

Emergency Medicine Today 2011

[GENERAL SESSION 1]

HELP I'M DROWNING! Stress and EMS

Kirk Mittelman, Paramedic Program Director

Ever feel like you are drowning? Can't take another co-worker, administrator, student or employee walking into your office? Tired of patients at 2 am with a headache? Ever met the former EMS worker who is tired, broken and put out to pasture? As EMS professionals we face a huge challenge not to become that burned out and stressed provider. We teach EMS students that EMS and Public Safety is a stressful and trying profession, yet we rarely take care of ourselves. Kirk will take you down the path of what stressors EMS personnel face, why we need to deal with stress and how to deal with stress. You will learn what your biggest fear is and then how to deal with those fears and realities. Join Kirk for a fun look at stress and then take a magic carpet ride to a more healthy mental self

[GENERAL SESSION 2]

My Wife Hates Me, My Kids Don't Know Me, and I Think I Have a Dog

Dr. David Powers, Powers Court Enterprises

There are seven key areas of life that we all experience or should if we only made the time. Instead of balancing our lives as we should, we all spend too much time somewhere to the detriment of the other areas in life. It could be work, hobbies, education, or anything that takes too much priority. For those of us in the emergency services profession it usually happens to be work. This imbalance has an impact on all parts of our lives and can cause disastrous consequences. It endangers our relationships, our success in life, our patients, and even our own lives. Find out what it means to balance your life for maximum enjoyment and hopefully get back to knowing those people you call friends and family. Think about how it could make everything better at work, at home, and at play.

[EDUCATIONAL BREAKOUT SESSIONS– BLOCK 1]

Local EMS Data + Statistical Analysis + GIS Mapping + Social Networking = NCB-Prepared, the Next Generation Surveillance System

Dr. Greg Mears, Department of Emergency Medicine
UNC Chapel Hill

NCB-Prepared represents the next generation surveillance system. Using multiple North Carolina and national data sources, the system provides a watchful eye on public health and preparedness threats. In this presentation learn how EMS data is used daily to identify and monitor health related outbreaks within our communities. This cutting edge presentation will demonstrate NCB-Prepared's statistical analysis combined with a GIS mapping interface. NCB-Prepared empowers EMS and public health at the local, state, and national levels to use and apply existing data to respond to their community needs.

Objectives:

- Describe the importance of local health and preparedness based surveillance.
- Identify syndromes and disease states that can be identified and monitored using North Carolina's EMS data.
- List real examples of how EMS data can identify and locate public health outbreaks using NCB-Prepared
- Describe how local EMS Systems can locally access and use NCB-Prepared

Games People Play

Margaret Mittelman, Associate Professor, EMS Program Coordinator

Are you up for both fun and learning? The question

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is "Deal or No Deal?". No time to phone a friend, unless they want to come to this session with you. During this session we will discuss how to get out of the norm and play to learn, while learning to play. This course is a chance to learn how to assemble games for your classes that are pertinent to learning and can rejuvenate a class session. During this session we will explore why this method works so well for the adult learner, learn how to make your own EMS version of many of your favorite game or television show and even get to play some games that you can use in your own agency. At the conclusion of this session Anne Robinson from the "Weakest Link" Game show is scheduled to make an appearance.

NC EMS Protocols Review: Law Enforcement and Tactical Medicine

William Bozeman, Deputy Medical Director (FCEMS)

Tripp Winslow, Deputy Medical Director (FCEMS)

The latest NC EMS Protocols include numerous provisions related to tactical medicine and evaluation of suspects in police custody. These include Taser and Pepper Spray exposure, rapid use of tourniquets to control extremity hemorrhage, evaluation for excited delirium, and medical clearance of suspects in police custody. In this review the presenters will highlight these provisions and review the "best practice" approach to suspects in police custody.

