

EMS Week | 2010

PLANNING GUIDE | 10

MAY 16-22, 2010



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Welcome to the EMS Week 2010 Planning Guide



On behalf of the American College of Emergency Physicians, I am pleased to present the EMS Week 2010 Planning Guide. It's full of ideas and resources to help you make the most of National EMS Week activities in your area—and to think about how you can be proactive with community activities all year long. Whether it's collaborating with the media, addressing public officials or initiating an educational campaign with the public, the Guide provides advice and tools to assist you.

To get a digital version of this Guide, and for more information, go to emsweek.org

With each Guide we also take the opportunity to celebrate and honor the

EMT and paramedic who heroically provide care to those in need, often under daunting circumstances. This year's theme underscores that commitment: *Anytime. Anywhere. We'll be there.*

Isn't that so true? People know when they call 911 they'll get help, no matter what their circumstance. The Survivors article on page 20 highlights one of the great rewards for every rescuer—to be part of the effort that saves a life. It's also true that much of what you do isn't nearly as dramatic but just as important to a patient or family who are facing the unknown with fear and pain. Your presence and caring can have an impact far beyond the expert clinical care you provide.

As part of EMS Week, please take the time to recognize the outstanding service your responders bring to your community. Participating in local and national recognition and memorial events helps bring home the message.

For the ninth year, we are devoting one day during EMS Week to focus on children. On Wednesday, May 19, 2010 consider directing your activities and events specifically on child safety and injury prevention. Inside the Guide are a variety of stories and ideas that give you examples and case studies.

One of the popular features of the Guide each year is an extensive product catalog that helps you promote your service during EMS Week. Sales from these products help fund the Guide, so be sure to take a moment to look through this year's offerings. As always, we are grateful to our federal and association partners as well as our corporate sponsors. With their generous support, we are able to offer the Guide free of charge.

Thank you again for the outstanding service you provide to your communities. I am confident you will make this year's EMS Week celebration a huge success!

Angela F. Gardner, MD, FACEP
ACEP President

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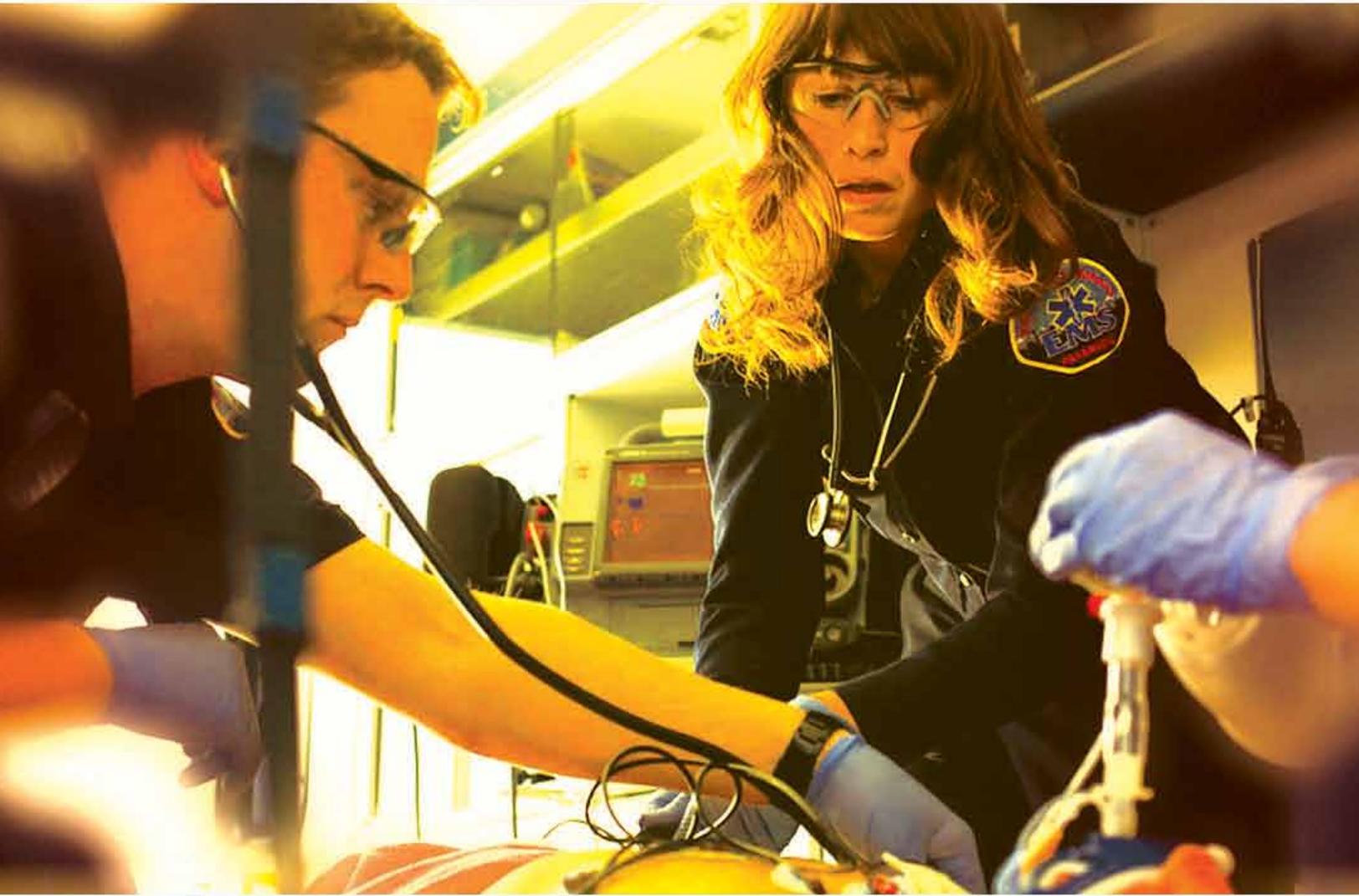
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EMS Week is May 16 through May 22. Wednesday, May 19, will focus on activities and events specific to child safety and injury prevention.

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Being There

Celebrating EMS Responders

By Thom Hillson



Although three-digit systems in several nations predated its claim, the town of Haleyville, Ala., claims to be the site of the first 911 call ever placed. That was in 1968. The red telephone used to answer that call is still preserved in a small museum there.

Three years later, Carole King and James Taylor produced a little song called “I’ll Be There,” which could well be an EMS anthem. In part, its lyrics go something like this:

*You just call (out my name) (insert “911”?) and you know
wherever I am
I’ll come running to see you again.
Winter, spring, summer or fall
all you got to do is call
and I’ll be there...*

Even if Carole never intended it that way, the promise in her lyrics has always been our promise. When you need a friend, we’ll be there.

Teresa Brown has lived alone for 60 years in her small non-descript little house on Fourth Avenue in a small town whose name would mean nothing to most of us. Her two kids moved away years ago, so after burying her husband in a cemetery down the street, she filled her time by working for 12 years as a volunteer at the local hospital. Now it’s 11 degrees, and she’s shivering on her front lawn. She says she slipped on a single icy step while going for her morning paper. A passing motorist calls 911, and soon she’s back in her armchair. She’s not hurt, she says, so don’t take her to the hospital. She’s just cold. There’s no railing in front of her home, and this is not the first time she’s fallen.

The next morning, two off-duty EMTs show up at her front door. By noon, they have constructed handrails not only for her front door, but also for the door on the side that accesses her driveway. The EMTs absorb the costs themselves, and accept the liability.

Marie Hildreth tells a similar story. Marie weighs about 400 pounds, and at 30, her health is a mess. She has several conditions that have either contributed to or resulted from her weight gain over the years: hypothyroidism, diabetes and osteoarthritis. She lives in a jumbo-sized lift recliner. Her

small town’s EMS crews groan when she calls 911—often for lift assists, and occasionally for myxedema coma. But they always try to be nice, and sometimes they’re a lot nicer to her than she is to them.

Now it’s early on a Saturday, and Marie needs to empty her bladder. But the lift mechanism in her big chair grinds loudly and fails with a loud cracking sound. She can’t stand up, so she calls 911. She really has to go to the bathroom, and in her urgency she’s cranky. The crew’s had a long night, but they patiently help her up, seat her on her commode and tilt the big chair forward to assess the trouble. There are several cracks in its wooden frame, where the lift mechanism is attached. The \$1,200 chair came from the Red Cross, and the crew calls them, but nobody answers on weekends. So, with the help of their relief, they pick up some hardware and use carriage bolts, clamps and Gorilla Glue to fix the chair. It’s afternoon when they finish.

Ralph Jennings’s wife died in her sleep a couple of weeks ago. They were married for 53 years, and he’s lost without her. He’s spent the past two weeks with family visitors, and today the last one finally headed for home. He sits for hours at his kitchen table, not bothering to turn on the lights. Finally, at about 11 pm, he picks up the phone and dials three digits.

“I can’t breathe,” he whispers, and in no time he’s surrounded by volunteers. They apply a mask, take off his shirt, listen to his chest and look into his eyes. Then, as he talks, they switch gears. They turn down their radios, sit with him, brew him some coffee and offer him tissues. For three hours their ambulance waits at the curb outside, its faithful diesel growling at neighborhood cats.

These kinds of things happen daily and worldwide. They’re more about kindness than medicine, and probably more valuable. Has anyone told you lately that what you do for people matters to them? Well, it does.

Thank you for being there! ■

Thom Hillson is nationally recognized for his nearly four decades of service as an emergency practitioner, leader and award-winning EMS journalist.



Use Social Media Tools to Celebrate EMS Week Anytime, Anywhere

By Greg Friese

Social media tools create an opportunity for EMS professionals and agencies to connect with and engage with other professionals and the communities they serve anytime and anywhere. As you prepare for EMS Week 2010 activities and celebrations, consider how you can celebrate and recognize EMS accomplishments all year with free and easy-to-use social media tools. The use of social media tools such as Twitter, Facebook, Flickr, YouTube, Blogger and WordPress has been growing rapidly, and you may have even started a personal or organizational account with one of them. Find ways to take advantage of these valuable tools before, during and after EMS Week.

EMS Week always has two primary purposes. The first is appreciation of EMS professionals. The second is connecting your community with its EMS agency to improve public awareness of EMS contributions. These purposes don't have to be confined to a single week each year.

Begin today to establish a social media presence that will build toward your EMS Week celebration activities. Start with a "hub" for your efforts, using a blog or a Facebook fan page. Then add "spokes" to feed content into your hub and to increase connection opportunities. Good spokes include Twitter, Screenr, YouTube, Blog Talk Radio and Flickr. Use the hub and spokes to share information, resources and tips, and to answer questions.

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Social Media Terms, Tools and Techniques

Webinar

Learn five reasons to develop and distribute social media for EMS Week in a no-cost webinar from PIOSocialMediaTraining.com. The 60-minute session will include specific ideas for EMS Week social media creation and 30 minutes for questions and answers with EMS social media expert Greg Friese.

Podcast

A podcast is an audio or video program optimized for delivery and listening on a smartphone, MP3 player, or computer. Audio content can be easily captured and edited with free software. MedicCast.com, EMSEduCast.com and EMSGarage.com are three popular podcasts.

Blog

A blog, shorthand for web log, is a dynamic portion of a website or a stand-alone website. Use an HTML editor such as Dreamweaver or Front Page to add a new page or new posts to the blog. EverydayEMSTips.com and PIOSocialMediaTraining.com are blogs powered by WordPress blogging software.

Microblogging

Twitter is a microblogging tool that allows users to post 140-character messages. Twitter users can read the posts (called Tweets) of other users, reply to Tweets and forward Tweets to other Twitter users. After creating a Twitter account for yourself, create the accounts @EMSWeek2010 and @gfriese, and follow them.

Social Networking Sites

Social Networking sites, such as Facebook, LinkedIn and MySpace, are used to build and maintain relationships. Every EMS agency should have a Facebook fan page as either its hub or as a spoke. Use your fan page to post events, share videos and photos and link people to blog posts and content on other spokes.

Media Sharing Sites

Upload training and injury prevention videos to your agency's own YouTube channel. Viewers can subscribe for notification of future videos. Allow viewers to embed your videos in their blogs to increase the reach. Flickr is a photo sharing website. Post and tag training photos to your Flickr account, another spoke. You can also embed Flickr photos or slideshows into your blog posts.

Screencasting

Screenr is a screencasting tool that captures your on-screen actions and audio from a microphone. Use Screenr to create a narrated slide show, demonstrate a software process, or instruct viewers on how to receive your blog feed in an RSS reader.



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Specifically consider a regular series—at a minimum of once a week—of posts, podcasts or videos on any of these topics:

- Profile members in a blog post or three- to five-minute video that shares details about their experiences, interests, length of service and likes/dislikes of being an EMS professional. Aim for a candid and authentic presentation. Forgo a script in favor of a real conversation.
- Invite patients and family members to write about their experiences with your agency and its EMS providers. Testimonial posts or videos are a powerful affirmation about your commitment to the community. Link to their posts, videos and tweets from your agency hub.
- Post quotes from patient testimonials to your organization's blog, Twitter account and Facebook fan page. Accept and comment on the praise and credit you have earned.
- Photograph training activities and events. Post action shots from training to your Flickr account. Embed a slide show in your blog.
- Use a simple handheld video camcorder to record short clips of training or incident response. Post these to your agency YouTube channel.
- Give your camera to a simulated patient during a training exercise to document EMS assessment and care from the patient's perspective. Write captions for each photo about the procedure or technique being shown.
- Blog about response data in monthly and quarterly "what we are up to" posts. In each post, highlight a specific type of emergency call and give the lay person tips about what to do in that type of situation.

