

A focus on personal, patient and community safety...



MARCH 30, 2021 - EMS Financial Symposium | **MARCH 31-APRIL 2, 2021** - National EMS Safety Summit



12th Annual National EMS Safety Summit

A Focus on Personal, Patient and Community Safety

***Convened by the Mile-High Regional Emergency Medical and Trauma
Advisory Council (Mile-High RETAC) since 2008***

***Virtual Conference
March 31-April 2, 2021***

12th Annual National EMS Safety Summit Course Descriptions

Wednesday, March 31, 2021

8:15 – 9:15

Harnessing the Power of Habit

Sharon Lipinski

*Certified Corporate Wellness Specialist,
CEO, Habit Mastery Counseling*

Course Description:

If you've been disappointed in the results of your safety training then you know the painful truth that knowing is not enough. Employees may know exactly what to do to avoid accidents. They may even want to do it. But they don't do it. Even the best intentions don't translate into results you can count on when safety is on the line. The most effective way to change how your employees typically think,

respond, or act is to transform it from a conscious act into an unconscious act. In other words, make it a habit.

Learning Objectives:

- The Limitations of Willpower: Ever wonder why your employees don't follow the safety training you've provided? Find out what willpower is, why it's so valuable, and the 3 reasons it isn't always there for your employees when they need it.
- The Neurology of Habit: Discover what neuroscience reveals about what happens in the brain when engaged in habitual behavior and how you can leverage the anatomy of a habit to improve the effectiveness of your existing safety training.
- The 7 Habits of Safety SuperHero Teams. These 7 habits will help you and your team save lives, reduce injuries, and increase your profitability. Habit is a double edge sword, so you'll also get strategies to neutralize habit and familiarity as it's happening.
- How to Create a New Habit. Apply what you've just learned and create a habit right on the spot.
- Tired of saying the same thing to your employees? You'll leave this training understanding why people do what they do and how to change it.

9:30 – 10:30

Best Practice - Deployment Dilemma – Is it Time to Ditch Single Tier, All ALS EMS Deployment?

Matt Zavadsky, MS-HAS, NREMT

*MedStar Mobile Healthcare, Chief Transformation Officer,
Immediate Past President, NAEMT*

Course Description:

Many EMS systems staff and respond ALS ambulances to every 9-1-1 emergency. The basis for this system design has been both clinical and financial. But, are all ALS systems actually harming patients, while making it more difficult to meet rising call volume demands with a shrinking workforce? This dynamic, and at times controversial session will explore the pros and cons of ditching an all ALS single tier EMS system response model.

Learning Objectives:

- Learn the theory behind the concept of all ALS deployment models
- Understand the economic and staffing challenges associated with this model
- Learn options and models for tiered response models

10:55 – 11:55

Verbal De-escalation Training: Surviving Verbal Conflict

A J Heightman, MPA, EMT-P

Editor Emeritus at JEMS (Journal of Emergency Medical Services)

Adjunct Instructor of Clinical Research and Leadership at George Washington University School of Medicine and Health Sciences

Course Description:

Today's increased service demands, and the scrutiny placed upon public safety professionals have resulted in a growing need to master verbal conflict management skills.

When negative verbal encounters escalate to the point where physical intervention is used, criticism often results when it is later discovered that there is little evidence of verbal de-escalation techniques being employed. This is particularly true when incident video and audio reviews are utilized.

In some cases, it has become clear that the verbal actions of the public safety responders served to *escalate* the situation.

This lecture will illustrate how Verbal De-escalation training provides public safety professionals with time-tested communication skills proven to help de-escalate volatile situations, safeguard co-workers' emotional and professional well-being, and significantly enhance the agency's professional image.