Lifetakers, Heartbreakers and Big Fakers

Michael Berrier, Paramedic

The 12 Lead EKG has evolved over the past ten years into the standard for EMS cardiac care. However, far too many providers still use this tool only to find and rule out ST-Elevation Myocardial Infarction (STEMI) and disregard mounds of valuable information included in the EKG. This course will focus on the proper acquisition, validation and interpretation of EKG's as well as many obscure yet potentially lethal problems with identifiable electrocardiographic evidence.

Assessment and Treatment of the Critically ill Pediatric Patient

Dianne Steele, RN, BSN, CEN

I will use a power point presentation along with lecture format and handouts to provide a systematic method of assessing and treating a critically ill pediatric patient in various situations. Will allow 5-10 minutes at the end for questions and discussion

Clinical Coordinator 101

Sara Houston, EMS Program Director/Paramedic

Coordinating clinical education can be difficult enough without the added complications of loopholes and red tape. Intended to help new (and existing) clinical coordinators and program directors with the woes of good clinical coordination and accreditation, this presentation will provide insight on what it takes to build a solid program from initial set up, during the daily grind, and on to continuing quality improvement. Audience participation will assist speakers to entice discussions about headaches and heartaches to reach conclusions on how to conquer the clinical education experience.

Don't Just Do Something, Stand There!

Matthew Cathcart, Paramedic

This presentation will guide you through three examples using case studies of when it is better to sit on your hands than do what you are trained to do. This can be challenging for both experienced and newer providers.

[EDUCATIONAL BREAKOUT SESSIONS– BLOCK 2]

"Beyond the Streets"

William Kehler, EMS Director

Each day citizens in your community suffer injuries that many times could have been prevented. Conducting injury prevention programs has become an essential service for EMS agencies. This session will take an in depth look at various injury prevention programs that could be implemented within your community.

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Whether you are an EMS Administrator or a first responder in a volunteer department these programs can easily be organized and conducted to decrease injury rates within your community.

Emergency Care of Pediatric Burns

Derek Miller, Staff Nurse, NC Jaycee Burn Center

Learn the core concepts of emergency burn care for pediatric patients. Specific concepts will include: Effective primary & secondary surveys; estimating burn size (Rule of Nines, modified Rule of Nines, Lund-Browder chart, and Palmar surface method); anatomy of skin & pathophysiology of burns (superficial, partial-thickness, and full-thickness injury); clinical assessment techniques for burn depth & implications for treatment; calculating fluid requirements (Parkland formula for fluid-resuscitation, maintenance fluid needs, urinary output as key indicator); wound management (initial care, non-surgical options, surgical options); risk factors and signs of abuse and/or neglect; and criteria for referral to a Burn Center. Case studies and Q&A will allow participants to make direct application to their practice.

Nekkid and Crazy: Recognition & Management of Excited Delirium

William Bozeman, Deputy Medical Director (FCEMS)

Excited Delirium is increasingly recognized as a medical emergency that carries a high risk of unexpected sudden death. In this presentation the history and management of Excited Delirium will be reviewed. EMS and Law Enforcement personnel should all be familiar with this condition and prepared to work together to manage patients / criminal suspects with this condition.

Advanced Capnography and Plethysmography for ALS/CCT Providers

Sean Smith, Staff Education

An advanced discussion of the Physiology, Interpretation and Emergent Management of Advanced Capnography and Plethysmography. Topics will include the interpretation/trending

of pulse-oximetry pleths for hemodynamic implications(pulse pressure variation-PPV), equipment troubleshooting, and the application of capnography to various pathophysiologies, to include, respiratory, cardiac, and hypermetabolic states.

OEMS Update

Kim Sides, Compliance Manger

During this session, OEMS staff will provide information on the new Alternate Program for Chemical Dependency Program, review the status of all EMS and Trauma rules under revision and discuss impact on these rules resulting from the Governor's "Executive Order 70", and report on the status of the EMS Advisory Council - Education Task Force recommendations.

