitch nestled hemmed sleeves and bottom for better wear. The full color “Serving With Pride” logo shines beautifully.
S, M, L, XL, XXL (add $3 for each XXL), XXXL (add $5 for each XXXL)
Logo personalization minimum: 30, $10 setup

EMSW11 Price Buster Special! Color T-Shirt – This pre-shrunk, 100% cotton tee is soft and long lasting. The 2018 EMS logo shines brightly against the chosen base color. S, M, L, XL, XXL, XXXL (add $3 for each XXL), XXXXL (add $5 for each XXXXL)
Logo personalization minimum: 30, $10 setup

EMSW12 New! Dry Power Active Tee – This pre-shrunk, 50/50 cotton/poly聚rter shirt offers advanced moisture management performance and features shoulder-to-shoulder taping, double-stitch nestled sleeves, bottom hem and neck area and a 4x4 seamless color.
Black, S, M, L, XL, XXL (add $3 for each XXL), XXXL (add $5 for each XXXXL)
Logo personalization minimum: 30, $10 setup

EMSW13 Men’s Polo – The versatile men’s poly/cotton classic look that never goes out of style. Offers great performance with a breathable fabric, a cooling finish, Lycra protection, long resistance and wash-and-wear non-reversion. It features a three-button placket with stand-up trim buttons. The shirt is in royal blue with the EMS Week logo transferred on the left chest.
S, M, L, XL, XXL, XXXL, XXXXL
$52.99, 13-49 $51.99, 50-74 $50.99, 75+ $49.99
Logo personalization minimum: 12, $50 setup

EMSW14 New! Packable Jacket – Easy to store and easy to keep in your other weather. This lightweight jacket packs away into the lower left pocket. It is made of 100% polyester with a water resistant coating and a water repellent finish. It features a contrast reverse side center front zipper with easy grip pull, two bottom-reverse front zipper pockets, elasticized sleeve cuffs with thumb loop and back ventilation.
Royal blue
S, M, L, XL, XXL, XXXL, XXXXL
Minimum Order: 12 pieces total
Logo personalization minimum: 24, $10 setup

EMSW15 Top Seller! Men’s Softshell Jacket – The lightweight softshell polartex combines a classic clean look with lightweight comfort for the transitions between seasons. The three layer construction includes a waterproof breathable membrane with water repellent finish, seam sealing treatment and brushed interior zipper flap. Articulated elbows and ergonomic shoulders offer side mobility and comfort.
Cinnamon, S, M, L, XL, XXL
$119.99, 13-49 $114.99, 50-149 $110, 150-299 $105, 300+ $100
Logo personalization minimum: 12, $10 setup

EMSW16 Top Seller! V-neck Wind Shirt – Cool, windy days are on the rise this soft, weather-resistant wind shirt. With tipping on the collar and at the placket, it features sample lines and great style. It features a 100% polyester jersey with woven inset at gussets for added breathability, side pockets, color blocked side panels, storm flap and a center boxy zipper for easy access.
Black, S, M, L, XL, XXL (add $3 for each XXL), XXXL (add $5 for each XXXXL)
Logo personalization minimum: 30, $10 setup

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<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Price</th>
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<tbody>
<tr>
<td>EMS00</td>
<td>Price Buster: Double-Wall Stainless Travel Mug</td>
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<tr>
<td>EMS01</td>
<td>Price Buster: Stainless Steel Travel Tumbler</td>
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<td>EMS02</td>
<td>Price Buster: Vacuum Tumbler and Bottle Holder</td>
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<tr>
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<td>Price Buster: Stainless Steel Travel Tumbler with Lid</td>
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<tr>
<td>EMS04</td>
<td>Price Buster: Stainless Steel Coffee Mug</td>
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<td>EMS05</td>
<td>Price Buster: Stainless Steel Travel Tumbler</td>
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<td>Price Buster: Stainless Steel Travel Tumbler with Lid</td>
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</tr>
<tr>
<td>EMS07</td>
<td>Price Buster: Stainless Steel Travel Tumbler with Lid</td>
<td>$8.99</td>
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#2018 EMS WEEK ORDER FORM

**DEVELOPMENT:**
Allow 2-3 weeks for regular delivery of in-stock items. Order by April 30, 2018, to ensure delivery for EMS Week. For information regarding rush delivery, call 847-963-8100 or email to: service@jimcolmanltd.com. Items are subject to availability.

**CUSTOMER SERVICE:**
Call: 847-963-8100
Email: service@jimcolmanltd.com

**PERSONALIZATION:**
If you are personalizing an order, email customerservice@jimcolmanltd.com and we will immediately email you a customer order form that covers all the details. Visit FAQ section on our website for complete details or call customer service at 847-963-8100.

**COPYRIGHT INFO:**
The “EMS STRONG, STRONGER TOGETHER” logo and theme are copyrighted and cannot be reproduced without permission from Jim Coleman Ltd.

**SHIPPING & HANDLING CHARGES**
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<thead>
<tr>
<th>Shipping Weight</th>
<th>Shipping Rate</th>
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<tbody>
<tr>
<td>$4.99 or less</td>
<td>$3.75</td>
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<td>$5.00 - $9.99</td>
<td>$8.95</td>
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<td>$10.00 - $49.99</td>
<td>$14.95</td>
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<tr>
<td>$50.00 - $99.99</td>
<td>$19.95</td>
</tr>
<tr>
<td>$100.00 or more</td>
<td>$24.95</td>
</tr>
</tbody>
</table>

**Orders over $250.00 receive free shipping**

**Method of Payment (check one)**

- **Credit Card**
- **Check**

**VISA/MasterCard/Americian Express**

Fax to: 847-963-8100 or online at: www.jimcolmanltd.com

**NO PHONE ORDERS:**
1. The name on your purchase order must be Jim Coleman Ltd.
2. **PURCHASE ORDERS MUST BE FAXED OR EMAILED TO orders@jimcolmanltd.com.** Submit a copy of the actual purchase order document with completed order form. Purchase quotations are not acceptable.
3. Include an Accounts Payable email address, invoices will be emailed to this address.

Jim Coleman, Ltd. • 1550 South Hicks Road, Ste 400 • Rolling Meadows, IL 60008 • Phone: 847-963-8100 • Fax: 847-963-8200 • service@jimcolmanltd.com
Learn how to prevent blood clots from forming:

- Know your risks for blood clots.
- Be able to recognize the signs and symptoms of blood clots.
- Tell your physician if you have risk factors for blood clots.
- Prior to any surgery, discuss blood clots with your doctor.
- If you have any symptoms of blood clots, see your physician as soon as possible. Blood clots can be easily treated.

care4clots.org

For more information, educational references and a downloadable toolkit, visit care4clots.org. The site includes educational references and a downloadable toolkit.

C.A.R.E.®

Don’t Be Clot Unaware

Know the warning signs!
It starts with YOU.

The warning signs for a blood clot in an arm or leg, also known as deep vein thrombosis (DVT), include:

- Swelling of the leg or arm, sometimes more common on one side of the body.
- Pain or tenderness not caused by an injury.
- Skin that is warm to the touch.
- Redness or discoloration of the skin.

If you experience these signs you should contact your physician as soon as possible.

The American College of Emergency Physicians (ACEP) is leading development with other healthcare providers of new educational programs designed to educate on the warning signs, prevention, and treatment of blood clots.

National Blood Clot Alliance
Stop The Clot®

The project is funded through a grant from the Bristol-Myers Squibb and Pfizer alliance.