Profile important accomplishments and organization successes in blog posts and audio or video interviews. Share events such as cardiac arrest saves, injury prevention programs, new employees completing training, length of service awards, new equipment, completion of special training and grants won by your organization. One or more of these things happens monthly or weekly in all organizations.

Spread the word about your social media presence by doing these simple things:

1 Add social media badges and buttons to your existing agency website that links to your Twitter account, blog, Facebook fan page and YouTube channel.

2 Make local print and television media aware of your social media hub and spokes. Invite them to use your content for news reports.



- 3** Connect with other social media users in your community. They may share your content to broaden its reach.
- 4** Add a simple sharing request in your posts. "Please share" or "please retweet" work well.
- 5** Read, listen and comment on what other EMS professionals are presenting in social media. There are lots of agencies already doing great things. Watch and learn from them. Ask questions, interact and share.
- 6** Invite readers, listeners and viewers to share your content by making it linkable and embeddable. Use blog tools like "add this" and "share this" to encourage sharing.

You don't have to do this alone. A computer, Internet connection and smartphone make any emergency responder, patient or bystander a social media public information officer. Many of your employees, volunteers and patients are already using social media. For employees, create a policy that gives them guidance on appropriate creation of social media during work and what to present about work. Obviously, you don't want anyone to compromise patient confidentiality, but why not empower and encourage employees to blog or tweet about new equipment, training activities, injury prevention tips or challenges they face as EMS professionals.

Building an anytime, anywhere connection with your community using social media will help increase awareness of and support for your agency. In 2010, with free and easy-to-use tools, you can complement traditional EMS Week media activities with a year-round presence. ■

Greg Friese, MS, NREMT-P, co-founder of PIOSocialMediaTraining.com, helps EMS services with social media initiatives. Learn more with an email boot camp training program from PIOSocialMediaTraining.com. Subscribers to the free program receive 10 instructional emails about social media. Each email has a specific action step to help readers apply the educational information. The email boot camp covers the use of social media in both emergency and non-emergency situations. Readers learn about social media tools, how to create a hub and spokes for distributing content and engaging stakeholders, and how to equip a social media "jump kit." Each email draws on best practices, ongoing efforts of other emergency responders and available tools for creating social media.



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Josh Krimston is a firefighter and paramedic with the Bonita-Sunnyside Fire Protection District in San Diego, Calif., and the co-founder of EPIC (Eliminating Preventable Injuries in Children) Medics.

Getting Out the Safety Message

By Josh Krimston

Unintentional injuries continue to be the leading cause of death for Americans, from the very young to the very old. Many of these tragic deaths could have been prevented by some type of educational intervention. Often times, a simple reinforcement or reminder of safe behaviors is all it takes for a person to make an informed choice, like placing their child in a car seat or putting on a bicycle helmet. EMS can play a vital role in “getting out the safety message” by turning one of its most visible assets, the ambulance, into a rolling safety billboard. As budgets decline, EMS and fire managers are finding that their existing apparatus may be the perfect safety advertisement “vehicle.”

The Corona, California-based non-profit 4 R Kids Sake was created by Tammy Russell, as a way of channeling both her grief and anger after her baby sitter left her six-month-old daughter, Kaitlyn, alone in a van on a sweltering summer day. Kaitlyn died of hyperthermia.

After Kaitlyn’s death, Russell was determined to help raise awareness of the danger of leaving children unattended in and around vehicles and began a series of programs including offering placards for emergency vehicles that educate the public on the dangers of leaving children alone in cars. The placard program has been adopted by numerous public safety agencies throughout California, including the entire San Diego Fire Department fleet, and has received national attention.

“Many a small thing has been made large by the right kind of advertising.”

—Mark Twain



There are an estimated 48,000 ambulances protecting nearly every community in the United States. They are high profile and represent the champions of health and safety—EMTs and paramedics. What better location than the exterior of an ambulance to place injury prevention messages? EMS has traditionally focused on secondary injury prevention, or preventing further injury from an event that has already occurred. By adopting the public health approach, EMS can assume a greater role in primary injury prevention; preventing an injury from occurring in the first place. EMS responds to injuries, but perhaps they should advertise prevention. ■

Getting Your Organization Noticed by the Media

By Jenifer Goodwin



When it comes to sharing news about your organization with the public, the most effective way to get your message out is through your local news media. But no matter how important your message is, it will not get covered unless you're able to clearly communicate to reporters, editors and producers—who may know nothing about EMS—or why it matters.

A concise, well-written press release provides the foot you need into the doors of the local media. The following are some tips and techniques for writing an interesting and newsworthy release, along with a few common pitfalls and how you can avoid them.

Pitching Your Story

The standard format for a press release includes a headline designed to grab the reader's attention, a subhead that provides further explanation, several paragraphs of text that explain the basics of the story—who, what, when, where and why—and contacts that reporters and other media representatives should call for more information or photo opportunities.

It's important to start strong, both in the headline and in your first sentence. Both will determine whether anyone will keep reading. Ask yourself the questions reporters will be asking themselves:

- Why does this matter to my community?
- What impact will it have?
- How is this different from what's come before?

Here is an example of a bad headline:

Greenville Fire Department receives \$50,000 State Grant

Subhead: Chief Ron Jones will hold a press conference on Tuesday to announce new program.

A better headline:

Greenville Fire Department Helps Seniors Stay in Their Homes

Subhead: New state grant enables firefighters to work with seniors to remove tripping hazards, replace light bulbs and install grab bars.

The intent of a press release is much different from an internal memo or company newsletter congratulating yourselves on a job well done. It's about grabbing the interest of a busy news outlet where the competition for ink and airtime is fierce.

When writing, avoid jargon as much as possible. If you must use it, don't take for granted that reporters will understand concepts or terms that you've used a thousand times. Spell out all acronyms. AED may roll off your tongue, but most reporters have never heard of it. When in doubt, define it.

What is Newsworthy?

A press conference or announcement is not itself newsworthy, unless you're a major celebrity or sports star, or you are imparting news that everyone is sitting on the edges of their seats to hear. What matters to reporters is what you are announcing—make sure your press release makes clear why they should care.



50 Years and Millions of Trained Citizens Later...

CPR Connects EMS to the Community

By Jenifer Goodwin



It was 1960. John F. Kennedy was running for president. Xerox introduced the first paper copy machine. Khrushchev pounded his shoe at the United Nations. And across the country, coronary artery disease had reached epidemic levels. Many men in their 50s and 60s were heart attacks waiting to happen. They smoked, didn't exercise and ate lots of red meat and foods high in saturated fats. (If you weren't around then, think "Mad Men.") Many had uncontrolled high blood pressure. Cholesterol-lowering statins had not yet arrived on the scene.

So it was fortuitous, and a bit ironic, that the year coronary artery disease peaked also marked the birth of modern CPR. Three investigators from Johns Hopkins Hospital

A New Concept

Drs. Safer, Jude and Kouwenhoven introduce the combination of rescue breathing and compressions that come to be known as CPR

Push for Standards

National Academy of Sciences convene an ad hoc conference on CPR to establish standardized training and performance standards

Medic 2 Transforms Seattle

Drs. Cobb and Copass initiate the world's first large-scale citizen training program making King County "the safest place to have sudden cardiac arrest"



1960

1966

1972

1969

1979

Annie, Annie—Are You OK?

The life-like manikin developed by Asmund Laerdal goes on to receive the kiss of life from millions



First Save in Miami

Paramedics perform CPR and defibrillate a 60-year-old man, the first save for the fledgling program started by Dr. Eugene Nagel

Just-in-Time CPR Training

Dispatchers provide CPR instructions to 911 callers under protocols developed by Dr. Jeff Clawson

in Maryland published a paper in the *Journal of the American Medical Association (JAMA)* describing a technique of using chest compressions to buy time for patients in cardiac arrest until a defibrillator arrives. Later that year, the technique, which they called heart-lung resuscitation, was combined with mouth-to-mouth ventilation and became known as CPR.

“Unless it happened in the emergency room, cardiac arrest was virtually 100 percent fatal,” said Dr. Mickey Eisenberg, professor of medicine at the University of Washington in Seattle and medical director of King County Emergency Medical Services. “CPR changed that.”

The year 2010 marks the 50th anniversary of the seminal paper in *JAMA* that launched one of the most significant and widely accessible lifesaving techniques ever developed. Since the advent of CPR, deaths from heart attack have fallen by two-thirds.

Eisenberg said much of that improvement is due to prevention—lower smoking rates along with better blood pressure, cholesterol and diabetes medications. Some is due to improved surgical procedures and cardiac care to treat those with coronary artery disease.

Some of the decrease in deaths from cardiac arrest is attributable to more widespread dissemination of CPR, first to physicians and nurses, later to EMS, and more recently, into communities, Eisenberg said.

Before the 1960s, reviving a stopped heart was solely the domain of surgeons, who could massage the heart through an open chest if they happened to be operating when the problem occurred. With external compressions and the development of more portable defibrillators, resuscitation began to be performed outside of hospitals in the 1970s.

Yet there continued to be resistance to sharing the technique with the general public. “There were a lot of skeptics at the time,” said Eisenberg. “They said people couldn’t do it properly or you can’t teach people to do it in a few hours. Of course, the anxieties of the skeptic were never realized. In fact, people can learn it, and not only can they learn it in a few hours, all of the innovative methods to teach it have shown you can teach it in even less time than that.”

In 1981, Eisenberg launched a program in King County

to teach 911 dispatchers to provide emergency CPR instructions over the telephone. After the program began, the rates of bystander CPR increased in the county from 35 to 40 percent to nearly 60 percent.

Today in King County, which includes 1.8 million people living in the city of Seattle and its suburbs, the EMS system saves more than 150 people each year. “Those are people who were literally brought back from the jaws of death,” Eisenberg said.

Yet the work isn’t done, according to Eisenberg. Though telephone instruction by 911 dispatchers is now standard, compliance isn’t often tracked. More emphasis needs to be placed on ensuring it is actually getting done. “We feel very strongly this is a resource-light way to improve your cardiac arrest survival rates,” Eisenberg said.

Still, on a national basis, less than 10 percent of those who go into ventricular fibrillation outside of the hospital survive and are discharged. Eisenberg says efforts should continue to ensure more members of the public know CPR. Though researchers will likely continue to develop better prevention and treatments for heart disease, it is the general public that holds the key to improving those survival rates, and they are who EMS needs to reach with the CPR message.

“The chain of survival starts with someone recognizing the problem, calling 911 and starting CPR,” said Chris Chiamas, executive director of the Sudden Cardiac Arrest Association. “Without the public’s knowledge of what to do, EMS is pretty limited in its ability to help cardiac arrest victims.”

Studies have shown the chances of surviving cardiac arrest are roughly doubled for those who receive CPR prior to EMS arrival. If CPR is started right away, it extends the window in which the defibrillator can be effective from 4 to 6 minutes to 10 or 12 minutes.

“The lessons of 1960s are as valid today as they were then,” Eisenberg said. “CPR has to begin in the first minutes of a cardiac arrest and the defibrillator has to arrive at the scene as quickly as possible. If we can spread that message to every part of our society, and make defibrillators as common as smoke detectors, then you will have resuscitation rates of 60 to 70 percent.” ■

First Conference for Citizen CPR

The precursor to Emergency Cardiovascular Care Update is held in Houston



Golden Anniversary Celebrations Promote Citizen Involvement

Mass trainings and survivor gatherings culminate at ECCU 2010 in San Diego

AHA Advisory Promotes Compression-Only CPR

1980

2008

2010

1984

2009



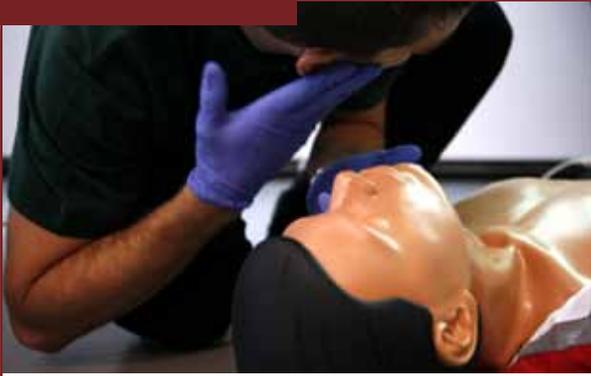
First AEDs Deployed

King County Washington launches first program to train and equip firefighters

Mass Training Record Set

4,626 trained at Cowboys Stadium in Arlington, Texas





Celebrate CPR's Anniversary by Spreading the Word

By Jenifer Goodwin

The Golden Anniversary of CPR is a golden opportunity for EMS organizations to share the importance of learning the lifesaving technique with their communities.

Whether it's organizing a mass CPR event, bringing CPR into your local schools or teaching CPR at health fairs and other community events, EMS professionals have the expertise and the resources to take a leading role in educating the public about the importance of bystander CPR, according to Dr. Tom P. Aufderheide, president of the Citizen CPR Foundation and a professor of emergency medicine at the Medical College of Wisconsin in Milwaukee.

And while the public is key, so are hospitals. Optimizing cardiac arrest survival also requires having hospitals that can serve as cardiac resuscitation centers able to perform therapeutic hypothermia, and provide immediate cardiac catheterization and high-quality ICUs for neurological care, electrophysiology testing and implanted cardiac defibrillators.

