

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



**APRIL 14, 2020** - EMS Financial Symposium | **APRIL 15-17, 2020** - 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***

*Embassy Suites by Hilton  
Denver Downtown Convention Center  
1420 Stout St., Denver, Colorado 80202  
Crystal Ballroom, Third Floor  
April 15-17, 2020*

### ***12<sup>th</sup> Annual National EMS Safety Summit Course Descriptions***

***Wednesday, April 15, 2020***

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.

9:15 – 10:00

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

**Matt Zavadsky MS-HSA, NREMT**

*MedStar Mobile Healthcare,*

*Chief Strategic Integration Officer, NAEMT President*

**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 system 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.

10:30 – 12:30

***Safety and Cooperation Preparedness for and Response to Urban Mass Casualty Incidents for EMS/Fire and Police, Based on the Israeli Experience***

***Bryan Fass Memorial Lecture***

**Introduction: John Putt, EMT-P**

*Operational Consulting Group, LLC*

**Colonel (Res.) Professor Isaac Ashkenazi MD, MSc, MPA, MNS**

*Former Director of the Urban Terrorism Preparedness Project at the NPLI Harvard University; an Adjunct Professor of Disaster Management at UGA; a Professor of Disaster Medicine at Ben-Gurion University in Israel; Founder of NIRES Center at the College of Law and Business; Commander at Mobile Med One Foundation; Advisory Board of Israel homeland Security; Consultant to Harvard University, Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, the U.S. Department of homeland Security, FEMA, the White House, the World Bank, Rio Olympic Games, the Brazilian Ministry of Defense, India NDMA, SAMUR – Proteccion Civil, China Ministry of Health and other National and International Agencies; Served as Surgeon General for the IDF Home Front Command*

**Course Description:**

The lecture will share the lessons learned from preparations and responses to MCI from Israel, in the last 40 years. Professor Ashkenazi will demonstrate examples of how Israeli services dealing with challenges to improve patient safety. Professor will demonstrate how the Israeli emergency agencies are heavily relying on active bystanders, who are present at the scene of the emergency event. The national culture of active bystanders provides an important layer in Israeli preparedness and response which increasing national resiliency and patient safety.

**Learning Objectives:**

- Explanation of preparation pillars and layers practiced in Israel.
- Explanation on response practice.
- Emphasize on **Safety of the responders:**

- Ownership of their professional duties: **Cooperation between FIRE/ EMS and Police.**
- Additional point of the presentation is an importance of Speed in the response to MCI.

1:15 – 2:15

### ***Danger While Treating Methamphetamine Patients***

**Ken Bouvier, Paramedic**  
*Professional Speaker*

#### **Course Description:**

Methamphetamine (Meth) has created an epidemic in America and has a direct impact on every hospital emergency room in the United States.

A recent hospital study showed that Meth is the top illicit drug showing up at U.S. hospitals and marijuana ranked second. The study also showed that the number of meth patients increased 68% in the last five years, and most were uninsured.

The side effects of meth patients include convulsions, dangerously high body temperature, stroke, cardiac arrhythmia, heart attacks, bone and tooth loss, stomach cramps and shaking. Chronic meth abuse can lead to psychotic behavior including paranoia, hallucinations, rage and violence.

Using a unique power-point presentation we will take a look at the conditions of where EMS normally finds methamphetamine users who need to be transported to the emergency rooms.

We will briefly discuss how to properly decontaminate a patient coming from a clandestine chemical or meth lab.

#### **Learning Objectives:**

This session is designed to better prepare prehospital care practitioners, nurses, physicians respiratory, X-ray and lab technicians to better handle patients who come from the streets to the hospital emergency room after being involved with methamphetamine.

2:15 – 3:15

### ***Verbal De-escalation Training: Surviving Verbal Conflict***

**A J Heightman**  
*Editor-in-Chief, Journal of Emergency Medical Services (JEMS)*

#### **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

3:45 – 4:45

***Homeless, Panhandlers & Transients***

**Ken Bouvier, Paramedic**  
*Professional Speaker*

**Course Description:**

Homelessness has become an epidemic in America and impacts almost every major city in the United States. The homeless are some of the sickest patients you will ever care for and often carry and transmit disease from one to another.

Panhandling is illegal in some communities and a challenge for law enforcement. It is a growing problem in most U.S. Cities and often seen as a nuisance by business owners who don't want them bagging in front of the restaurants and shops.

Transients are known for creating challenges for law enforcement. Transients are often wanted by the police and don't stay in any one place for any length of time. While in transit they often steal or engage in illegal activity to survive.

During this session we will discuss how panhandlers, transients and the homeless struggle with mental illness, alcoholism and drug use. This session will show how these three groups impact Emergency Medical Services, local Emergency Rooms and the cost of health care in the United States.

**Learning Objectives:**

This session will help prehospital care practitioners, emergency nurses and physicians, respiratory, X-ray and lab technicians better recognize the challenges while caring for panhandlers, transients and the homeless.