Learning Objectives:

- Improve public safety professionals' verbal communication skills
- Learn how to apply Rhetoric- Aristotle's Art of Persuasion (The art of using speech to persuade) when deflecting & redirecting verbal abuse
- Diffuse potentially volatile verbal encounters
- Avoid the "Rope-A-Dope Syndrome"
- Understand the importance of managing "Hyper vigilance"
- Raise organizational morale
- Significantly enhance the agency's image throughout the community
- Practice "Verbal Contact & Cover" principles
- Apply the FAA's "Sterile Cockpit Rule" on duty
- Understand the importance of "Chief Harry Dolan's 24-Hour Rule" as a key component of communication success

12:45 – 1:45 **Initial Success or Total Failure: How Are We Training our EMT's**

David Wiklanski, MA, FF/EMT (I)

Lieutenant, City of New Brunswick Fire Department

Course Description:

While the phrase, Initial Success or Total failure served as the unofficial motto of the Naval Explosive Ordnance Disposal (EOD) school at Eglin AFB, it can also be used to describe how we train our students in Emergency Services. Are we training our students to fail? Are we providing them with an education that they can relate to while adequately and truthfully preparing them for their future careers? With all of the discussion about generational differences, as educators, we must adapt our teaching styles in order to meet the needs of our future students. We must get away from the “check the box” mentality of training and engage in student focused, values-based education.

Learning Objectives:

- Participants will understand the fundamental differences in student generations as it relates to their training and education
- Participants will discuss multiple options for student centered learning
- Participants will engage in instructional design for the new generation

2:00 – 3:00

Safe Transport of Pediatric Patients in Ambulances

Jason Kotas, EMT

*Co-Director, EMS Outreach & Education Program
Children's Hospital Colorado*

Course Description:

"Improving Occupant Protection for Non-Critical Pediatric Patients in Ambulances: A Training Curriculum for EMS Personnel" was designed to teach EMS personnel about selection and installation of ambulance-specific restraints and some types of conventional child restraints on the ambulance cot. Throughout the entire presentation a parallel theme of EMS care provider safety is included as well. General occupant protection principles and policy and protocol development are also addressed in the training.

Learning Objectives:

- Discuss Ambulance Transportation Issues and Considerations
- Examine Crash Dynamics: Making the Case to Rear-face (Ourselves and our Patients)
- Review Child Safety Seats (CSS) Basics
- Identify CSS's Appropriate for Ambulance Use
- Identify and Discuss Ambulance-Specific Child Restraints
- Demonstrate Proper Installation of Child Restraints on the Ambulance Cot

3:15 – 4:15 ***Chemical Restraint: The Ketamine Controversy***

David Dalton, BS, EMT-P

Captain, Training Officer

St. Charles County Ambulance District

Course Description:

When the need for behavioral restraint arises, physical restraint alone is often inadequate, and for some patients, it can even prove fatal. On the ambulance, having chemical restraint as an option should be considered just as essential as having an oxygen tank or defibrillator. Benzo's, antipsychotics, and the ever-popular Ketamine - the options are many, but how do they stack up next to each other? Is there a magic bullet when it comes to out-of-hospital chemical restraint?

In addition to comparing the medications most frequently used in prehospital chemical restraint, Captain David Dalton presents a sobering look at recent controversies regarding the safety of Ketamine, events that involved the death of a patient, a lawsuit, media scrutiny, public outrage, and - in one community - a ban on EMS use of Ketamine. Some experts insist Ketamine results in higher intubation rates; others argue the exact opposite. Who's right? And regardless of what medication you use, is there an objective way to determine whether your patient is under-, over-, or adequately-sedated?

Learning Objectives:

- Compare and contrast the 5 most commonly-used chemical restraint medications, emphasizing their strengths and weaknesses, as well as cautions for their use.
- Dissect recent events that have brought Ketamine under intense public scrutiny.
- Contrast select research studies that argue for or against the assertion that Ketamine is a safe, effective option for prehospital chemical restraint.
- Discuss the adverse effects of select restraint medications and how to prevent or reverse them.
- Gauge a patient's level of sedation using the Richmond Agitation Sedation Scale (RASS).

NCCR Category:

Medical: Psychiatric and Behavioral Emergencies

Thursday, April 1, 2021

8:00 – 8:45

Lessons from Aviation Safety: What EMS Needs to Know

David McGowan, MSc, ASHM
Edgeleading, President

Course Description:

With over 103,000 commercial flight per day globally, statistically aviation is one of the safest forms of transport. Considering the complexities of flying an aircraft and hazardous variables, why is their safety record so good and what can we in EMS learn from it.