In many ways, EMS is uniquely positioned between the two, Aufderheide said. With both medical expertise and community contacts, EMS responders can step up to be leaders in efforts to increase bystander CPR rates, place AEDs in public places and make sure patients are headed to the right facilities. "EMS can motivate all of these other aspects of the community, from bystander CPR to promoting optimal care," Aufderheide said.

EMS professionals can get more involved through national organizations, (see below) many of which have local chapters or are seeking to start more local chapters, dedicated to improving cardiac arrest survival.

The Sudden Cardiac Arrest Foundation's mission is to educate the public about sudden cardiac arrest and promote the importance of bystander CPR and AEDs in public buildings. The SCA Foundation also has the first national online survivor network, with members in nearly every state who participate in raising awareness and supporting others through

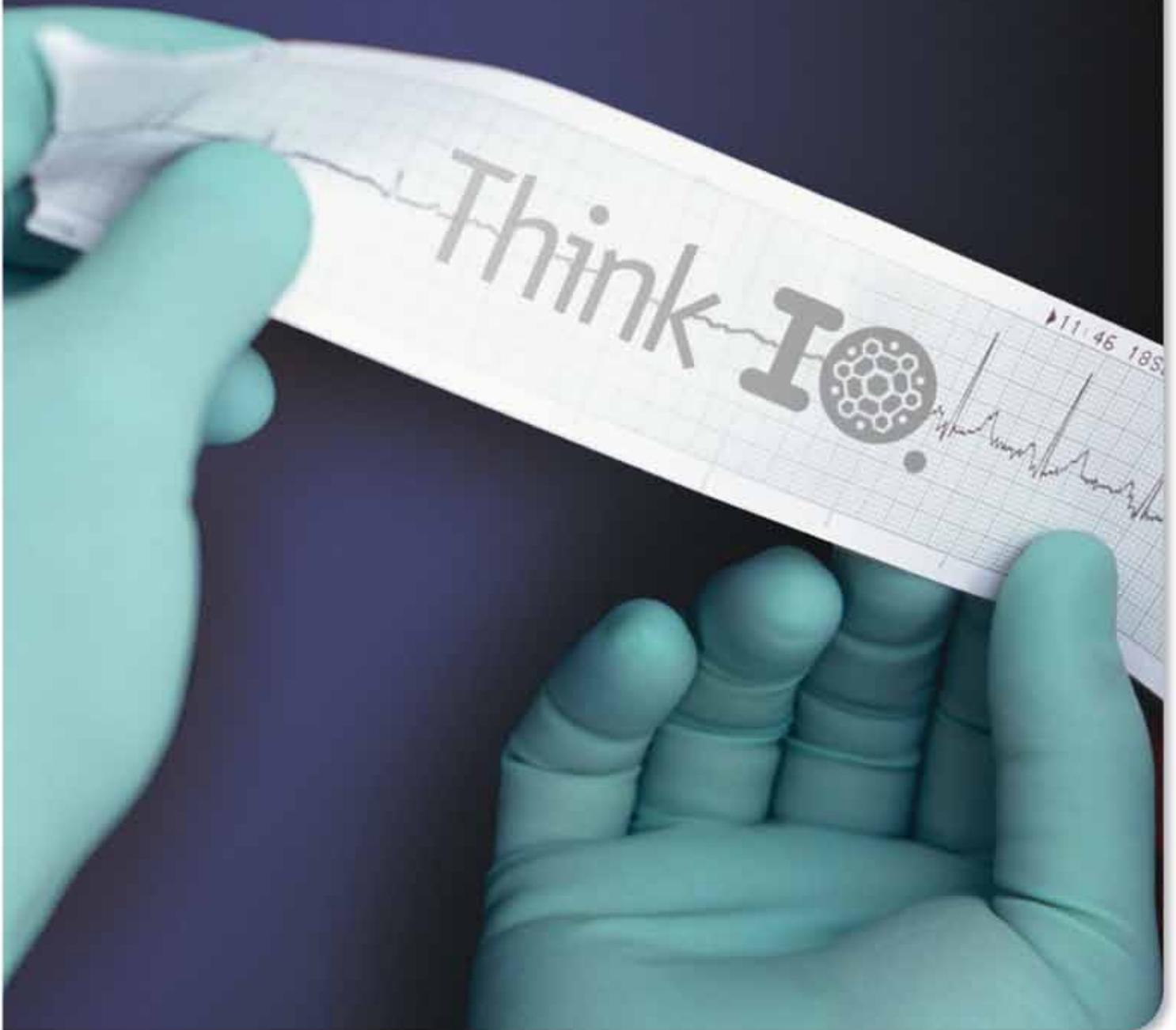
the healing process. Call (724) 934-0034 or email info@sca-aware.org for information. EMS professionals can visit the website for resources or to share their views and suggestions in the discussion forum. EMS professionals can also let survivors know about the National Survivor Network and work with local schools on a video contest to win an AED. This year's winner, a high school in Connecticut, worked with local EMS personnel on the video.

The Citizen CPR Foundation promotes community-wide programs to enhance bystander CPR and puts on a biannual conference during which resuscitation professionals—instructors, practitioners and researchers—come together for learning, inspiration and networking and to train more in bystander CPR. Call (703) 538-1791 or email eccu@citizencpr.org for more about getting involved.

The Sudden Cardiac Arrest Association is a patient-based advocacy organization that educates the public about sudden cardiac arrest and personal risk factors, and motivates the public to respond in case of a witnessed cardiac arrest. EMS professionals can volunteer as chapter leaders or assist in public awareness campaigns. Call (866) 972-SCAA or email info@suddencardiacarrest.org for more information. SCAA also has cardiac arrest and CPR fact sheets available on their website that can be used in developing your own educational materials.

The ACT Foundation endeavors to bring CPR training into high schools across Canada. ACT partners with local groups to raise funds for manikins, and with local EMS medical directors, who serve as medical directors for the high school programs. Since 1994, ACT has taught the four-hour Heart Savers CPR course to an estimated 1 million students. For information on getting involved or starting a similar program in your area, call Executive Director Sandra Clarke at (613) 729-3455 or email act@actfoundation.ca. ■

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Using Mass Training to Build Community Awareness

World Record Set at Cowboys Stadium

By Jenifer Goodwin

They say everything is bigger in Texas. That includes CPR events.

Five years ago, physician Robert Cluck, mayor of Arlington, put forth a challenge to his city's 360,000 residents: Improve cardiac arrest survival rates by teaching 10 percent of the population how to perform CPR.

As vice president for medical affairs at Arlington Memorial Hospital, Cluck knew from experience how important CPR is in saving lives. Cluck enlisted the help of the Arlington Fire Department, which was eager to take on the task.

"Getting bystander CPR initiated early is critical," said Battalion Chief/Medical Operations David Carroll. "Our residents are spread out over a large area. It can take 5 to 8 minutes to get a fire truck or ambulance to them. If someone suffers cardiac arrest and is lying there for 5 to 8 minutes and the oxygen isn't flowing, it's going to be difficult to rescue them."

The campaign kicked off with a mass CPR training event. Calling it CPaRlington, more than 200 people learned to do chest compressions on the field of Rangers Ballpark, Arlington's Major League Baseball stadium. Firefighter/EMTs also began teaching CPR at junior high schools, with 50 to 100 children rotating in and out of the gym all day. Last year, they taught at nine schools.

To reach their goal of 36,000, they knew they had to step it up. They hatched a plan: stage the most massive CPR event the world had ever seen.

The night before the event, volunteers had lined up American Heart Association kits in tidy lines across the field, each containing an instructional DVD and manikin. Then, on the morning of Nov. 17, 2009, more than 100 school buses began arriving at Cowboys Stadium, unloading 4,626 eighth grade students from across the city.

At 10 a.m., the students knelt on the grass doing chest compressions while the DVD played on the giant video screen as volunteer CPR instructors walked the rows, offering assistance.

“I was overwhelmed by it,” Cluck said. “The sheer number of kids doing the compressions, their enthusiasm, their seriousness. They had fun, but they went home understanding how to do CPR. I think any of the kids out there who participated could successfully resuscitate someone.”

The effort was enough to earn Arlington a spot in the Guinness Book of World Records.

Previously, Oslo, Norway, held the world record for the largest CPR training session, with 3,692 participants. When the Guinness World Records official sent to observe the event announced that Arlington had surpassed Oslo, “the kids went wild,” Cluck said.

Since the program began, more than 31,000 people have been trained in CPR. The city also has a public access defibrillation program that has placed 228 AEDs throughout the city. Residents are already seeing the value in their efforts, and several people have been revived by bystander CPR in the past year. In one case, a man visiting from California went into cardiac arrest at a recreation center. A woman saw him fall and shocked him with a defibrillator. The man left the hospital two days later.

In another, an 18-year-old high school student went into sudden cardiac arrest on school grounds. A bystander grabbed the school’s AED, started CPR, and delivered a shock. The teen went home from the hospital a few days later.

Although Arlington expects to reach its goal of 36,000 soon, the plan is to continue teaching CPR as often, and to as many people, as possible. “We talk about response times, response times, response times, but you are never going to get better than a 4-minute response time anywhere in this country,” Battalion Chief Carroll said. “As hard as we try, we are not going to reduce that much further. There has to be someone on scene who can initiate care, and the only way to do that is to train people in the community.” ■

Tips from Arlington for Staging Your Own Mass CPR Event

A mass CPR event can teach large numbers of people CPR while showing the community the critical role of EMS.

1 Staging a mass event is a collaborative effort, requiring the support of local politicians, EMS and other medical experts, and the school board if you want to include students. Volunteers came from the fire department, American Medical Response and the University of Texas, Arlington School of Nursing, and included professional CPR instructors and EMTs and paramedic students from a school in Dallas.

2 The CPR tool used to teach students was the American Heart Association’s Friends & Family CPR Anytime Personal Learning Program, which includes an inflatable manikin and instructional DVD. While the kits do not provide certification in CPR, the program teaches the basics in only 22 minutes. The children could take the kits home and were asked to teach CPR to their parents and others in their households.

3 The AHA typically sells kits for about \$35, but Arlington was able to purchase the kits at a reduced rate by buying in bulk. The local university, hospital and other area businesses provided the funding. Though the cost was about \$100,000, Cluck said the community got behind the concept and enthusiastically pitched in. “It really wasn’t that hard,” Cluck said.

4 Another big step in the process was finding the venue. Not everyone has Cowboys Stadium in their backyards, but most communities have large sports fields that can accommodate hundreds of people.

5 So how many people should you include? The larger the number, the more likely you are to get press coverage. “When you train 4,600 people, it generates a lot of interest,” Cluck said. Just be sure keep it under 4,626—Arlington wants its world record to stand a while longer.

Survivors and Families Lend a Powerful Voice

By Jenifer Goodwin

In efforts to educate the public about issues involving public safety, EMS can find no more powerful voice than survivors and their families. Whether the stories are tragic or joyous, the voices of those who have been touched by an accident or medical emergency speak more loudly than a PowerPoint or statistics ever could.

“The survivor advocates get the message across, whether it’s to a new mom or to a hardened paramedic,” said Josh Krimston, a paramedic and co-founder of EPIC Medics, which gives out a yearly award to someone within EMS who is going the extra mile in promoting safety in their communities. “They have that key that can unlock the person’s emotions.”

That sentiment was echoed by Chris Chiames, executive director of the Sudden Cardiac Arrest Association, which often includes cardiac arrest survivors in its “Heroes Recognition Program” for EMS professionals. “Survivors are an important visible and inspirational symbol that cardiac arrest is survivable and all of us have a role to play in responding,” Chiames said.

And reuniting survivors with their rescuers can serve another purpose: motivating responders and reminding them in a vivid way that their work has value.

“What we are finding is that even hearing about a successful outcome generates enthusiasm through the firehouse or EMS station, for those on the call and among colleagues,” Chiames said.

Staging a Survivor Summit

In 2003, then as the executive director for the National Center for Early Defibrillation, Mary Newman was looking for a way to raise awareness about cardiac arrest.

Newman and her team developed an idea to bring together those who had been saved by CPR and defibrillation with EMS responders. The National Conference of Champions and Survivor Summit, held in October 2003 in Washington D.C., had 42 survivors present (representing the 42 people who die every hour from SCA) ages 12 to 72, as well as 250 EMS personnel.

“The survivors wore red ribbons,” Newman said. “It was just striking to see the number of survivors at every table and in the hotel elevators, mixing with other conference attendees, and to see the impact their presence had on EMS workers.

There were lots of tears as survivors spontaneously shared their stories. For EMS workers, it made the conference so much more meaningful. They could see the outcome of all their work—that what they do every single day really does matter.”

The early defibrillation project at University of Pittsburgh has since disbanded, but Newman has gone on to become co-founder and president of the Sudden Cardiac Arrest Foundation, also based in Pittsburgh.

One of the foundation’s core goals is to build a National SCA Survivor Network—an online registry that has about 350 members from across the nation. The network serves multiple purposes. For survivors and their families, it provides a means to connect with others who have been through similar experiences and who may be dealing with some of the ongoing health issues that can result. “Most survivors return to their pre-arrest mental and physical status,” Newman said, “but it is not uncommon for survivors to suffer short-term memory loss, especially in the days immediately before and after the event, or to experience issues such as depression and ‘survivor guilt.’”

Survivors willing to speak publicly have been called on to do media interviews or speak at community events. Others have become involved in state and federal legislative advocacy. Many survivors in the network have become involved in their own communities in public-access defibrillation efforts or in teaching CPR and AED use.

“We have members in nearly every state and territory, and the network is growing steadily,” Newman said. “Often, survivors just want to get together with other survivors. Many survivors also want to give back and work to create awareness about cardiac arrest—to pay it forward. We are hoping to create an army of people to share our mission, to raise awareness and save more lives.”