**Thursday, April 16, 2020**

8:00 – 8:45

***Lessons from Aviation Safety: What EMS Needs to Know***

**Dave McGowen, 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.

8:45 – 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.

11:00 – 12:00

### ***Initial Success or Total Failure: How Are We Training our EMT's***

**David Wiklanski, MA, FF/EMT (I)**

*Firefighter/EMT, 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

12:45 – 1:45

## **How to Effectively Conduct a Safety Huddle**

**Peter Dworsky, MPH, CEM, EMT-P, FACPE**

*President, Outcome Solution,  
President, International Association of EMS Chiefs (IAEMSC)*

### **Course Description:**

What is a huddle? It's a short, standup meeting, 10 minutes or less, that is typically used once at the start of each shift. The daily huddle gives you and your team a way to maintain a focus on safety and operational resiliency. In this presentation we will look at the process and tools used for daily huddles.

### **Learning Objectives:**

- Understand the purpose of the daily safety huddle
- Understand the relationship of the safety huddle to the Culture of Safety and High Reliability Organizations
- Understand the fundamentals of an effective safety huddle and potential issues to report

1:45 – 2:45

## **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 10<sup>th</sup> 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

3:15 – 4:15

## **Emerging Risk Issues: How EMS is Viewed**

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

### **Course Description:**

This lecture is intended to address cutting edge risk management and legal issues at the time of the Conference. We will select the topics approximately 60 days in advance of the actual lecture, so they are the most relevant topics facing EMS leaders and agencies at the time. Examples of representative topics include patient-provider boundary issues, social media issues, HIPAA enforcement actions, relevant developments in EMS litigation nationwide, and safety issues.

### **Learning Objectives:**

Develop understanding of various emerging risk issues in EMS. Develop understanding of various emerging risk issues in EMS. Develop understanding of future predictive issues in the field.

4:15 – 4:45

## ***Behind the Mask***

**Spencer Sorensen, EMT-Firefighter**  
*Upper Pine River Fire*

### **Course Description:**

How anxiety, depression, and PTSD can affect a first responder's life and learning how to cope.

### **Learning Objectives:**

Bring to light the realities of mental health and vulnerabilities first responders face. And by doing so, breaking down the stigma that all first responders must embrace all traumas faced because it is their "job".

## **Friday, April 17, 2020**

8:00 – 8:30

## **OSHA and EMS**

**Gregg Davidson**  
*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

**Mock Deposition**

**Matthew R. Streger, Esq., MPA, NRP**

**Robbie Dumond BSN, RN, TCRN, AEMT**

*Director of Trauma Services, University of Colorado Hospital*

**Course Description:**

Most EMS providers never go to court, but a great many are brought to deposition to give testimony. This lecture will examine how EMS providers end up being deposed, and then run a real-world scenario with an actual deposition in the classroom. At various points in the deposition, the proceedings are paused to illustrate tips and pitfalls for giving testimony.

**Learning Objectives:**

- Understand the circumstances under which EMS providers end up giving sworn testimony
- Understand techniques for things to do, and to avoid, when giving sworn testimony

10:15 – 11:15

**We Know it's OK to Defend Yourself, But How Much Force Can You Really Use....**

**Jason Brooks, BAS, EMT-P, I/C**

*DT4EMS, LLC President/CEO*

**Course Description:**

This presentation brings light to the magnitude of assaults that are happening in the healthcare field. We will be talking about “best practices” when looking at training staff about the use of force, what the consequences are for not training your staff, and how providing training for the number one cause of loss of work will help to reduce the cost related to workers compensation claims.

**Learning Objectives:**

- Assaults in healthcare are not “part of the job”
- There is a difference between a patient and an attacker
- In order to break the cycle of assaults we need to start reporting these crimes to our supervisors and law enforcement.
- In order to “win” in self-defense, we need to win in 4 areas “Mind, Street, Media, and courts.
- Training your staff in the reasonable use of force and the pre-assault indicators

can decrease the number of assaults that occur as well workers compensation claims.

11:15 – 12:00

### ***Creating Safety Through Culture***

**Michael W. Donner, BSBA**

*Apex Paramedics, President and CEO*

#### **Course Description:**

This session will highlight several examples of how creating and sustaining a positive organizational culture leads to a safer environment. The speaker will describe how traditional EMS paradigms can adversely affect the overall safety and performance of our companies and agencies.

#### **Learning Objectives:**

- Students will explore their “why” for being in EMS.
- They will learn how to start to change their existing culture to build a safer, more powerful agency.
- They will also discover what cell phones; work weeks and cruise ships tell you about your leadership style.

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.

2:00 – 3:00

### ***Sleep Habits for Healthier, Safer and More Productive Employees***

**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](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.

3:15 – 3:45

### ***First Net and ET3 Planning for Patient Safety***

**Brent Williams, EMT**

Senior EMS Advisor, FirstNet Authority,  
NTIA, U.S. Department of Commerce

**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