Building a Culture of Safety in Emergency Medical Services

Joseph Zalkin, BSHS, EMT-P,

Each year nearly 100,000 deaths occur due to medical errors. Emergency Medical Services are not immune to such misadventures. Using real world lessons learned from the worst aviation accidents in history (two 747's collide in 1977), along with the crew resource management elements of Delta Flight 235 (Sioux City, Iowa) and USAir 1549 (Miracle on the Hudson) participants will learn the fundamentals of safety for crew, patients and citizens. Using video, interactive presentation and audience feedback we will explore the 5 common error elements found in system failures, human factors and the use of checklists for rapid problem solving.

"A Weighty Issue"

Tim Perkins, EMS Systems Planner

This presentation provides general information to EMS providers on Bariatric patients. This presentation addresses anatomical and physiological anomalies, and injuries and illnesses common to bariatric patients. It will also address many of the "New" types of surgical and medical interventions for the morbidly obese, and how EMS providers may effectively treat these patients

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[EDUCATIONAL BREAKOUT SESSIONS— BLOCK 3]

"This is PEAT!"

Bradley Dean, Training Officer

EMS has a unique perspective on patient injury and illness: We get to see the environment in which the patient is found, and a general sense of what is going on. Documenting the mechanism of injury on a trauma call is a very important part of our job. We are good at that, but when it comes to the patient's home environment, as a group, we aren't as focused or trained in relaying that information to the hospital. We will examine how social environment plays an important part of a patient's health. For years, firefighters have extended the focus of their primary purpose to include fire prevention, public education and fire code laws. Perhaps EMS could do more for our patients and create awareness and prevention for a host of health issues. Once a patient enters the hospital system, there are many services that can be activated, if needed. Who better than EMS to document their living conditions? The PEAT scale (Physical Environment Assessment Tool) is designed for that purpose.

Trisomy

David Ellis, Operations Coordinator

This lecture will introduce the audience to the nearly 500,000 cases of trisomy (Downs, Edwards, Patau, and Warkany syndrome) in the US. We will review causes, incidence, and overview identification and treatment challenges in this patient population.

Medical Director Update

Dr. Tripp Winslow, State Medical Director

More Information to come

"When Lightning Strikes: A Journey to Death and Back"

Matt Payne, Flight Paramedic, VCU LifeEvac
Leslie Grant, Flight Nurse, VCU LifeEvac

Did you know that lightning is one of the leading weather-related causes of death and injury in the United States? Many people don't realize that they can be struck by lightning even when the center of a thunderstorm is over 10 miles away and there are blue skies overhead. We will delve into one such case in which an 11 year old boy was struck by lightning, killed, and resuscitated. Please join us to review this amazing case study in which this child survived death. We will explore the many facets of lightning injuries and what we, as EMS providers, need to know to take care of this type of patient.

If I Can't See the Trauma, Does It Still Hurt?

Dr. David Powers

It seems like everyone these days is diagnosed with PTSD. It's not that it's too easy to get the diagnosis. Rather, it's an indicator of how far and how bad things have become. The key letter in PTSD is P for Post. We're not doing enough to manage traumatic stress. Learn what can be done to manage and minimize traumatic stress in the Pre and Present phases. There's no need for so many people to hurt so bad for so long without attention. It might be you, your partner, or your friend that suffers. No matter who it is, it can definitely be you that helps. The tips, tools, and information you will learn can help you self-manage the events in your life and also assist others in getting through to the other side

EMS Litigation. Learn what the other side is looking for

Lee Houston, RN, BSN, LNC

Civil litigation in EMS is a growing problem and as an EMS provider you need to be aware of your responsibilities and ethical duties in performing your job. In a lawsuit there are always two sides of the story and two attorneys looking for ways to win their side. We want to help EMS providers understand what the other side is looking for. Learn how a Medical Malpractice Attorney prepares a case and the resources they use to scrutinize your work? Legal professionals can take months to analyze the decision it took you 10 seconds to make? Come participate in this presentation and learn some basic techniques to help keep your name off of the lawsuit summons. Do not be on the

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offense if you are involved in a lawsuit because, you will always be behind. The best offense is a good defense.