Kaitlin Forbes, an SCA survivor, is featured in this award-winning publication from the SCA Foundation. “You Can Save a Life at School” can be downloaded at sca-aware.org/schools

Staging Your Own Survivor Summit

If you're interesting in staging a smaller-scale survivor summit in your own area, the following are some ideas for organizing it.

Determine your goals. Are you interested in raising awareness about a particular issue, such as pool safety, traffic safety, bike helmets, seat belts, cardiac arrest or sports injuries? Do you want to reunite a survivor with a rescuer to help boost morale and inspire your EMS colleagues? You don't have to choose between the two—a survivor summit can achieve both.

Identify survivors. Because of privacy laws, hospitals are limited in what information they can provide for you, although some may be willing to pass along your contact information to the patient. You may also find participants by keeping an eye out for media reports or doing a Google search for stories about survivors in your area. You may be able to identify and track them down that way. Sometimes, survivors reach out to EMS.

"Very often the survivors want to know who helped save their lives, and they take the initiative to seek out those involved," Newman said. "It's important to keep in mind that some people want their privacy and don't want to be involved with these things, but this seems to be the exception."

Consider including loved ones of those who did not survive. Some families feel sharing their experiences to help

other families avoid going through the same pain can bring them some measure of peace. "It's important not only to celebrate life, but also to remember and honor those who were lost," Newman said.

Plan your event. Keep it simple by inviting your survivor to a low-key ceremony or a breakfast at the station. With their permission, invite your local media. If the save involved an AED, you may also want to invite the manufacturer's representatives. The company may be willing to cover travel expenses or any other costs involved with the event.

Start small and build. Your first year, you may have only one survivor meeting with a few members of your staff. If you want to make your survivor summit a yearly event, identify other survivors throughout the year and ask them to join you. In time, word of your event will spread and you may have survivors contacting you.

Be prepared to be moved. There are few experiences as rewarding for someone in EMS than coming face to face with survivors and their families. Make sure to have a box of tissues on hand—even your toughest guys may need to wipe a few tears. ■

For more information about the Sudden Cardiac Arrest Foundation National Survivor Network, visit sca-aware.org

Austin's Story

On April 23, 2005, Cierra Sonetti was at a family gathering at her father's house when she realized she hadn't seen her 17-month-old son, Austin, in a while. After a frantic search, the family found him in the pool. Though several adults had been in the yard, he slipped in so quickly, and so quietly, that nobody noticed. A pool cover obscured much of the view.

Paramedics were able to revive Austin, but he had suffered life-altering, permanent brain injury. Now 6, Austin is paralyzed, blind and unable to speak or feed himself.

At 23 years old, Sonetti, along with her husband, is Austin's sole caretaker. The couple also have two other children. Austin's twin sister, Autumn, and a two-year-old daughter, Elle.

Though sometimes overwhelmed by the challenges of taking care of her family, Sonetti has become a powerful advocate for pool gates and water safety. She speaks to the media and at conferences—to anyone who'll listen, really—telling her family's story and talking about the importance of supervising children around water.

"Every time I hear about a child who has drowned on the news, it kills me," said Sonetti, who lives in Las Vegas. "It is so

preventable. These poor little babies are toddling around, and we let them down. If we keep our guard up, these kids could have long, full lives."

About a year after her son's near drowning, Sonetti heard about another drowning in her area and contacted the media. "I asked if they could come over and share my story in hopes of preventing another accident," she said. "I feel if I can get my story out there, it will save a child, so it's something that I have to do."

She has since participated in many other water safety efforts, like the special event pictured. She has done public safety announcements for her local fire department, speaks at the Safe Kids Coalition's annual awards ceremony and sits on her county Department of Health's Pool Barrier Committee.

And Sonetti doesn't wait for official engagements to share her story. In Target last spring, she got to chatting with another shopper. Sonetti mentioned her son was in the hospital and had been for several months.

The women in the Target had come to buy furniture. "She called me later and told me, 'Cierra, I didn't buy furniture. I bought a pool gate,'" Sonetti said. "I think when people can actually see for their own eyes what really happens, it changes them." ■





EMS is There for Seniors with Fall-Prevention Programs

By Jenifer Goodwin

Our aging population is one of the biggest challenges facing the nation's health care system. Satellite Beach, Fla., a haven for retirees from colder climates, is facing this issue head on. More than one-fourth of the population is over age 65, according to a recent city survey. That number is projected to rise to more than 30 percent in the next few years.

One result of the aging population is an ever-growing number of 911 calls from seniors who have fallen. Last year, nearly 15 percent of all emergency calls were fall-related, said Don Hughes, deputy chief of operations for the Satellite Beach Fire Department.

Hughes decided to do something about it. "If we do nothing, the numbers are going to get higher," Hughes said. "We had to come up with a strategy that would actually make an impact." Two years ago, he spearheaded the Elder Fall Prevention Program in the city.

Falls are a leading cause of injury-related death for adults over the age of 65 in the United States, according to the Centers for Disease Control and Prevention. About 1.8 million people ages 65 and older were treated in emergency rooms for falls in 2005, and 15,800 died from their injuries. As people get into their 80s and 90s, the risk of falling increases.

"Falls in the geriatric population are a very, very serious problem," said Dr. James Young, chairman of physical medicine and rehabilitation at Rush University Medical Center in Chicago. "The costs are enormous and the outcomes can be very serious. A hip fracture has a 20-percent mortality rate, and 30 percent who fracture a hip are never able to walk without a cane, crutch or walker again."

A preventable injury

The good news is that many falls are preventable. The Satellite Beach program began with firefighters conducting anti-fall education programs at senior centers, churches and restaurants where older people gathered. In 2009, firefighters held four fall-prevention fairs that drew nearly 2,000 people.

Hughes felt they needed to do more, however, to be effective. Since nearly 90 percent of falls occurred in homes, Hughes said, “We needed to get into the environment where people were falling.”

With the help of several county and state grants, his department began offering free in-home, 90-minute risk assessments, during which firefighters go room to room, identifying and removing hazards. Among the measures they employed were placing fluorescent tape at the edge of steps into sunken living rooms, rearranging furniture to ensure clear paths and rearranging shelves so frequently used items were in reach and seniors did not need to stand on a chair or stepstool.

Firefighters installed low-level lighting, rerouted electrical cords and removed throw rugs and other tripping hazards. “Sometimes, people won’t get rid of rugs, so we secure them with double-sided tape,” Hughes said.

The city also partners with Brevard County Community Services Council to install railings and handrails at low cost or no cost. “A lot of them come from a generation that doesn’t want anything for free,” Hughes said.

“We had a lady who had several handrails installed that would have cost \$350 or \$400 if she had a contractor do it,” Hughes said. “She made a donation of \$75.”

During home visits, firefighters also administer the “timed up-and-go test,” which measures how fast seniors can get up from a seated position and walk 10 feet. Seniors who perform poorly are informed that they are at higher risk of falling and should be cautious.

Goals are the same but programs can differ

At the same time, in Alberta, Canada, another astute EMS educator was growing increasingly concerned about the nearly 6,000 fall-related calls coming into the city of Edmonton’s Emergency Medical Services.

Led by Jennifer Fernandes, then a community educator for Edmonton EMS, the city launched a fall-prevention pilot program in the fall of 2007. Paramedics and EMTs responding to emergency calls from seniors who did not require, or who refused, transport were trained to identify those at risk of falling. Responders then taught willing seniors about preventing falls and how to safely get up after a fall.

During about 100 in-home interventions during the one-year pilot program, paramedics and EMTs completed a fall

risk-assessment on scene, including the “timed up-and-go test,” which was then returned to Fernandes for evaluation. Fernandes and her team also developed leave-behind materials about fall prevention along with a list of community resources that seniors could contact for assistance.

Seniors were taught to get up by rolling onto their stomachs, getting to their knees and crawling to a sturdy chair or table to brace themselves. “The crews would go down on the floor and show the senior how to get up,” Fernandes said. “The seniors really liked that. They said that instead of focusing on what they shouldn’t be doing, the focus was on what they could be doing to help prevent another fall. It was a refreshing approach for them.”

Before the program was instituted, EMS responders could do little more than help the senior into a chair or bed and leave if he or she refused transportation.

“The crews were feeling a little helpless,” Fernandes said. “The person might not be injured enough to go to the hospital, but they knew this person would be at risk for another fall.”

Integral to the program was offering referrals to other agencies and services, including in-home meal delivery, snow shoveling, home repairs and a diabetic foot clinic.

Though teaching EMS responders to prevent accidents requires a shift in how they approached their jobs, the effort pays off. “We are used to running in and treating injuries,” Fernandes said. “Preventing injuries is a totally different way of thinking.”

Although the fall-prevention pilot program ended in 2008, Edmonton EMS, now renamed Alberta Health Services EMS—Edmonton Zone, is scheduled to start a more comprehensive program in January 2010, through which paramedics and EMTs will help identify seniors at risk of falls, as well as other aging-related issues such as diabetic complications and dementia. At-risk seniors will be referred to various agencies that can offer assistance. The program is being funded through a provincial grant.

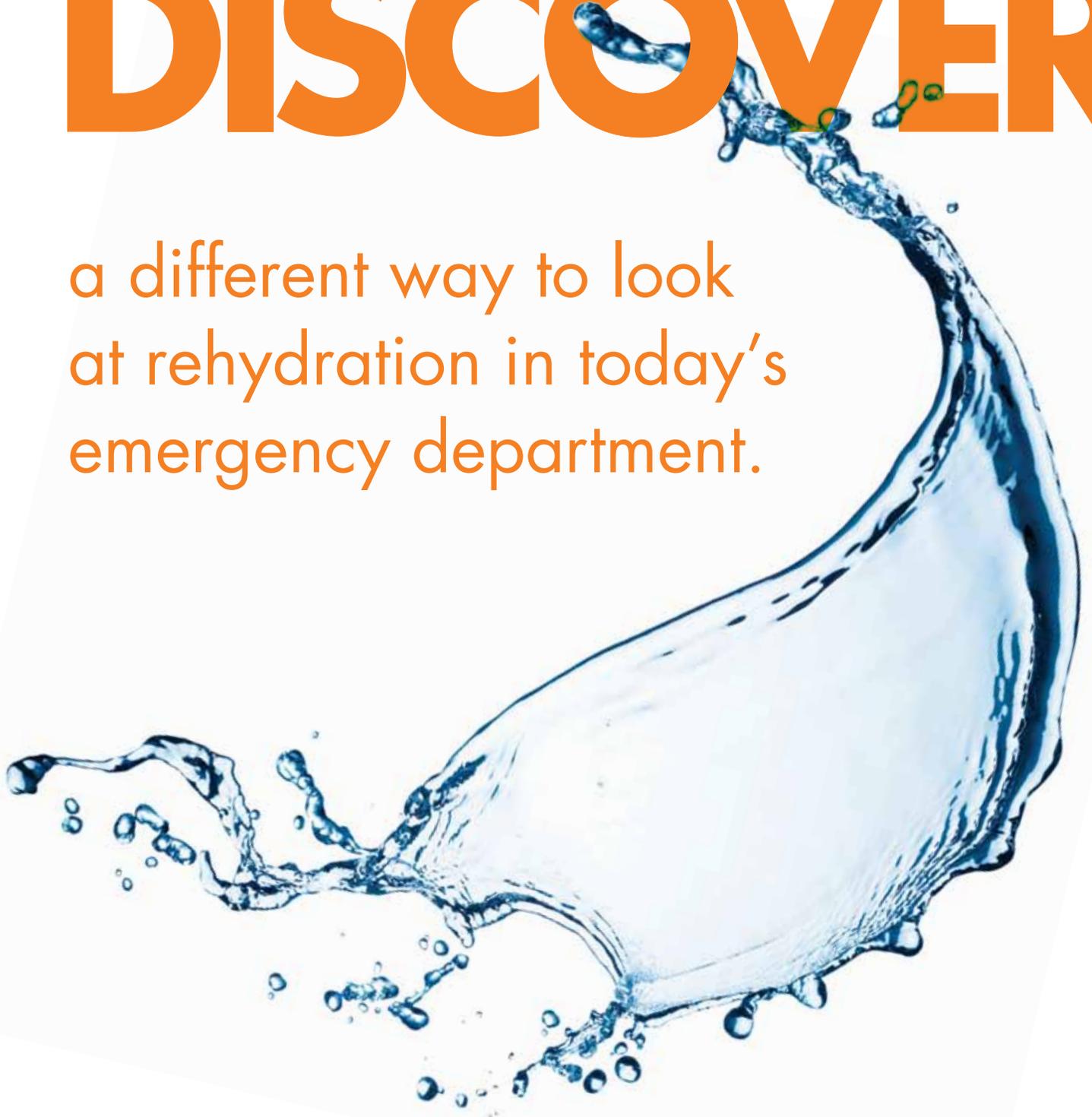
The Satellite Beach and Edmonton programs differ, but both are examples of EMS identifying a problem and reaching out to their communities to help solve it.

“We are a fire department that is adapting to the needs of its residents, and finding ways to keep people safer, healthier and happier longer,” Hughes said. ■



If you are interested in starting a fall-prevention program in your area, you can use Satellite Beach Fire Department’s materials (including training manual, fall assessment tool and checklist of what to look for in the home), which is available at satellitebeachfire.com/FallPreventionMaterial.aspx.