Breaking it down to its lowest common denominator, aviation and EMS share one thing: Both are in the people moving business. What we don't share is the poor safety record in EMS.

There are many strategies and tactics in aviation safety that can cross over to EMS safety with positive results. Take an exploration into the world of aviation safety to learn what simple steps can be taken to improve EMS safety with little or no financial investment.

Learning Objectives:

- Provide insight on how aviation behavioral based safety programs are so successful and how it can be duplicated in EMS
- Explore Just Culture and explain how it can effectively work in an EMS setting.
- Examine the use of checklists to mitigate high risk mistakes and how to easily incorporate into your EMS service.
- Identify top safety analytics that should be measured to identify risks and mitigate.

9:00 – 10:00 ***Red Lights and Sirens: Above All, Do No Harm***

Douglas Kupas, MD, EMT-P, FAEMS
*Geisinger Health System, EMS Medical Director,
Director of Mobile Integrated Healthcare*

Course Description:

This session will present a summary of best practices in use of lights and siren for EMS drivers and agency managers. An evidence-based approach will follow the NHTSA monograph on L&S use that was authored by the presenter. Topics will include risks, L&S effectiveness, medical necessity, operations, and service culture and policies. Additional discussion will include the importance of vehicle conspicuity and design.

Learning Objectives:

- Describe the risks related to the use of L&S driving.
- Discuss benchmarks for L&S rates during response and transport.
- Identify medical situations that do not warrant L&S response or transport.
- Discuss the effectiveness of L&S during vehicle operation.
- Understand public expectations related to L&S use.

10:15 – 11:15

Culture of Safety in EMS- Let's Be Safe Out There

Douglas Kupas, MD, EMT-P, FAEMS

Course Description:

This session will focus on the culture of safety in EMS. The risks to patients and providers will be discussed. The presentation will focus on processes that mitigate risk, including reduction of medication errors, devices to reduce error, patient hand-off, and use of safety checklists. Many of our errors in EMS are preventable, and we should strive for zero preventable deaths in EMS.

Learning Objectives:

- Describe the risks and errors in EM patient care.
- Consider instituting specific measures to mitigate medication and procedural errors in your EMS agency.
- Identify specific uses for safety checklists in EMS
- Understand the principles of error reduction in healthcare and the applicability of these techniques to the EMS setting.
- Describe programs that can improve your agency's culture of safety.

11:30 – 12:30

Caring for the Caregiver: Mental Health and Suicide Prevention

Desiree Partain, MHA, CCP-C, CP-C

*MedStar Mobile Healthcare,
Mobile Integrated Healthcare Manager*

Course Description:

Mental health and suicide are problems affecting people across various lifespans. Suicide is currently the 10th leading cause of death in the United States and remains no stranger to the first responder community with over 250 deaths reported among firefighters, law enforcement and EMS in 2017. It is time the industry acknowledges the stigma associated with suicide and strategically puts action plans in place to address the issue. This session will acknowledge those specific stigmas and allow the participant to implement strategic suicide prevention plans that focus on organizational support, community collaboration, peer support, and resource allocation.

Learning Objectives:

- Recognize the stigmas associated with mental health and suicide in the first responder industry
- Identify the goals associated with suicide prevention, intervention and postvention
- Identify resources in the community for mental health suicide prevention collaboration

- Compose a strategic ROI plan for organizational support and program sustainability
- Measure outcomes to track mental health and suicide prevention plan success

1:15 — 2:15

Keeping Crews & Patients Safe & Moving at High Hazard MCIs

A J Heightman, MPA, EMT-P

Editor Emeritus at JEMS (Journal of Emergency Medical Services)

Adjunct Instructor of Clinical Research and Leadership at George Washington University School of Medicine and Health Sciences

Course Description:

This lecture will present important considerations and operational modification for active shooter and high hazard multiple-victim incidents (MCIs) that require rapid (sometimes multi-area) patient location, triage, treatment on the fly and rapid reporting and distribution to hospitals.