[EDUCATIONAL BREAKOUT SESSIONS— BLOCK 4]

Operations Security for Public Safety

Erik Gaull, Master Firefighter/Paramedic

Warrant service, clandestine lab raids, and VIP protection are a few examples of times when EMS may be called upon to provide service in a high-risk setting. The military practice of OpSec can help lower the risk for everyone involved. This presentation introduces the concept and shows its application to EMS.

I can't hear you, speak up! A look at Geriatric Emergencies

Margaret Mittelman, M.Ed., EMT-I

The baby boomers and hippies have gone grey but not gone away. They are now entering the golden years and need our help. Estimates show that 60 percent of EMS calls are for geriatric patients. Yet our training to handle typical geriatric calls and medical emergencies has not kept pace. In this session we will look at the aging process and what emergencies can arise in this important group of patients. Begin to look into your future and the future of EMS by attending this session on Geriatrics.

Medical Director Update 2

Dr. Tripp Winslow

More information to come

Time is Tissue – 10

Mark Turner, EMT-P, EMS System Development Specialist

Time is Tissue - 10 takes the ideal of the 10 minute scene time and applies a real world approach to how systems, instead of individuals, can work together to help reduce the time to intervention for the patient that is experiencing an ST-segment Elevation Myocardial Infarction. Multiple resources must work together in order

to make the system work, and EMS is only one step in a chain that includes the emergency operations center and dispatch and carries the patient through to the delivery of care to the Percutaneous Coronary Intervention Center. Focus is placed on the development of a rapid cardiac assessment and early recognition of signs and symptoms. EMS providers can utilize techniques, and one system's experiences in working together to help develop improvements to their own cardiac intervention plan.

You are the EMT, Improving your assessment

Kirk Mittelman, Paramedic Program Director
Margaret Mittelman, Associate Professor, EMS Program Coordinator

Have you ever wondered what it would be like if practice was more like the street? If only practice and training incorporated critical thinking skills and "You were the EMT". During this session we will discuss and practice when and how to fit critical thinking into your assessment. Through doing and practicing we will hone your assessment and critical thinking skills. By completing "Strange patient assessments in strange places" you will begin to practice in the classroom how you work on the street. For educators this session will help you to develop your skill sessions. For the field level EMT, Intermediate and Paramedic this session will make you rethink your approach to assessments, differential diagnosis and treatments for the patient. Join Kirk and Margaret for a fun and interactive session that will help you be the best you can be

The Wildcard of EMS Morale: Playing Your Hand Wisely

Mark Holland, EMS Division Chief

Morale is a wildcard in emergency services. In EMS, playing the morale wildcard requires understanding this wildcard's value can vary as determined by its holder. EMS professionals with high morale provide better patient care & achieve work objectives at significantly higher levels. EMS leaders are responsible for creating and maintaining high morale. This presentation will equip EMS leaders with hands-on techniques and innovative strategies to improve & maintain positive morale with EMS

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professionals. The presentation objectives are: Delineate the warning signs of poor morale; Provide strategies to keep from inadvertently damaging morale; Evaluate the “negativity invaders” & “morale challenges” that influence morale; & Identify the specific elements necessary for improving morale.

[EDUCATIONAL BREAKOUT SESSIONS– BLOCK 5]

Advanced Burn Care in the Rural EMS Setting

Chad McNabb, Special Operations Captain

This presentation will illustrate the struggles met by CCEMS in getting patients from the scene to definitive burn care. When the closest burn center in TN closed, CCEMS was left with a void to be filled. In cooperation with the burn center at WFUBMC, we created a streamlined approach to deliver burn patients to a NC burn center. This presentation will highlight the obstacles dealt with including distance, training, medical control and transport issues that were overcome. The staff at WHUBMC and AIRCARE will also present burn center criteria and optional treatments for rural providers with long transport times which will culminate with presentation of Cherokee County's burn protocol which can serve as a model for all rural services in NC.