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MEDICATION DELIVERY



Annual Award Recognizes Excellence in Prevention

By Jenifer Goodwin

On a spring morning in San Diego 13 years ago, Lynn Rosecrans-Artz got a call at work that changed her life forever. Nicholas, her 2-year-old son, had wandered from a home day care and fallen into a neighbor's ungated pool. Paramedics were able to get his heart beating again, but he had been under too long. Later that evening, Rosecrans-Artz made the decision to turn off life support. She held her child as he died.

The next months were a blur of grief and pain. Yet Rosecrans-Artz felt compelled to thank the paramedics who tried for 40 minutes to save her son. She wrote a letter thanking them.

The tragic call—and the heartfelt note sent by the heartbroken mother—started this mother and the paramedics from the station who had responded to the call on a mission to protect other children from preventable accidents.

"It was my hope that something positive would come from this, that it would not be a tragedy and nothing more," Rosecrans-Artz said.

In 1998, paramedics Paul Maxwell and Josh Krimston, along with several others, founded EPIC (Eliminating Preventable Injuries in Children) Medics, a nonprofit organization comprised of firefighters, paramedics and EMTs using their knowledge and experience to promote safety in their communities through public education and policy change. One of the organization's first successes was helping to secure passage of AB 3305, now known as the Swimming Pool Safety Act, which requires barriers around all new pool construction in California.

EPIC Medics' volunteers also organize local events, such as bike helmet giveaways and Safety City, a children's traffic safety course. "We partner with any fire department or agency that

wants to do injury prevention," Krimston said. "We can provide resources, volunteers and the expertise needed to do it."

Shortly after launching their effort, the paramedics contacted Rosecrans-Artz. They wanted to establish an award to honor those within EMS showing excellence in injury prevention in their communities, and they wanted to name the award after Nicholas.

"That was the greatest tribute my son could have ever received," Rosecrans-Artz said. "I truly believe this was Nicholas' purpose on this earth. He inspired Josh and Paul to do all the wonderful work they have done."

Each year, the award is presented at EMS Today, *JEMS'* annual conference in Baltimore. Most years, Rosecrans-Artz, who has since moved to Washingtonville, N.Y., presents the award. She is often joined by her 13-year-old son Noah, with whom she was 9 weeks pregnant when Nicholas died. Rosecrans-Artz also has a 10-year-old daughter, four stepchildren and two grandchildren.

Last year, the winner was the city of Edmonton EMS senior fall-prevention program. Previous winners have included organizations and individuals in EMS working to prevent children being hit by cars, accidents among teen-aged drivers and boating accidents.

"I truly believe it is saving lives," Rosecrans-Artz said. "That does my heart a lot of good." ■

For more information about EPIC's award-winning programs, visit epicmedics.org



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Save that Date! 2010 Special Events, Conferences and Recognition Programs



March 15–16

911 GOES TO WASHINGTON

Washington, DC

Emergency dispatchers, center managers and 911 executives from around the country converge to educate lawmakers. (nena.org)

March 16

911 HEROES AWARDS GALA DINNER

Washington, DC

Hosted by the E911 Institute in conjunction with the Congressional E911 Caucus, this event honors individuals in the 911 profession who have demonstrated heroism and leadership. (e911institute.org)

April

NATIONAL 911 EDUCATION MONTH

Help educate the public about the 911 system and how to be prepared when they need to make the call. (nena.org)

April Pools Day

Drowning prevention programs begin as the weather starts to warm up—check your local public health and EMS agencies for events and dates in your area.

April 11–17

NATIONAL PUBLIC SAFETY TELECOMMUNICATORS WEEK

Celebrate the men and women who answer the 911 calls and provide life-saving guidance and care as the “first first responders.” (nena.org)

April 28–29

CONGRESSIONAL FIRE SERVICES INSTITUTE DINNER

Washington, DC

Join the 22nd Annual National Fire and Emergency Services Dinner and associated seminars to engage policy makers in discussions about federal programs and legislation addressing the needs of local first responders. (cfsi.org)

May

TRAUMA PREVENTION MONTH

Preventing an injury is always better than treating one. (amtrauma.org)

May 2–5

STARS OF LIFE CELEBRATION

Washington, DC

The American Ambulance Association pays tribute to paramedics and EMS personnel who exemplify what is best about their field. The highlight of the program is an Awards Banquet and Medal Presentation ceremony. In addition, the Stars meet on Capitol Hill with their congressional representatives. (the-aaa.org)

May 4–5

EMS ON THE HILL

Washington, DC

Sponsored by NAEMT, this event welcomes every type of provider representing every sector of the profession to meet with legislators and others to provide a united front in discussing key issues facing the industry. (naemt.org)

May 15–22

NATIONAL EMS MEMORIAL BIKE RIDE

This year's ride features three starting points: Bennington, Vermont (challenging), Portland, Maine and Paintsville, Kentucky and one ending point—Washington, DC. (muddyangels.org)

May 16–22

EMS WEEK

Celebrate the responders who'll be there, anytime, anywhere! (emsweek.org)

May 19

EMS WEEK: CHILD SAFETY AND INJURY PREVENTION DAY

Focus this day on children, through training, awareness and special events.

June 26

NATIONAL EMS MEMORIAL SERVICE

The mission of the National EMS Memorial Service is to honor the men and women of our profession who have given their lives in the line of duty and to recognize the sacrifice they have made in service to their communities.

Each year, hundreds of family members, friends, coworkers, EMS and political leaders and colleagues from EMS agencies from around the nation gather together to remember our honorees.

The National EMS Memorial is not a single event but rather a weekend of events centered around the ceremony known as the National EMS Memorial Service. The 18th Annual National EMS Memorial Service will take place on June 26, 2010 at 6:00 pm MDT at the First Presbyterian Church in Colorado Springs, Colorado. Please take a moment at that time to remember our fallen colleagues. (nemsms.org)

October

NATIONAL SUDDEN CARDIAC ARREST AWARENESS MONTH

Nearly 300,000 people die every year from SCA and only eight percent survive—through CPR, AEDs and a community-wide approach, many more can be saved. (sca-aware.org)

National EMS Meetings to Note in 2010

EMS TODAY March 2–6, Baltimore, Md. (emstodayconference.com)

FIRE DEPT. INSTRUCTORS CONFERENCE (FDIC) April 19–24, Indianapolis, Ind. (fdic.com)

NAVIGATOR CONFERENCE April 28–30, Orlando, Fla. (emergencydispatch.org)

FIRE-RESCUE MED May 1–5, Las Vegas, Nev. (iafc.org)

PINNACLE EMS LEADERSHIP FORUM July 26–30, San Diego, Calif. (pinnacle-ems.com)

NAEMSE SYMPOSIUM September 7–12, Schaumburg, Ill. (naemse.org/symposium)

ACEP SCIENTIFIC ASSEMBLY September 28–October 1, Las Vegas, Nev. (acep.org)

EMS EXPO/NAEMT September 29–October 1, Dallas, Texas (emsexpo.com)

NAEMSO ANNUAL MEETING October 10–15, Norfolk, Va. (naemso.org)

EMERGENCY CARDIOVASCULAR CARE UPDATE CONFERENCE December 8–11, San Diego, Calif. (eccu2010.com)

Need a great way to motivate your staff? Recognize your hard-working team during Emergency Medical Services Week, May 16-22, 2010 with gifts and promotional items to meet any budget.

EMS Week is your chance to join thousands of your peers in promoting camaraderie and in providing staff recognition, a proven method for improving productivity and morale.

Promotional Display Items



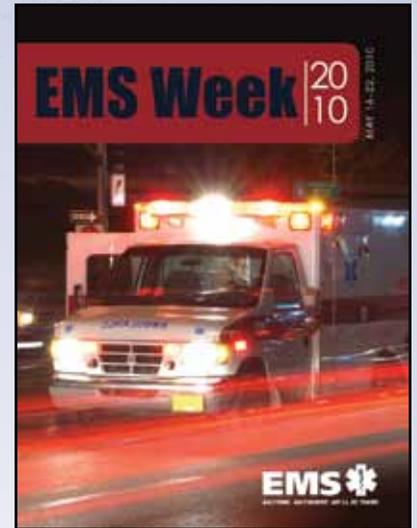
EMS1

EMS1 New! Vinyl Banner

6' x 3' durable, heavyweight, vinyl banner with grommets. **\$59.95**

EMS2 Poster

15" x 20" poster. Help promote EMS Week to your facility & community. **\$4.99**



EMS2

EMS3 Balloons

Combination of red and blue pearlized 11" latex balloons. Package of 50.

\$14.99 | No personalization

EMS4 Mylar Balloon

For facilities that do not allow latex—18" mylar balloon. More durable than latex.

1-10 \$3.75 | 11+ \$3.49



EMS6

EMS5 New! Auto Magnet

5" oval magnet. Water resistant & laminated.

1-99: \$2.99 | 100-249: \$2.49 | 250-499: \$2.39 | 500+ \$2.35

Logo personalization min.: 250, \$50 setup

EMS6 Bookmark

EMS logo on front and definition of EMS on back. 2" x 7".

Pkg/100 \$16.99 | No personalization



EMS3



EMS4



EMS5

Wearables

EMS7 New! EMS Hat

100% heavy brushed cotton twill, 6 panels, low profile, structured EMS cap with pre curved visor, fabric strap, buckle embossed closure and reflective sandwich tape.

1-99: \$9.99 | 100-249: \$8.99 | 250-499: \$7.99 | 500+ \$6.99 | Logo personalization min.: 50.
Setup will be determined for this item based on your logo. Call for details.

EMS8 Sport Shirt

Preshrunk 100% cotton shirt. Features EMS week logo screen printed.

M, L, XL, XXL (add \$2 for each XXL) 1-35: \$13.99 | 36-71: \$12.99 | 72-144: \$12.49 | 145+ \$11.99
Logo personalization min.: 36, \$50 setup

EMS9 Navy T-shirt

Preshrunk 100% heavyweight cotton t-shirt with screen printed logo. Seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear.

M, L, XL, XXL (add \$2 for each XXL) and XXXL (add \$4 for each XXXL)
1-35: \$10.99 | 36-71: \$9.99 | 72-144: \$8.99 | 145+ \$8.50 | Logo personalization min.: 36, \$50 setup

EMS10 White T-shirt Special Pricing !!!

This is a great shirt and a great deal for only \$6.99 each! Preshrunk, heavyweight 6.1-oz. 100% cotton shirt holds up over time and feels great. Built with seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear. Features 2-color EMS Week logo.

M, L, XL, XXL (add \$2 for each XXL) and XXXL (add \$4 for each XXXL)
1-249 \$6.99 | 250+ \$6.49 | Logo personalization min.: 36, \$50 setup



Bags

EMS11 Deluxe Sling Pack

Zippered pocket with ear port, cell phone zippered holder, and pen-loop pocket on the back strap. Made of durable 600D polyester with PVC backing. Features diagonal, dual-zippered opening to main compartment, diagonal, dual-zippered front pocket, one open, elastic, mesh, pocket, and extra zipper side pocket with inside mesh open pocket. 13" x 19" x 7"

1-99: \$12.99 | 100-249: \$12.49 | 250-499: \$11.99 | 500+ \$11.49

Logo personalization min.: 50, \$50 setup

EMS12 Dual Cooler Bag

Insulated six pack cooler features two separate compartments—one insulated main compartment with dual sliders, and one top insulated compartment with inside mesh pocket. Extra one open pocket, double zippered front pocket with inside organizer. Fixed and adjustable contrast webbing shoulder/carrying strap. 8" x 8" x 6"

1-99: \$9.99 | 100-249: \$9.49 | 250-499: \$8.99 | 500+ \$8.49

Logo personalization min.: 50, \$50 setup

EMS13 New! Deluxe Cooler

Larger-sized cooler has large, dual zippered "U" shape, insulated and heat-sealed main compartment, seamless zippered front pocket, adjustable shoulder/carry strap with colored trim, mesh pocket on rear. Convenient "D" ring for carrying keys. 600 Denier insulated. 10" x 10-1/2" x 7"

1-99: \$9.99 | 100-249: \$9.49 | 250-499: \$8.99 | 500+ \$8.49

Logo personalization min.: 50, \$50 setup

EMS14 Deluxe Gym Bag

Features front and side pockets, dual zippered end compartments, sweep zippered top, mesh elastic water bottle holder, front pocket with key clip and organizer pockets, adjustable and detachable shoulder strap. Made of durable 600D polyester. (Water bottle not included.) 20" x 12" x 9-1/2"

1-99: \$16.99 | 100-249: \$14.99 | 250-499: \$14.49 | 500+ \$13.99

Logo personalization min.: 50, \$50 setup

EMS15 Travel Case

Features side mesh pocket and side grab handle, large mesh pocket, and waterproof zippered pocket. Interior straps provide support when hanging. 600D polyester. 10-1/4" x 6" x 6" **Minimum order 25 pieces.**

25-49: \$9.99 | 50-99: \$8.99 | 100-249: \$8.75 | 250-499: \$7.99 | 500+ \$7.49

Logo personalization min.: 50, \$50 setup

EMS16 Backpack

Full size pack with front zippered pocket, padded, adjustable shoulder straps, side water bottle pocket. Made of 600 Denier polyester canvas. 12-1/2" x 17" x 7"

1-99: \$11.99 | 100-249: \$11.49 | 250-499: \$10.99 | 500+ \$10.49

Logo personalization min.: 50, \$50 setup

EMS11



EMS12



EMS13



EMS14



EMS15



EMS16



EMS17 New! Escapade Backpack

Backpack made of 600 denier polyester has padded, adjustable straps. Features large, main zippered compartment, front zippered pocket with organizer, slash pocket with buckle closure, and pen loops (pen not included). Side mesh pocket for accessories. Non PVC fabric backing. Kid friendly. 12" x 18" x 7"
1-99: \$14.99 | 100-249: \$13.49 | 250-499: \$12.99 | 500+ \$11.99
Logo personalization min.: 50, \$50 setup



EMS17

EMS18 PolyPro Backpack

Another great value! Non-woven polypropylene material that is lightweight and recyclable, yet strong enough to hold up to 30 lbs. Zippered main compartment. Front zippered pocket. Two side pockets and adjustable shoulder straps. Carry handle. 15-1/2" x 5-1/2" x 13"
1-99: \$4.99 | 100-249: \$4.75 | 250-499: \$4.50 | 500+ \$4.25
Logo personalization min.: 100, \$50 setup



EMS18

EMS19 Special Pricing! Sport Duffel

Main zippered compartment with front pocket and pen loop. Side mesh water bottle pocket and adjustable shoulder strap. 10" x 17-1/2" x 8"
1-99: \$7.50 | 100-249: \$7.25 | 250-499: \$6.99 | 500+ \$6.49
Logo personalization min.: 100, \$50 setup



EMS19

EMS Team Merchandise

Promote a Team Effort with this sports oriented logo. The EMS Team logo can be printed in bulk on most items in the catalog – call for details.