A.J. Heightman will provide actual MCI examples and techniques to manage and/or function cooperatively at these complex and dangerous incidents, including:

- ◆ Rapid Establishment and identification of incident command, Triage and Transportation zones.
- ◆ Rapid scene assessment, reports, triage and treatment
- ◆ Use of pre-plans and checklists to ensure implementation and completion of key objectives
- ◆ Early (dispatcher-involved) staging of emergency vehicles (ancillary vehicles) and personnel.
- ◆ Special safety and operational modifications to MCI plans and the needs for increased involvement (coordination) of law enforcement and fire department assets (vehicles & personnel) at Treatment and Transportation zones.
- ◆ Use of limited/abbreviated communications and optimal relay of information to:
 - ◇ Incoming and on-scene units and key personnel
 - ◇ Communications centers
 - ◇ Hospital emergency departments

Learning Objectives:

-High patient volume incidents (HPVI) natural, accidental and terrorism driven, and Active Shooter Incidents (ASI): What happens, how they catch us off guard and what we've learned from these dangerous and demanding incidents.

- Preparing for future Weapons of Mass Destruction and Active Shooter incidents
- Coordination with law enforcement at Active Shooter Incidents (ASIs)
- New tools we all need in our WMD and ASI toolboxes.
- Discussion of incident potential and advance preparation
- Involvement of structured CERT Teams at MCI scenes.
- Dispatch and pre-arranged response plans
- Safety aspects, scene security and hazard control
- Incident command for EMS and MCI incidents
- Performance of initial triage and treatment
- New fast-moving Triage, Treatment and Transportation techniques and equipment
- Proper notification and distribution of patients to hospital facilities

2:30 – 3:30

Emerging Risk in EMS in the Post -COVID World

Matthew R. Streger, Esq., MPA, NRP
Attorney at Law, Keavney & Streger, LLC

Course Description:

In our post-COVID pandemic world, there are new risk management issues for EMS leaders to address. Expanded scope of practice, treat-in-place protocols and transport to alternative destinations, EMS to ED handoff and extended drop times, and occupational safety are some of the issues that we will discuss. Of course, as these issues are emerging, we may change things up at the last minute to discuss any cutting-edge topics!

Learning Objectives:

- Develop an understanding of emerging risk issues directly related to the COVID-19 pandemic.
- Develop an understanding of other emerging risk issues related to EMS.
- Develop a framework for mitigation and response to each specific risk issue identified.

3:45 – 4:45

How to Reduce Aggressive Driving and Prevent Crashes Using Technology

Micheal McCart
Deputy Chief/Paramedic, Pulaski County Ambulance District

Course Description:

Ambulance crashes continue to be significantly higher than other industries and civilian accidents. How can we utilize current technology to assist in the

Identification and correction of this problem? Let us discuss the issues and some solutions to increase the identification of problems, and solutions toward safety and driver modification. The goal is for everyone to go home at the end of shift so it prudent that we as an Industry "Do No Further Harm" and create a solution. If we do not correct the current situation, we may not like the solution that is given to us.

Learning Objectives:

- Scale of the problem
- What technology is available
- Implementation
- Review and evaluate
- The future

Friday, April 2, 2021

8:00 – 8:30

OSHA and EMS

Gregg Davidson, BS

*Regional Manager Safety and Risk Operations
AMR Global Medical Response*

Course Description:

- Overview of the OSH Act and its application
- Section 5 of the Act (General Duty Clause)
- Hazard Assessments
- Ergonomic Hazard and Mitigation
- Respiratory Protection Standard

Learning Objectives:

Participants will leave with an understanding of what the Act is, OSHA enforcement activities, EMS' most common missteps.

8:30 – 9:45

Just Culture

Matthew R. Streger, Esq., MPA, NRP

Course Description:

Just Culture is a system for analyzing human behavior, categorizing decision-making, and helping providers make better risk-benefit decisions. These decisions can be clinical, operational, or administrative. This program will discuss the scope of the medical error issue and compares the healthcare industry to the commercial aviation industry, then looks at other systems of error prevention and correction. We will then review the three categories of decisions and what

organizations do with each type of behavior, including relating Just Culture to traditional progressive discipline programs.