"There's nothing 'Basic' about me"

Tim Perkins, EMS Systems Planner

Are BLS providers overlooked on EMS scenes, in favor of ALS? This lecture discusses the relationships, real and perceived, in the world of EMS, as it pertains to BLS and ALS providers. It focuses on how vital BLS providers really are to the EMS system, and discusses ways that BLS providers can be of further assistance on scenes.

Just Another Drunk... Or is it.?

Emery Roberts, Lieutenant/Training Officer

This lecture looks at the growing trend and legal issues associated with persons with altered mental status assumed to be from alcoholic intoxicants to drugs and other substances

causing similar results. The lecture will also look at other medical, psychological, and physical issues that mimic these causes and the risks of both treatment and refusal. This lecture will also discuss some of materials being used to cause these effects.

Cerebrovascular Care in 2011: A New Era

Janjua Rashid,

My presentation will address the shifting treatment paradigms for cerebrovascular care in NC, ischemic as well as hemorrhagic. Stroke care and care for cerebrovascular anomalies is now a hot topic and a prominent aspect of care as it continues to grow. I would like to address these changes and how as a hybrid trained Neurosurgeon I contribute to these changes.

OEMS CRIMINAL OFFENSE MONITORING, COMPLAINT INVESTIGATIONS, AND ENFORCEMENT

Kim Sides, Compliance Manager

During this session, OEMS Compliance staff and EMS Disciplinary Committee members will provide information on the disciplinary process for credentialed EMS professionals. This will include information on the requirements for fingerprinting and criminal history background checks, Administrative Office of the Courts (AOC) reporting system, complaint investigations, administrative actions and consent agreements.

Faith Healing

Michael Keck, Training Officer

You have heard of faith healers, snake handlers and witch doctors, but have you ever wondered what they have in common? How important to your patient is their faith and/or religion? What do you do if a patient asks you to pray with them? How do you deal with conflicting religious beliefs? In the multi-cultural environments in which we work we can expect to encounter many different beliefs. This session will explore the relationship of caregiver, patient and faith. We will look at different faiths and how they may impact you, the patient and the patient care that is rendered.

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Who's Gettin' in Yer Face?

Ms. Tina Brookes, MSW, Ed.S, LCSW

With today's reality of electronics and social media, there's no such thing as a private life! All actions, words, facial expressions, and even passing thoughts are subject to being seen by public eyes. This introduces unprecedented stressors to emergency medical professionals who must live with the reality that they are never really 'off duty'! This presentation will outline strategies to help EMS personnel deal with the constant public scrutiny and discuss stress management techniques to mitigate the personal toll it can take.

[EDUCATIONAL BREAKOUT SESSIONS– BLOCK 6]

Mitigation of secondary brain injury in the TBI child

David Ellis, Operations Coordinator

This lecture provides an overview of injury patterns and statistics for traumatic brain injury in the pediatric patient. Methods of mitigating extension of the initial injury such as temperature control, oxygenation, positioning, etc are the focus of the session.

Volunteers - Virtual Reality or The Real Deal?

Kathy Bobseine, Division Chief

In the not so distant past volunteers were the cornerstone of many community-based emergency response departments. Changes in community demographics and economics have made it difficult for many departments to maintain adequate numbers of competent volunteers to respond to increasing call volume. Is this decline in volunteers a new reality or only an illusion? Changes in the community and social network require changes in the way volunteers are recruited, trained, and treated. Building a successful volunteer department does not happen by accident. This presentation explores solutions to new challenges. Learn how to attract volunteer EMTs to your department, how to design training programs specifically to

promote EMT proficiency, and most importantly how to maintain that success. Volunteers are a reality!