EMS20 New! Team Shirt

3/4 sleeve raglan baseball t-shirt. Preshrunk 100% cotton 6.1 ounce heavyweight raglan, contrast color collar. M, L, XL, XXL (add \$2 for each XXL).
1-71: \$12.49 | 72-144: \$11.49 | 145+ \$10.49
Logo personalization min.: 48, \$50 setup



EMS20

EMS21 New! Vintage Tee

Distressed logo gives this shirt personality and style. 100% preshrunk cotton; contrasting neck and sleeve bands; shoulder-to-shoulder tape; double-needle stitching on bottom hem. Heather Gray/Navy.
M, L, XL, XXL (add \$2 for each XXL), XXXL (add \$4 for each XXXL)
Minimum order 24 pcs. 24-35: \$9.99 | 36-71: \$8.99 | 72-144: \$7.99 | 145+ \$7.49
Logo personalization min.: 36, \$50 setup



EMS21

EMS22 New! Team Jotter

Includes solar calculator, elastic pen loop, front business card pocket, 3" x 4" notepad with unlined pages. Pen not included.
1-99: \$5.99 | 100-249: \$5.75
250-499: \$5.49 | 500+ \$4.99
Logo personalization min.: 100, \$50 setup

EMS22



EMS23 Team Cooler

Main constructed with heat sealed liner and fully insulated for 6 pack. Zippered front pocket, reinforced bottom adds strength. Adjustable webbed shoulder length carry handle. 9" x 6-1/2" x 6"
1-99: \$5.99 | 100-249: \$5.49
250-499: \$4.99 | 500+ \$4.49
Logo personalization min.: 100, \$50 setup

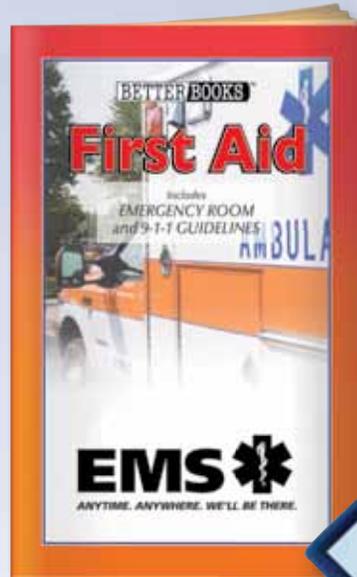
EMS23



Promotional Giveaways

EMS24 First Aid Book

36 page full color booklet filled with valuable info! 3-3/4" X 6"
 1-99: \$1.49 | 100-249: \$1.45 | 250-499: \$1.39 | 500+ \$1.35



EMS25 Star of Life Key Tag

Unique shaped plastic key tag with one piece ring attachment.
 1-99: \$0.89 | 100-249: \$0.79 | 250-499: \$0.69 | 500-999: \$0.67 | 1000+ \$0.66
 Logo personalization min.: 500, \$50 setup



EMS26 Ambulance Shaped Stress Reliever

Need stress relief? These foam ambulances relieve stress with a squeeze.
 1-99: \$3.99 | 100-249: \$3.75 | 250-499: \$3.59 | 500-999: \$3.35 | 1000+ \$3.25
 Logo personalization min.: 250, \$50 setup



EMS27 Emergency Tips for the Home Post Ups

Know what to do in the event of an emergency, when to call 9-1-1 and what to do before emergency services arrive. Peel off the adhesive liner to hang.
 1-99: \$0.65 | 100-249: \$0.63 | 250-499: \$0.60
 500-999: \$0.55 | 1000+ \$0.52
 Logo personalization min.: 500, \$50 setup



EMS28 Medicine Tracker ID Card Holder & Record Keeper

Keep all of your medical information and ID Cards together with the Med-Tracker.
 1-99: \$1.39 | 100-249: \$1.29 | 250-499: \$1.25 | 500+ \$1.19

EMS29 ID Kit

Record keeper folder includes an ink strip for fingerprinting and moist towelette for easy clean-up.
 Space for photo and identification notes on back. Designed for children or adults.
 1-99: \$1.49 | 100-249: \$1.39 | 250-499: \$1.29 | 500-999: \$1.19 | 1000+ \$1.10
 Logo personalization min.: 500, \$50 setup

FREE GIFT



Spend over \$1,000 and receive a Free Wenger® Evolution S17 Genuine Swiss Army Knife. A \$75 value. A great way to honor a special employee, or as a thank you for the person coordinating the EMS Week purchase.

EMS26

EMS25

EMS27

EMS28

EMS29



Drinkware

EMS30 New! Travel Mug

Comfortable handle, double wall insulated, plastic construction. Fits most auto beverage wells, open-close lid, dishwasher safe. 18 oz.
1-71: \$4.99 | 72-143: \$4.49 | 144-287: \$4.25 | 288+ \$3.99
 Logo personalization min.: 72, \$50 setup

EMS31 Special Pricing! Best Seller! Stainless Tumbler

Insulated steel outer wall with plastic liner. Stainless steel screw-on lid with slide opening. 16 oz. capacity. Fits most auto drink holders.
1-249 \$5.49 | 250+ \$4.99
 Logo personalization min.: 150, \$50 setup

EMS32 New! Aluminum Sports Bottle

24 ounce capacity features high quality aluminum construction, leak resistant cap with flip open straw. Carrying handle can attach to bags. BPA free.
1-99: \$5.99 | 100-249: \$5.89 | 250-499: \$5.79 | 500+ \$5.69
 Logo personalization min.: 150, \$50 setup

EMS33 Ceramic Mug

13 oz. mug has a cobalt blue lip and handle and will stand out in a crowd.
1-35: \$4.99 | 36-71: \$4.49 | 72-143: \$4.25 | 144+ \$4.19
 Logo personalization min.: 72, \$50 setup

EMS34 Sports Bottle

24 oz. capacity with contour shaping and push/pull lid. BPA-Free.
Minimum order 50 pieces.
50-249: \$2.59 | 250-499: \$2.39 | 500+ \$2.25
 Logo personalization min.: 200, \$50 setup

EMS35 Stadium Cup

16 oz. plastic cup. Side two features CPR instructions.
1-99: \$0.99 | 100-249: \$0.79 | 250-499: \$0.59
500-999: \$0.55 | 1000+ \$0.52
 Logo personalization min.: 500, \$50 setup

EMS36 New! Stainless Canteen

Two screw-top lids securely attached—wide mouth for adding ice, small mouth for drinking. Carabiner and gift box included. BPA free. 16 oz. 8" x 2-5/8"
1-99: \$9.99 | 100-249: \$9.49 | 250-499: \$8.99 | 500+ \$8.49
 Logo personalization min.: 75, \$50 setup

EMS30



EMS32



EMS31



EMS33



EMS35



EMS36

EMS34

Pins

EMS37 EMS Ribbon Lapel Pin

1" brass ribbon pin in red, white and blue with epoxy dome and military clutch backing. Individually polybagged. Features EMS star.
1-24 \$1.95 each | 25+ \$1.75 each

EMS38 Star of Life Pin

Attractive 1" brass pin with military clutch back.
1-99: \$2.99 | 100-249: \$2.49 | 250-499: \$2.35 | 500+ \$2.25

EMS39 New! EMS Week Lapel Pin

Die-struck pin. Tie-tac backing. 7/8"
1-99: \$3.99 | 100-249: \$2.99 | 250-499: \$2.79 | 500+ \$2.49

EMS40 New! EMT Lapel Pin

Die struck from solid brass and gold plated. Raised surface polished to a mirrored finish. Clutch back. Individually poly bagged.
1-99: \$2.99 | 100-249: \$2.49 | 250-499: \$2.35 | 500+ \$2.25



EMS37



EMS38



EMS39



EMS40

Gifts and Recognition Items

EMS41 New! Roll-up Blanket

53" x 48", 100% polyester fleece roll-up blanket. Flap folds within itself with Velcro® closure. Attached handle, 12" x 6" when rolled. Washable surface.

1-99: \$11.99 | 100-249: \$10.99 | 250-499: \$10.49 | 500+ \$9.99

EMS42 New! Roadster Gift Set

Emergency tool set with aluminum LED flashlight, tire gauge, and ball pen. Batteries included.

1-99: \$9.99 | 100-249: \$9.75 | 250-499: \$9.49 | 500+ \$8.99
Logo personalization min.: 50, \$50 setup

EMS43 CPR Face Shield Key Chain

Mouth-to-mouth face shield inside an ultra small plastic key chain holder replicating a portable oxygen cylinder. 3" x 1/2".

1-99: \$3.99 | 100-249: \$3.75 | 250-499: \$3.25 | 500+ \$2.99
Logo personalization min.: 124, \$50 setup

EMS44 Gripper® Scissors

Patented scissors has special grip grooves to grip and twist anything that needs opening—IV connections, tubing, etc. Cuts through clothing and seatbelts. Longer cutting blades, hook, grooves, large finger loops. 8-1/2" with hook, stainless steel construction. No Logo.

1-99: \$21.95 | 100-249: \$19.95 | 250-499: \$18.95
500+ \$17.95 | No personalization

EMS45 Special Price! LED Flashlight

Another great deal for one of our most popular items. 9 LED flashlight with ultra-bright beam. This efficient LED flashlight uses (3) AAA batteries to generate a bright, long-lasting light. On-Off push switch on the end of the flashlight. 3-1/4" x 7/8"

1-249 \$4.99 | 250+ \$4.75

EMS46 Mini Swivel Head LED Flashlight

Ultra-bright 3 LED light with locking on/off switch. Head rotates 360° and swivels 90° up or down. Spring action clip fastens to belt or backpack. Includes 2 replaceable AA batteries.

1-99: \$3.99 | 100-249: \$3.89 | 250-499: \$3.75
500-999: \$3.69 | 1000+ \$3.65

Logo personalization min.: 100, \$50 setup

EMS47 Visor Organizer

Stores papers and cell phone. Includes dry erase board (attached with Velcro®) and marker, zippered pocket, mesh pocket, pen holder.

6" x 11" x 1/2" **Min. order 50 pieces.**

50-99: \$11.99 | 100-249: \$8.99
250-499: \$8.75 | 500+ \$7.99

Logo personalization min.: 50, \$50 setup

EMS48 Watch

Unisex design sport watch with high accuracy quartz movement. Features metallic sunray dial comfort and canvas band.

1-99: \$12.99 | 100-249: \$11.99
250-499: \$10.99 | 500-999: \$9.99 | 1000+ \$9.49
Logo personalization min.: 100, \$50 setup

EMS49 LED Key Light

Features 5 bright LED lights (with 5,000 hours of life), key chain, and rubber on/off button. Four button cell batteries included.

1-99: \$3.75 | 100-249: \$3.49
250-499: \$3.25 | 500+ \$2.99
Logo personalization min.: 150, \$50 setup

EMS50 New! Scripto® Jotter

Business card holder. Includes 3" x 4-3/4" Scripto notepad and pen loop. (Pen not included) 5" x 3-1/2"

1-99: \$3.75 | 100-249: \$3.49 | 250-499: \$3.39
500-999: \$3.25 | 1000+ \$3.19
Logo personalization min.: 144, \$50 setup



EMS48

EMS49

EMS50

EMS51

EMS51 Umbrella

Automatic stick-style nylon umbrella with metal shaft and wood handle. Large enough to accommodate two people. 48" arc.

1-49: \$11.99 | 50-99: \$10.99 | 100-249: \$9.99 | 250+ \$9.49

Logo personalization min.: 100, \$50 setup



EMS52 New! Garrity Head Lamp

Black ABS plastic headlamp. Rotating bezel design lets user angle the light in various directions. Two super bright white LED plus one red (night vision) LED. Water resistant with adjustable head strap.

Two lithium batteries included. 1-3/8" x 1-1/2" **Minimum order 24 pieces.**

24-47: \$14.99 | 48-99: \$14.49 | 100-249: \$13.99 | 250-499: \$12.99 | 500+ \$11.99

Logo personalization min.: 50, \$50 setup



EMS53 Sani-Mist Pocket Sprayer

Antibacterial hand sanitizer 0.33oz/10 ml pocket spray in translucent frosted tube. Includes full color EMS Week logo.