Learning Objectives:

- Develop an understanding of the issues of medical error prevention and organizational culture.
- Develop an understanding of the three categories of Just Culture behavior and what happens with each one.
- Develop an understanding of organizational implementation issues of Just Culture.

10:00– 11:00

Firearms for the Pre-hospital Provider, is this the Answer to Our Safety?

Jason Brooks, BAS, EMT-P, I/C
DT4EMS, LLC President/CEO

Course Description:

In a world that is showing increased cases of violence not only against law enforcement but also pre-hospital care providers and the calls for Defunding law enforcement many pre-hospital care providers are demanding the right to carry a firearm while on duty. Many pre-hospital care providers have made the valid argument that it is one of our fundamental rights to self-protection, but is a firearm alone going to be the answer to keeping our providers safe?

This lecture is going to illustrate how issuing firearms to providers is not the one size fits all answer to keeping our providers safe. We are going to cover administrative type issues, our number 1 type of attacks (low level assault) in which firearms if deployed inappropriately could escalate an attack, and the need for more comprehensive tactics and techniques to mitigate all levels of assaults, not just deadly force type options.

Learning Objectives:

- Improve provider understanding of use of force options.
- De-escalation vs Escalation when presented with a potentially violent scene.
- Understanding that a provider with a weapon does not mean they can go on known “unsafe” scene’s, the weapon should only be a last-ditch effort for when a “safe” scene turns “unsafe” and the use of deadly force is warranted.
- Understand the additional training that goes into carry a firearm as a healthcare provider.
- Improve the understanding of administrative pitfalls to allowing firearms in our pre-hospital systems.

11:15 – 12:15

Behavioral Restraint: The Scene is NOT Safe

David Dalton, BS, EMT-P

Captain, Training Officer

St. Charles County Ambulance District

Course Description:

80% of EMS professionals have been assaulted while trying to place a patient in physical restraints; 75% have seen a restrained patient escape. Entry-level and continuing education on restraint is virtually non-existent, with over 90% of providers saying they've received 0-4 hours of training in total. Restraining an aggressive person is one of the most dangerous situations encountered by EMS. It places both provider and patient in harm's way, and it's among the top four liability concerns for EMS. Civil rights violations, gross negligence, & wrongful death lawsuits - in lieu of proper preparation, many providers have had to learn these crucial lessons the hard way. All it takes is just one bad day. It may be unpleasant to acknowledge this system-wide problem, but in this case, ignorance isn't bliss. The stakes are just too high. Thankfully, there are solutions you can implement today! This program presents evidence-based strategies for performing safe, effective, legal restraint, while giving participants powerful tools, including the Physical Restraint Application Method (PRAM), sample protocols and policies, and dozens of other helpful resources. At the end of every shift, go home, not to court, the unemployment line, or the morgue.

Learning Objectives:

- Give examples of how improper use of physical and chemical restraint has resulted in the injury or death of a patient or provider.
- _ Summarize the legal implications of patient restraint, with an emphasis on the 4th and 14th amendments, the Mental Health Patients' Bill of Rights, and claims of gross negligence, unlawful use of force, false imprisonment, assault, and battery.
- Summarize the most current information on chemical restraint agents, with an emphasis on ketamine and benzodiazepines.
- Demonstrate a structured *Physical Restraint Application Method* (PRAM).
- Clearly distinguish the roles of EMS/Fire from those of law enforcement when attempting to restrain aggressive, intoxicated, and involuntary patients.
- List the 4 Universal Principles of safe, effective, and legal restraint.

12:45 – 2:00

Active Shooter Hostile Event Response (ASHER) Programs: The Critical Role of EMS

John Montes, NREMT

Emergency Service Specialist,

National Fire Protection Association (NFPA)

Course Description:

"Unified command" is a buzz word we hear all the time, but is it something that is achievable? This session will discuss the true definition of unified command, who should be included, how and when to use it, and simple recommendations on improving your system's use of it. The session will use after-action reports from several active shooter/hostile events including Parkland, Pulse nightclub, and the Boston Marathon as examples of its use, or lack thereof, affecting the management of an incident. We will also hear directly from experts and leaders throughout the country who are advocating for greater EMS inclusion in preparedness, response, and recovery.