Acute pulmonary Edema vs. Pneumonia: The classic EMS Diagnosis

Steven Kanarian, Paramedic Instructor

EMT's and paramedics respond frequently to calls for difficulty breathing in patients with multiple medical problems. A differential diagnosis of pulmonary edema vs. pneumonia requires an accurate history of present illness, detailed physical exam and an understanding of the physiologic differences of respiratory disease. In this session the attendee will review:

- 1) the lower respiratory system
- 2) pathophysiology of pulmonary edema
- 3) review the principles of a cardio-respiratory exam
- 4) How to make the differential diagnosis of APE vs. Pneumonia
- 5) Current treatment trends in pulmonary edema

Defibrillating Your Career

Brian Pearce, Chief / Director

Whether you are a new technician or a seasoned leader, one of the most difficult things for people to accept in their career is change. Particularly in medical careers change is inevitable; necessary not just to stay ahead, but to keep from falling behind. Defibrillation takes a heart in chaos and changes it into an organized and life sustaining rhythm. Like defibrillation to a heart, change management and leadership can help you not just manage your career, but help you excel and make change understandable and acceptable. This lecture will introduce participants to change strategies and management, helping them not only to accept change, but to understand the necessity and help them become a change leader. We will discuss the difference between change and transition, managing endings and beginnings, and the psychological side of change. The lecture will then shift to change leadership, building on the earlier discussion of change and how to effectively influence others in the change process. The change leadership portion will discuss effective implementation strategies,

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expectations, how to deal with resistance, and evaluation. This lecture will conclude with practical examples of when change management was successful and allow for a question and answer session.

Dancing to the Rhythm of a STEMI

Claire Corbett, AMI/Stroke Program Manager

Timely reperfusion therapy to restore blood flow is critical to the outcomes of a STEMI (ST Elevation Myocardial Infarction) patient. Recognizing that all STEMI patients do not receive the best and most timely care, the American Heart Association created the national program Mission: Lifeline to focus on gaps in the STEMI system, thereby improving outcomes for the STEMI patient. This session focuses on one system's experiences (EMS, referring and receiving hospitals) as they collaborate to improve their performance. This presentation demonstrates a step by step approach to identify weaknesses, address issues, implement best practices, and provide feedback processes as methods of improvement. Presenters will focus on the pivotal role of the integration of EMS at all points in the system in the development of timely reperfusion processes.

Cardiac Conundrums of the Young

Jeff Hinshaw, MS, PA-C, NREMT-P

The sudden death of a child or teenager strikes deep to all of us, especially when EMS is involved in the event. Pediatric and adolescent patients sometimes present with unique causes of cardiac arrhythmias and arrest. This lecture will use cases and video footage to broaden the knowledge of the student about cardiac diseases such as hypertrophic cardiomyopathy, commotio cordis, long QT syndrome, and other electrical conduction issues. Most prehospital and ED providers do not see these pathologies on a frequent basis, so this lecture will serve to provide a thorough exposure to these unique cardiac issues. Each disease issue will have a review of pertinent anatomy, physiology, pathology and treatment options. Come and be enlightened as to what our young folks can have happen to them and what we can do when faced with these unique patients.

[GENERAL SESSION 3]

I-26 Motor Vehicle Accident / Multi Casualty Incident Case Study

On the evening of October 24, 2010 there were 3 Motor Vehicle Accidents on I-26 in Henderson County. The accidents occurred during a 2 hour period and were less than 1 mile apart. These Accidents resulted in 12 injuries and 5 fatalities. This 1 hour Case Study reviews the EMS response. It reviews what went well, what was challenging and what needs improvement. It is presented by Adrian Berry, EMT-P / Shift Supervisor. He was Medical Command on the scene.

[DMPC GENERAL SESSION 1]

April 2011 Tornadoes, EMS and Hospitals respond to NC's worst ever tornado outbreak.