1-99: \$1.99 | 100-249: \$1.89 | 250-499: \$1.75 | 500+ \$1.69

Logo personalization min.: 250, \$50 setup



Pens

EMS54 New! Bic® Solis Click Pen

Quality Bic® medium ballpoint pen. Comfortable contoured grip. Writes in black ink and is refillable.

1-99: \$0.99 | 100-249: \$0.95 | 250-499: \$0.89

500-999: \$0.75 | 1000+ \$0.69

Logo personalization min.: 300, \$50 setup

EMS54



EMS55



EMS56



EMS55 Syringe Pen

Inject some oomph into note-taking and report reviews! Useful writing tool designed like a 5cc medical syringe. Great idea for the whole department, and for party door prizes! Writes in black ink.

1-99: \$1.49 | 100-249: \$1.45 | 250-499: \$1.39

500-999: \$1.35 | 1000+ \$1.25

Logo personalization min.: 350, \$50 setup

EMS56 Writing Pen

This unique pen features the full color graphic wrapped around the entire pen. Writes in black ink.

1-99: \$0.79 | 100-249: \$0.75 | 250-499: \$0.69

500-999: \$0.65 | 1000+ \$0.62

Logo personalization min.: 300, \$50 setup

EMS57 Pencils

An assortment of colored pencils features white vinyl erasers and black imprint. Packaged in bags of 100.

1-9 packages: \$34.99 each | 10+ packages: \$29.95 each.

Logo personalization min.: 10 packages of 100, \$50 setup

EMS57



EMS58



EMS59



EMS58 New! Light-Bright Ballpoint Pen

Bright white light shines through soft clear frosted rubber grip.

1-99: \$2.99 | 100-249: \$2.89 | 250-499: \$2.79 | 500-999: \$2.59 | 1000+ \$2.49

Logo personalization min.: 150, \$50 setup

EMS59 Executive Ballpoint Pen

This pen has the weight and feel of a pen 10 times the price. Features Comfort Hold grip and solid brass construction. Writes in black ink and accepts Parker style refills.

1-99: \$2.99 | 100-249: \$2.75 | 250-499: \$2.49 | 500-999: \$2.39 | 1000+ \$2.25

Logo personalization min.: 150, \$50 setup

Kids

EMS60 Star of Life Temporary Tattoo

Great way to get kids excited and aware about EMS.
Pkg/25 \$8.99



EMS60

EMS61 Ambulance Temporary Tattoo

Great way to get kids excited and aware about EMS.
Pkg/25 \$8.99



EMS61

EMS62 911 Temporary Tattoo

Great way to get kids excited and aware about EMS. 1-1/2" x 2"
Pkg/25 \$8.99



EMS62

EMS63 Crayons

Package of 4 crayons will be the perfect partner when handing out coloring books.
1-99: \$0.75 | 100-249: \$0.65 | 250-499: \$0.45 | 500-999: \$0.39 | 1000+ \$0.35
No personalization



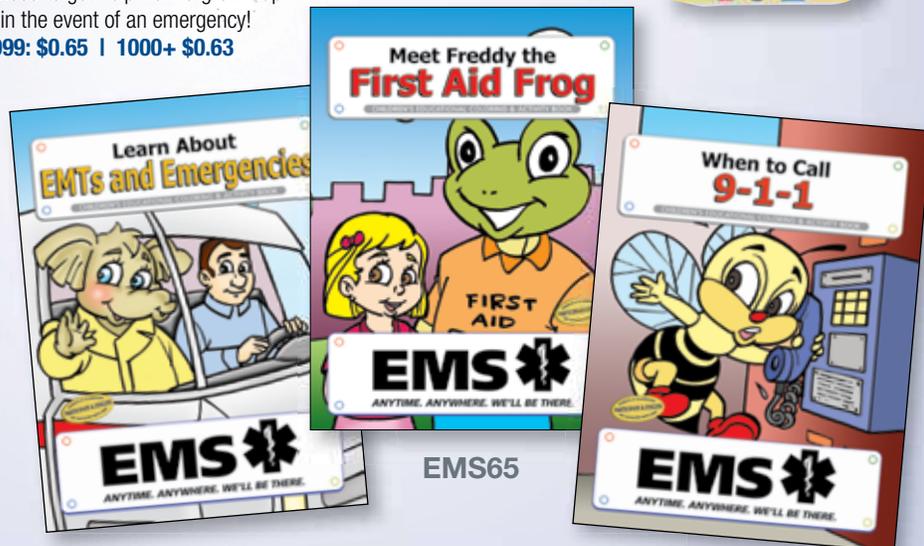
EMS63

EMS64 EMTs and Emergencies Coloring/Activity Book

Emmie, the Emergency Medical Services Elephant, helps children learn about emergencies and what happens when they call 9-1-1. Paramedics, EMTs, ambulance drivers, policemen and firefighters are discussed as well as how they help in an emergency!
1-99: \$0.99 | 100-249: \$0.95 | 250-499: \$0.69 | 500-999: \$0.65 | 1000+ \$0.63
Logo personalization min.: 1,000 pieces, \$50 setup

EMS65 First Aid Coloring/Activity Book

Freddy, the First Aid Frog, helps children learn about first aid and how to assemble a first aid kit. They are taught that if the injury is a serious one, they need to get help from a grown-up or call 9-1-1. They are encouraged to remember to stay calm in the event of an emergency!
1-99: \$0.99 | 100-249: \$0.95 | 250-499: \$0.69 | 500-999: \$0.65 | 1000+ \$0.63
Logo personalization min.: 1,000 pieces, \$50 setup



EMS64

EMS65

EMS66

EMS66 When to Call 911 Coloring/Activity Book

The 9-1-1 bee helps children learn what to do if there is an emergency. They are taught to call 9-1-1 and answer all the questions asked by the dispatcher and, above all, to NEVER call 9-1-1 as a joke! Also contains fun-filled activity pages.

1-99: \$0.99 | 100-249: \$0.95 | 250-499: \$0.69
500-999: \$0.65 | 1000+ \$0.63

Logo personalization min.: 1,000 pieces, \$50 setup

EMS67 Lolly Pops

Promote the 9-1-1 message and EMS week in a very tasty way.
Pkg/100 \$14.99



EMS67

EMS Week 2010 Order Form

How to Order

Visa/MasterCard/American Express

Orders: 1-877-367-2003

www.JimColemanLtd.com/acep

Jim Coleman, Ltd. Customer Service:

847-963-8100

Three Ways to Order

1. Pre-Payment by mail:

Send check payable to

Jim Coleman, Ltd.

428 South Vermont St.

Dept. EMS-2010

Palatine, IL 60067

2. Visa/MasterCard/American Express on Internet:

www.JimColemanLtd.com/acep or call

1-877-EMS-2003 (1-877-367-2003)

24 hours a day

3. Company purchase order by fax or mail (over \$100):

FAX TO: 1-847-963-8200

No Phone Orders for Purchase Orders

a. The vendor on your purchase order must be Jim Coleman, Ltd.

b. Purchase Orders Must be Faxed. Submit a copy of the actual purchase order document with completed order. Purchase requisitions are not acceptable.

***c. Purchase orders under \$100 will incur a \$5 invoicing fee. Please include this charge as a line item.

Facility Personalization:

Most products can be personalized with your facility name or logo. See item description for minimum quantities. Please note the setup charge for personalizing each item. Please fax desired layout/logo to 1-847-963-8200 and e-mail an eps or other high-resolution format file (vector format with type converted to curves) to chris@jimcolemanltd.com

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**Shipping and Handling:

\$4.99 or less: \$3.50

\$5.00-\$25.00: \$7.50

\$25.01-\$60.00: \$9.95

\$60.01-\$100.00: \$11.50

\$100.01-\$149.99: \$14.95

\$150.00 and above: add 10% of subtotal

Alaska, Hawaii, Puerto Rico, US Territories and Canadian orders incur double shipping charges and are shipped US Mail.

Overseas orders are collect and must provide their Federal Express, UPS, or DHL third party account number and there will be a \$10 handling fee. *There is a \$100.00 minimum order for all overseas orders and additional shipping charges may apply. Please contact Customer Service at 847-963-8100 with any additional questions.

Allow 3-4 weeks for delivery. **Order by April 30, 2010 to ensure delivery by EMS Week.**

Items subject to availability. For rush delivery information, call Customer Service at 847-963-8100.

		Qty.	Price	Total			Qty.	Price	Total	
PROMOTIONAL DISPLAY ITEMS					PINS					
EMS1	Vinyl Banner				EMS37	EMS Ribbon Lapel Pin				
EMS2	Poster				EMS38	Star of Life Pin				
EMS3	Balloons (Pkg/50)				EMS39	EMS Week Lapel Pin				
EMS4	Mylar Balloon				EMS40	EMT Lapel Pin				
EMS5	Auto Magnet				GIFT AND RECOGNITION ITEMS					
EMS6	Bookmark (Pkg/100)				EMS41	Roll-up Blanket				
WEARABLES					EMS42	Roadster Gift Set				
EMS7	EMS Hat				EMS43	CPR Face Shield Keychn				
	*Shirts (quantities)	M	L	XL	XXL (+\$2)	XXXL (+\$4)	EMS44	Gripper® Scissors		
EMS8	Sport Shirt					N/A	EMS45	LED Flashlight		
EMS9	Navy T-shirt						EMS46	Mini Swvl. Head LED Flshht.		
EMS10	White T-Shirt						EMS47	Visor Organizer		
BAGS					EMS48	Watch				
EMS11	Deluxe Sling Pack						EMS49	LED Key Light		
EMS12	Dual Cooler Bag						EMS50	Scripto® Jotter		
EMS13	Deluxe Cooler						EMS51	Umbrella		
EMS14	Deluxe Gym Bag						EMS52	Garrity Head Lamp		
EMS15	Travel Case						EMS53	Sani-Mist Pckt. Sprayer		
EMS16	Backpack						PENS			
EMS17	Escapade Backpack						EMS54	Bic® Solis Click Pen		
EMS18	PolyPro Backpack						EMS55	Syringe Pen		
EMS19	Sport Duffel						EMS56	Writing Pen		
EMS TEAM MERCHANDISE					EMS57	Pencils (Pkg/100)				
	*Shirts (quantities)	M	L	XL	XXL (+\$2)	XXXL (+\$4)	EMS58	Light-Bright Ballpt. Pen		
EMS20	Team Shirt					N/A	EMS59	Executive Ballpt. Pen		
EMS21	Vintage Tee						KIDS			
EMS22	Team Jotter						EMS60	Star of Life Tmp. Tattoo (Pkg/25)		
EMS23	Team Cooler						EMS61	Amb. Tmp. Tattoo (Pkg/25)		
PROMOTIONAL GIVEAWAYS					EMS62	911 Tmp. Tattoo (Pkg/25)				
EMS24	First Aid Book						EMS63	Crayons		
EMS25	Star of Life Key Tag						EMS64	Clr. Book-EMTs & Emrg.		
EMS26	Amb. Stress Reliever						EMS65	Clr. Book-First Aid		
EMS27	Emerg. Tips Post Ups						EMS66	Clr. Book-Call 911		
EMS28	Med Trckr ID Card Holdr						EMS67	Lolly Pops (Pkg/100)		
EMS29	ID Kit						Subtotal			
DRINKWARE								10% Tax (IL only)		
EMS30	Travel Mug						**Shipping/Handling			
EMS31	Stainless Tumbler						***Invoice Fee (PO's under \$100 min)			
EMS32	Aluminum Sports Bottle						Total			
EMS33	Ceramic Mug									
EMS34	Sports Bottle									
EMS35	Stadium Cup									
EMS36	Stainless Canteen									

PAYMENT: Visa MasterCard American Express

CARD NUMBER _____ EXPIRES _____

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INSTITUTION _____

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CITY _____ STATE _____ ZIP _____

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E-MAIL _____



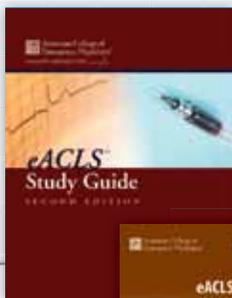
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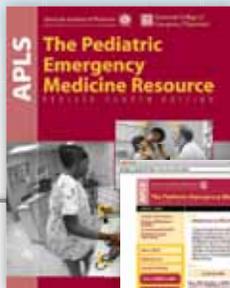


eACLS

(Launched June 2003)

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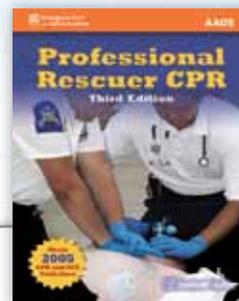
APLS

*The Pediatric Emergency
Medicine Resource*

(Published October 2003)

An educational "tool kit" that has helped thousands of emergency physicians and pediatricians to improve the quality of care they provide to infants and children with emergency conditions.

Learn more at
www.APLSonline.com



Emergency Care and Safety Institute

(Launched April 2006)

ACEP and J&B, in partnership with the American Academy of Orthopaedic Surgeons (AAOS), officially launch the Emergency Care and Safety Institute (ECSI) with the release of the First Aid, CPR, and AED, Standard, Fifth Edition training program. Now one of the premier training organizations of its kind, ECSI is an internationally recognized training organization that provides CPR, infection control, first aid, and other certifications that meet job-related requirements as defined by regulatory authorities such as OSHA, JCAHO, and state offices of EMS.

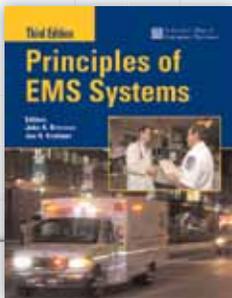
Learn more at www.ECSInstitute.org.