Learning Objectives:

- Upon completion participants will be able to identify the required participants in unified command based on incident type and system capability.
- Upon completion participants will be able to describe ways their EMS systems can begin using Unified Command on smaller scale incidents and events as a means of improving system response.
- Upon completion participants will be able to brief their partner agencies (Law Enforcement, etc.) on the use of Unified Command and the importance in the management of an ASHE incident.

2:15 – 3:00

First Net and ET3 Planning for Patient Safety

Paul Patrick

FirstNet Board Member

Course Description:

High speed dedicated and reliable mobile broadband communication is now available in your ambulance or other public safety vehicle. How to get it, use it to benefit your patient, and how it differs from the traditional voice only communication systems we have used for years will be explored in this session.

Mobile Broadband communication gives you the capability to diagnose and treat patients in the field, with solid medical support on -line, and brings tremendous new benefits and support to rural EMS providers. "Telehealth" is now a reality, with major benefits to rural areas to allow for assessment and treatment, safely and effectively, at the patient's home.

Session Justification:

FirstNet, a federal government agency, was created by the Congress in 2012 to create and deploy a nationwide, high speed mobile broadband communications network, dedicated to public safety. After many years working with the States to

define the network requirements for each state, FirstNet sought bids from the private sector, as required by the Congressional action, to find a partner agency to deploy and manage the network. AT&T was selected through that highly competitive bid process.

FirstNet service has been available, nationwide, to public safety entities since about March 2018. However, we find that the great majority of EMS practitioners, and far too many EMS leaders still have no idea that it exists or what it can do for their agency and, most importantly, for their patients.

The increasing emphasis in EMS on “Treatment in Place” or transport to destinations other than a hospital ED require solid and reliable broadband communications systems. (See the CMS ET3 program requirements for mobile connectivity, as an example) FirstNet is uniquely positioned to provide that mobile connectivity and make these new EMS activities possible.

Changes and improvements are being made continuously, and this session will focus on the latest news about FirstNet service; it will showcase the many practical applications and devices now becoming available as a result of having this network on line; and it will highlight how new EMS initiatives such as Community Paramedicine, EMS use of ultrasound, and even CT scanning in the ambulance for stroke diagnosis and treatment are now benefitting from FirstNet connectivity.

This session is NOT a sales pitch for an AT&T commercial product. AT&T is the contracted private entity that is making available this federal government program, long demanded by public safety associations and leaders nationwide. It is a quantum leap in communications technology that brings huge benefit to EMS and all of public safety.

We would like to share this great new capability with your attendees.

Learning Objectives:

- Differentiate voice only and broadband communication systems.
- Learn the capabilities and benefits of broadband communication to patients.
- Discuss ways this new communication tool can be used to benefit patients with never before possible diagnostic and treatment options.
- Learn how to take advantage of this new advance in communications capability

3:15 –4:15 ***Sweet Dreams: The Journey to Fall Asleep More Quickly, Spend Less Time Awake, and Get More Sleep***

Sharon Lipinski

Course Description:

The Fatigue in the Workplace: Causes and Consequences of Employee Fatigue by the National Safety Council determined that 13% of workplace injuries can be attributed to fatigue. According to their research, 27% of survey respondents reported having fallen asleep unintentionally on the job in the past month and 16% fell asleep while driving! (<https://www.nsc.org/work-safety/safety-topics/fatigue/survey-report>)

And it's not just safety. According to a report by Rand, "Assuming there are 250 working days in a given year... a worker sleeping less than six hours loses around 6 working days due to absenteeism or presenteeism per year more than a worker sleeping seven to nine hours."

https://www.rand.org/pubs/research_reports/RR1791.html

Since about 30% of your employees are probably struggling with insomnia, you're losing a lot of productivity and risking potential safety incidents.

Learning Objectives:

- When to see a doctor for sleeping problems, and how much sleep your employees really need.
- 9 bad habits that disrupt the sleep cycle. BTW, using sleeping pills is one of those bad habits. In general, they may be doing more harm than good, but there is 1 time when it's ok to take them.
- 9 good habits that will help your employees get a great night's sleep every night. Hint... A good night's sleep actually starts with what you do during the day.