Randy Kearns, University of North Carolina
Brian Pearce, Director, Cumberland County EMS and Lifelink Critical

April 14, 2011 North Carolina witnessed an outbreak of the greatest number of tornadoes to ever hit the state in one period since the National Weather Service has been tracking this information. The tornadoes struck communities across much of the eastern half of North Carolina killing dozens and injuring hundreds that day. This presentation will include information from many of the North Carolina hospitals. EMS representatives from Lee County, Wake County and Cumberland Counties will offer firsthand accounts regarding their respective EMS agency as well as medical responders in their communities. This disaster reminded us once again that while much of the state was involved, all disasters are local.

[DMPC EDUCATIONAL BREAKOUT SESSIONS— BLOCK 1]

Preparation for a Medical Surge

Bradley Dean, Training Officer

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While preparing for medical surge events, we in the emergency medical services, emergency management, homeland security, public health, and public safety fields have taken a siloed approach. We have viewed the appropriateness of the response and types of specific capabilities needed through the lens of the nature of an isolated event. Many municipalities, counties and states have fallen prey to this type of thinking. Largely two specific issues have driven this capability gap; grant guidance, and who owns the assets. As a result of prescriptive federal grant guidance that dictates types of events we should most prepare for – improvised explosive devices, aerosolized smallpox, continuity of operations plans around pandemic flu, medical surge for large-scale events, etc. – we have thought about medical response surge as it relates to an individual event. This presentation will take you through a broad approach to preparing for a medical surge down to the unit levels within facilities.

Community Resiliency

Julie Casani, Director, PH Preparedness and Response

Community resiliency is a key highlight in the National Health Security Strategy and has been used to define everything from basic continuity of operations planning to neighborhood networks. As members of these communities we all have individual roles. Additionally, agencies and organizations have the responsibility to create and foster further development of communities to allow them to be sustainable and to be able to recover after a disaster. This session will highlight some promising practices and illustrate how to use processes already started to move this along. If time is available, discussion from the audience will also highlight the successes, failures and further challenges of building resiliency.

Fireground Rehabilitation: It's More Than a Place to Sit and Something to Drink

Erik Gaull, Master Firefighter/Paramedic

Establishing and running the incident rehabilitation operation is one of the key things that EMS personnel can do on the fireground (or other major incident). Unfortunately, most EMS

personnel are thrust into that role without specific training about what rehab is, why and how it is done, what equipment is required, etc. This session covers the whys and wherefores of rehab and provides attendees with vital information they may need to create a rehab protocol and capacity in their department. Rehab is a critically important function designed to save lives of first responders, so it is essential that EMS personnel understand and take seriously their role in rehabilitating personnel.

[DMPC EDUCATIONAL BREAKOUT SESSIONS– BLOCK 2]

Sky is Falling...NOT!! A Rebuttal to Chicken Little

Ms. Tina Brookes, MSW, Ed.S, LCSW

Effective leadership requires a cool head in the midst of chaos! This workshop will identify the importance of preparation and training before the sky starts falling! We will also discuss the human stress response and the role of mental toughness in mitigating those physical symptoms. Great leadership in crisis does not just happen, it is cultivated before it is needed.

Scene Safety: Midnight rules to live and stay alive by

Mr. Steven Kanarian, MPH, Paramedic, EMS Educator

Steven Kanarian (retired) will share with you the safety lesson she has learned in 25 years of urban 911 and FEMA USAR Experience. Attendees of this session will learn scene safety strategies and midnight rules for survival. Steve will share with the attendee lessons from experience and past MCI's. Information for educators will be available to use in your class and continuing education training.

P.L.A.N.S. For Our Fans

Matthew Collom, Director of Operations

We will look at preparation, logistics, access, needs, and support of medical services for the fans at a venue

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[DMPC EDUCATIONAL BREAKOUT SESSIONS– BLOCK 3]