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(Published May 2005)

A resource providing an overview of the organization and operation of an EMS system, both on a daily basis and in response to large-scale events, including terrorist and weapons of mass destruction incidents.

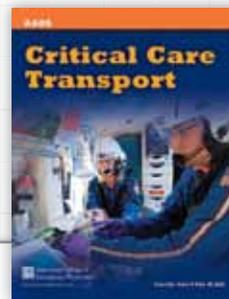


Vital Signs

(Online courses launched in October 2007, Podcasts launched in Jan 2008)

A series of online courses, also available as Podcasts, designed to satisfy continuing education hours for EMS providers through high quality distance-based training.

Learn more at www.JBlearning.com



Critical Care Transport

(Published November 2009)

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You make a difference in your local community every day. Now, why not make a difference to your profession by joining your national association?

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Serving our nation's EMS practitioners



Be There . . . Safely.

Emergency Medical Services, by the nature of the job, attracts those who enjoy excitement and might require providers to run toward situations that most people would escape. Safety hazards sometimes come with the territory.

So how do we make sure that EMS providers return safely from every call? Where should EMS providers draw the line between a necessary risk and needless disregard for their own safety? For a profession that attracts “adrenaline junkies,” it may be hard to draw the line. But here’s the bottom line: in order to do the job, EMS providers must get there safely, deliver safe care and return safely—so they will be there to answer the next call.

EMS needs to adopt an entire “culture” of safety—an expectation that acting safely and delivering safe care is just as important as response times and protocols. We have a long way to go. One survey shows that almost 9% of those responding reported being in an ambulance crash—within the last 12 months¹. Another data source on line of duty deaths to firefighters showed that of the 14 deaths that occurred in 2008 involving vehicle crashes, eight were not wearing seat belts and of these, six were fully ejected from their vehicle². How can we keep providers and their patients safe? Here’s what NHTSA’s Office of EMS (OEMS) is doing:

EMS Workforce

To track the extent of EMS workforce injuries, OEMS is collaborating with the National Institute for Occupational Safety and Health (NIOSH) to improve data collection on EMS worker injury and ambulance safety. NIOSH and OEMS are using the National Electronic Injury Surveillance System—Work (NEISS - Work) to collect data from hospitals across the nation on EMS worker line of duty injuries.

Federal Interagency Committee on EMS (FICEMS) & National Transportation Safety Board (NTSB)

As a direct result of NTSB hearings on helicopter EMS, FICEMS is charged with two tasks: to develop guidelines for selection of appropriate mode of emergency transportation and guidelines for the use and availability of helicopter transport.

Ambulance Safety

1. Improving Ambulance Safety Standards. NIOSH and NHTSA are teaming together on a four year project to develop recommendations for evidence-based safety standards aimed at increasing patient and EMS worker safety in the patient compartment.
2. “Solutions for Safely Transporting Children in Emergency Vehicles.” OEMS in partnership with NHTSA’s Occupant Protection Division initiated a two-year project to develop a set of recommendations on how to safely and appropriately transport children via ground ambulance.

National EMS Advisory Council

NEMSAC members have identified patient and provider safety as issues requiring immediate and substantial attention. They have adopted a position in favor of, “...*Establishing a Culture of Safety: A National Strategy*” and have made recommendations to DOT and FICEMS for further action.

1. Studenek, JR and Fernandez AR (2008). Characteristics of Emergency Medical Technicians Involved in Ambulance Crashes. *Prehospital and Disaster Medicine*, 23(5): 432-37.
2. U.S. Fire Administration (2009). Firefighter Fatalities in the United States in 2008. <http://www.usfa.dhs.gov/fireservice/fatalities/> (last accessed October 22, 2009).

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44547	SnugFit®	Nonwoven	Blue	30" x 84"	50



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**Join us for
EMS on the Hill Day
May 3-4, 2010 ■ Washington, D.C.**

The National Association of Emergency Medical Technicians (NAEMT) invites you to join with EMS professionals throughout the nation to advocate for EMS as part of the EMS community's first coordinated effort to visit congressional leaders and staff on Capitol Hill. This annual event will:

- Include representation from EMS organizations in all sectors of the EMS community, and encourage and promote broad participation within the EMS community.
- Provide a consistent message to Congress on the key issues affecting EMS and practitioners.
- Include a pre-Hill Visit briefing to prepare participants for visiting their congressional leaders, visits to Capitol Hill, and a concluding reception for all participants to celebrate EMS.

Mark your calendars – and be there for EMS!

To register or for more information, please go to www.naemt.org.



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STROKE is an Emergency. Every minute counts.

ACT F.A.S.T!



FACE

Does one side of the face droop?
Ask the person to smile.



ARMS

Is one arm weak or numb?
Ask the person to raise both arms. Does one arm drift downward?



SPEECH

Is speech slurred?
Ask the person to repeat a simple sentence.
Is the sentence repeated correctly?



TIME

If the person shows any of these symptoms,
Call 911 or get to the hospital immediately.

Have the ambulance go to the nearest certified stroke center.

Genentech
www.gene.com

Providing the Resources You Need

The Division of Injury Response of the Centers for Disease Control and Prevention (CDC) has a number of new and updated products that will be of interest to EMS providers. Many of these were developed through the Terrorism Injuries: Information, Dissemination, Exchange (TIIDE) project. The TIIDE project is a cooperative venture funded by the CDC through the following six grantees; American College of Emergency Physicians (ACEP), American Medical Association (AMA), American Trauma Society (ATS), National Association of County and City Health Officials (NACCHO), National Association of EMS Physicians (NAEMSP) and the Southern Nevada Health District (SNHD).



One-Hour Blast Course v.2 and Interactive Scenario-Based Training Program

ACEP is proud to release version 2 of both the one-hour blast course and the interactive scenario-based training CD. The one-hour blast course is a ready to present course that includes instructor notes and PowerPoint slides to present the training. The interactive scenario-based program takes you through a simulated blast on a subway and you treat four separate patients with a variety of different injuries. The blast course and interactive exercise can be downloaded at www.acep.org/blastinjury.

Watch the one-hour blast course through an on-demand web-based presentation. Just click the link on the ACEP blast injury web page.

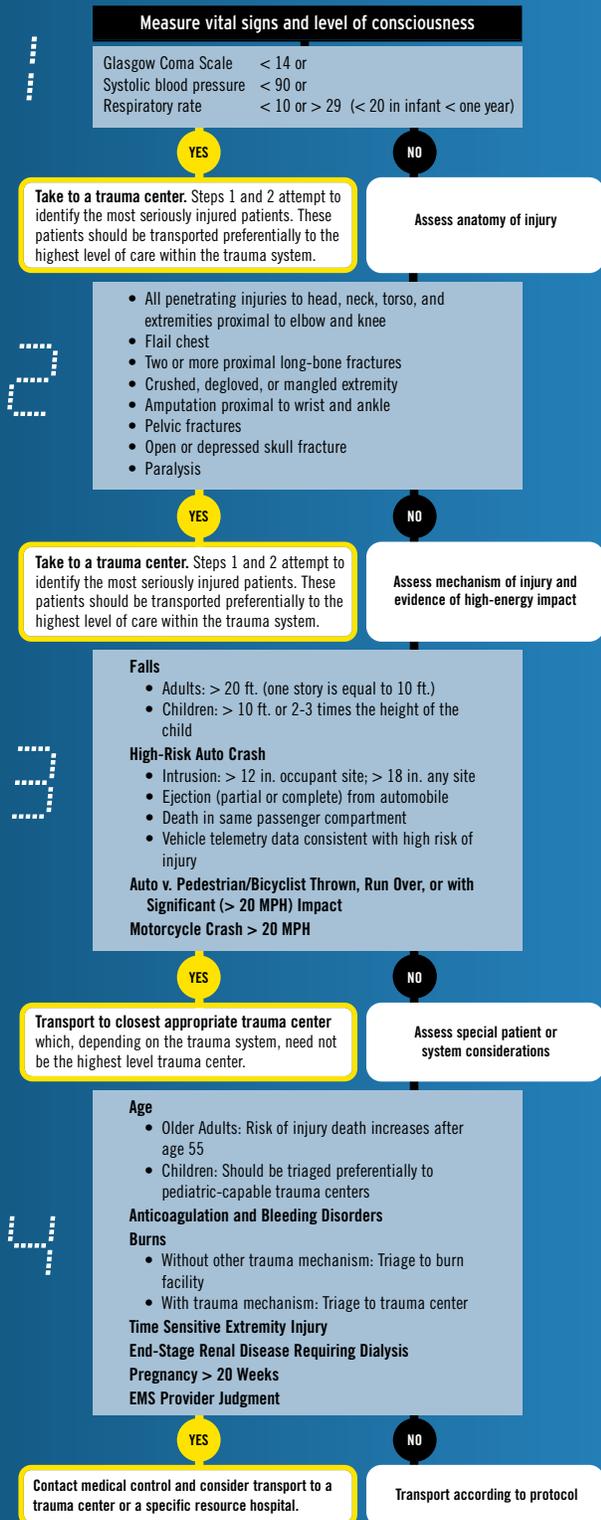
Sort – Access – Life Saving Interventions – Treatment/Transport (SALT) Disaster Triage

Currently, there are multiple disaster triage systems that are available and in use across the nation. There is not a universally accepted standard or method for disaster triage. As a result, it is common to see more than one triage method being used in large, multi-jurisdictional mass casualty events.

To address this issue, a national expert panel of the TIIDE project was led by NAEMSP and tasked with researching existing disaster triage systems and to make a recommendation for a common disaster triage standard that would be universal to out-of-hospital responders.

Additional information can be found at www.acep.org/blastinjury.

FIELD TRIAGE DECISION SCHEME: THE NATIONAL TRAUMA TRIAGE PROTOCOL



When in doubt, transport to a trauma center.

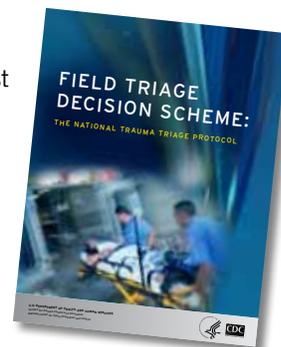
For more information on the Decision Scheme, visit: www.cdc.gov/FieldTriage

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Guidelines for Field Triage of Injured Patients: Field Triage Decision Scheme

Seriously injured patients rely on you to give the best medical attention and care. To do that, you need knowledge, experience and the proper plan. That's why the Centers for Disease Control and Prevention (CDC) has



released the widely endorsed *Field Triage Decision Scheme: The National Trauma Triage Protocol* to help EMTs and paramedics choose the best transport destination for trauma patients. Designed in partnership with other leading organizations and experts in injury care, the *Decision Scheme* has been published in the prestigious *MMWR Report & Recommendations*. It's a valuable plan that can help your EMS system save lives.

Get a free copy of the *Field Triage Decision Scheme: The National Trauma Triage Protocol*, the *MMWR* and other free resources at www.cdc.gov/FieldTriage.





“
Watching my grandson’s soccer games always gets my **pulse racing**. Trouble was, it was still racing after the game was over.
”

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STROKE is an Emergency

ACT FAST!

Rapid intervention is crucial to the treatment of stroke

- Stroke is the 3rd leading cause of death and a leading cause of disability¹
- The longer a stroke goes untreated, the greater the chance of permanent neurologic damage²

EMS is critical in the management of suspected stroke³

Rapid stroke assessment and appropriate action can reduce dangerous delays in treatment.

Guidelines for EMS Management of Patients with Suspected Stroke⁴

On Scene	In Transit	
<input type="checkbox"/> Manage ABCs: airway, breathing, circulation—give oxygen, if needed	<input type="checkbox"/> Rapid transport to closest facility capable of treating stroke*	<input type="checkbox"/> Check and record blood glucose to assess for hypoglycemia
<input type="checkbox"/> Perform prehospital stroke assessment	<input type="checkbox"/> Bring witness, family member, or caregiver, if possible	<input type="checkbox"/> Check and record blood pressure
<input type="checkbox"/> Establish and record exact time when patient last seen normal	<input type="checkbox"/> Alert receiving emergency department	<input type="checkbox"/> Establish cardiac monitoring and IV access, if possible

*EMS bypass of hospital without stroke resources supported by guidelines if a stroke center is within reasonable transport range.⁴

**Make a difference in stroke—
know the signs and symptoms essential
to rapid diagnosis and treatment^{5,6}**

1. Rosamond W, Flegal K, Furie K, et al. Heart disease and stroke statistics—2008 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2008;117:e25-e146. Available at: <http://circ.ahajournals.org/cgi/content/full/117/4/e25>. Accessed March 6, 2008. 2. Saver JL. Time is brain—quantified. *Stroke*. 2006;37:263-266. 3. 2005 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. Part 9: Adult stroke. *Circulation*. 2005;112:111-120. 4. Adams HP Jr, del Zoppo G, Alberts MJ, et al. Guidelines for the early management of adults with ischemic stroke. *Stroke*. 2007;38:1655-1711. 5. Kothari RU, Pancioli A, Liu T, Brott T, Broderick J. Cincinnati Prehospital Stroke Scale: reproducibility and validity. *Ann Emerg Med*. 1999;33:373-378. 6. Kidwell CS, Starkman S, Eckstein M, Weems K, Saver JL. Identifying stroke in the field: prospective validation of the Los Angeles Prehospital Stroke Screen (LAPSS). *Stroke*. 2000;31:71-76.

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