Disaster Preparedness Planning For Licensed Healthcare Facilities

Mary Beth Skarote

More information to come

Bridging the Gap in Radiological, Public Health and Emergency Preparedness

Dawn W. Burke, Health Physicist-TOREV State Liason

A major nuclear or radiological event will impact every community in the country as potentially millions of displaced population will seek assistance to address their health and medical needs, screen them for radioactive contamination, and provide them with adequate shelters and assistance for relocation. Local and state authorities will need to address the needs of their own citizens as well as those of the displaced population. Assistance from federal agencies may take some time to arrive and may not be even available to majority of communities who will host the displaced population. Therefore, the need for locally trained and registered volunteer radiation professionals to assist local and state authorities with population monitoring at community reception centers and support operations at public shelters is paramount. The volunteer radiation professionals can include health physicists, medical physicists, radiation protection technologists, nuclear medicine technologists, radiologic technologists, radiologists, radiation oncologists, radiation biologists, radiation safety officers, and others. These radiation professionals, with additional training as appropriate, can assist local authorities in the communities where they live and work. The Centers for Disease Control and Prevention (CDC) in partnership with Conference of Radiation Control Program Directors (CRCPD) have initiated a program to assess the feasibility of incorporating volunteer radiation professionals into existing volunteer registries and programs (e.g., Emergency System for Advance Registration of Volunteer Health

Professionals (ESAR-VHP), Medical Reserve Corps, state volunteer registries, etc.). CRCPD established a task force in the fall of 2009 and selected seven jurisdictions for this pilot project in January 2010. This Brochure and requested presentation will describe the current status of this program and potential future opportunities.

Hospital/Healthcare Disasters, this is why you prepare!

Randy Kearns, University of North Carolina
James "Jim" Gusler, Training Specialist

Across America each day, tens of thousands of nursing homes, family care homes and other group home type facilities serve as the home for millions of Americans. Furthermore, the American healthcare systems run at or near capacity each day. This session explores historical events of what can go wrong and discuss lessons learned from these healthcare system disasters. Fires, earthquakes, tornadoes, and hurricanes, all pose significant problems for both the patients at the time, and long term impact on the healthcare community following a disaster. This session includes a snapshot of how these events have impacted healthcare systems. The review will include lessons learned, and discuss the opportunities to develop systems to mitigate against those disaster scenarios as well as planning strategies to address these threats.

[DMPC EDUCATIONAL BREAKOUT SESSIONS– BLOCK 4]

Medical Reserve Corps: Tips For New Unit Leaders

Matt Leicester, Public Health Preparedness Coordinator

The Medical Reserve Corps is a key emergency preparedness program that can be used to enhance your community's ability to respond and recover from an emergency. But what do you do when you're new, and you don't know what to do? The tips in this presentation will help guide you to become an effective MRC Unit Leader. From recruiting to unit objectives and mission statements, to training and funding, this presentation will help the beginning MRC Unit Leader to learn some of the resources that they

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have available and how best to succeed as a new MRC Unit Leader.

Nash County SMAT III HazMat Deployment

Scott Strufe, Program Manager/Training Officer

Mass medical decontamination has been the primary role of SMAT III since the beginning. On August 20, 2008, Nash County's SMAT III responded to the release of an unknown substance in a local post office. Multiple agencies from local municipalities, county agencies, regional assests and state departments converged on the scene. The scene tested nearly every aspect of a large multi-agencies response. This presentation will take the attendees on a tour of the successes and failures associated with this incident.

Disaster Medical Services Update

Mary Beth Skarote

More information to come

[DMPC GENERAL SESSION 2]

The Downwind Walk: A USAR paramedics experiences on Septemebr 11, 2001

Steven Kanarian, MPH, EMT-P

On the 10th anniversary of Septembr 11, 2001 Retired Lieutenant Steven Kanarian, FDNY EMS would like to share with you the strategies of scene safety and the EMS perspective on the Terror attack on the World Trade Center. This startling presentation will take you downwind with Steven as he recounts his experiences as an Urban Search and Rescue Medical Specialist. Steve will share with you the human interest side of September 11, 2001 from the EMS perspective and the experience of working at Ground Zero. Steve will share with you his Safety Rules to Live and Stay Alive By. Steve will explain how they recovered from a decimated system to handle the challenges of 9/11.