

REGISTER ONLINE AT
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NEW JERSEY

Statewide Conference on EMS

EVENT SCHEDULE AND REGISTRATION

The conference offers over 75 sessions divided into clearly defined tracks for the EMS administrator, physician, educator, basic and advanced life support provider and school nurse so that individuals may pursue specific areas of interest.

November 14-16, 2013
Sheraton Atlantic City
Convention Center Hotel



National Symposium on Superstorm Sandy

November 12-13, 2013

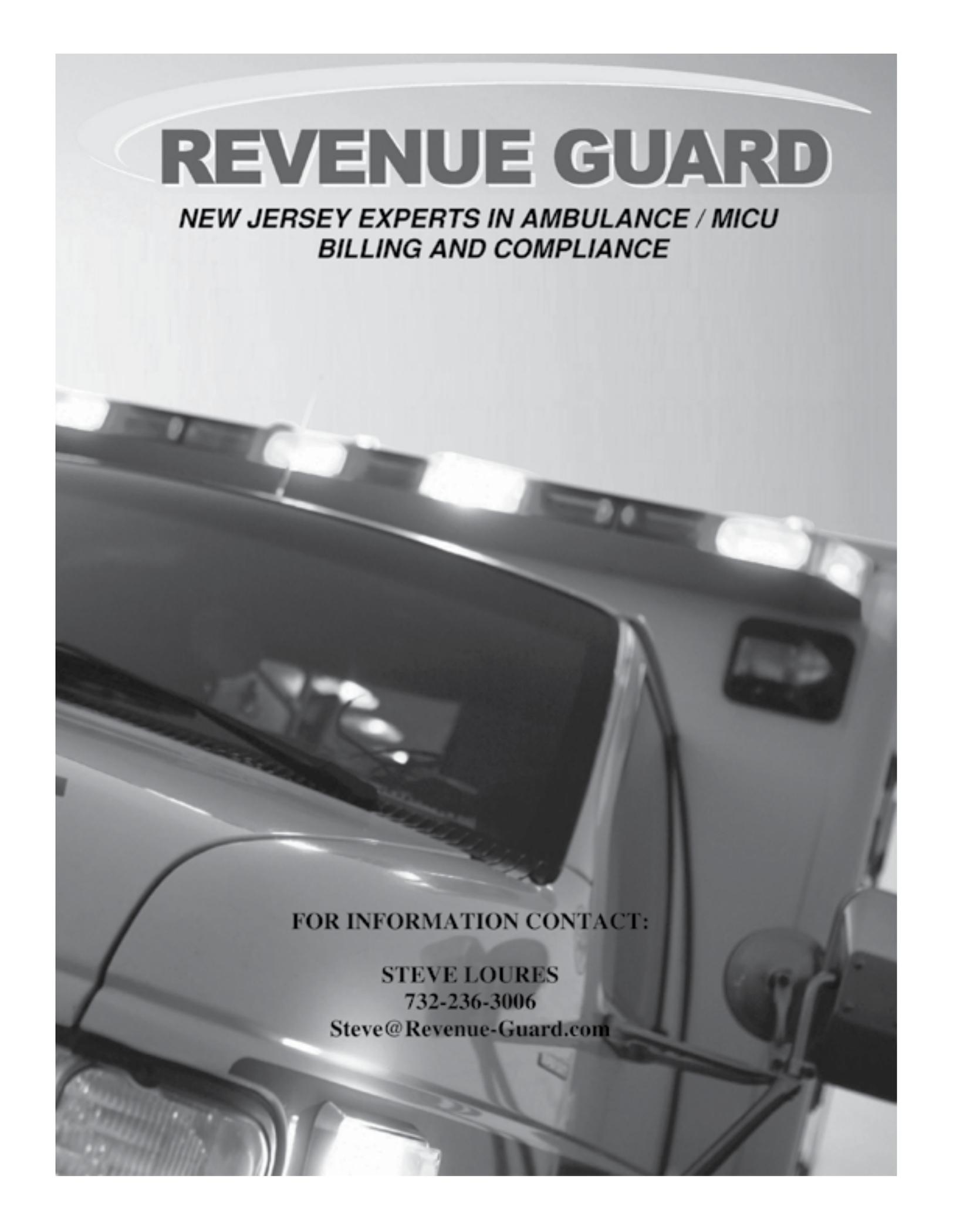


Chris Christie, Governor
Kim Guadagno, Lt. Governor



Mary E. O'Dowd, MPH
Commissioner





REVENUE GUARD

***NEW JERSEY EXPERTS IN AMBULANCE / MICU
BILLING AND COMPLIANCE***

FOR INFORMATION CONTACT:

STEVE LOURES

732-236-3006

Steve@Revenue-Guard.com

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A WORD OF WELCOME

Dear Colleague:

On behalf of the New Jersey Department of Health, Office of Emergency Medical Services, I am pleased to welcome you to the Ninth Annual NJ Statewide Conference on EMS. We are proud to sponsor this event in cooperation with the New Jersey Academy of Family Physicians, the Emergency Medical Services for Children Program, the New Jersey Urban Areas Security Initiative, the New Jersey Office of Homeland Security and Preparedness, and the Emergency Medical Services Task Force. We know that your stay here at the Sheraton Atlantic City Convention Center Hotel will be a very enjoyable one.

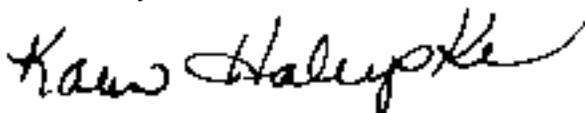
This year's conference will offer an emergency preparedness track, and the National Symposium on Super Storm Sandy as well as diverse educational opportunities for basic and advanced life support providers, EMS physicians, educators, managers and school nurses. This year's faculty is comprised of physicians, nurses, paramedics, EMTs and other professionals from the health and safety community. We are confident that their knowledge and expertise will lend itself to a positive experience for every participant.

We are pleased to sponsor the fifth annual METI Games in cooperation with Medical Education Technologies Incorporated (CAE Healthcare). Teams comprised of basic and advanced life support providers will compete against one another. This will challenge team members in their assessment and treatment skills using scenarios and high-fidelity patient simulators. The final competition will be conducted on Thursday evening. Plan on being part of the live audience as we present the medical science behind the exceptional care delivered to the human simulator patients!

We are grateful to our sponsors and vendors for their support in making this conference possible. Their participation is key to the success of our program and I would encourage you to spend time meeting and visiting with each and every vendor during your stay in Atlantic City.

In closing, let me take this opportunity to thank you for your interest, participation, and support of our conference. Your unselfish dedication and commitment to your profession helps to ensure the viability and quality of New Jersey's statewide EMS system.

Sincerely,



Karen Halupke, RN, M.Ed.

Director

Office of Emergency Medical Services

WELCOME TO Atlantic City

always turned on™

When you think of Atlantic City, is the first thing that comes to mind "casinos?" Or, do you think of the world's first Boardwalk, salt water taffy and other Atlantic City "firsts?" If you've visited Atlantic City in the past few years, you may think of great entertainment, the booming restaurant scene and an incredible new wave of shopping opportunities. Well, Atlantic City is all this and more.

You can follow tradition and take a stroll on the beach or Boardwalk, get pushed along the wooden way in a rolling chair and sample Boardwalk fare. You can dance until dawn at one of Atlantic City's exciting nightclubs, take a sightseeing cruise or fishing excursion, or play a round of golf – there are 30 highly rated golf courses within 30 miles of Atlantic City.

You can see an A-list entertainer in the casino showrooms, laugh yourself silly at a comedy club, relax with an entertaining lounge act, catch a revue show or attend a concert or show at the historic Boardwalk Hall.

Atlantic City offers everything from gourmet meals and nationally-acclaimed chefs to bountiful buffets, fresh-off-the-boat seafood, a plethora of steak houses, an international menu of cuisines and, of course, fun Boardwalk food. You can shop for bargains at a multi-block outlet shopping district, go for glamour at one of the high-end shops overlooking the ocean at the Pier Shops at Caesars or explore an indoor shopping and dining complex that feels like you're on a street in old Havana. You can even visit an aquarium, an art museum and history museum or one of the other fine area attractions.



Atlantic City truly has something for you, no matter what you enjoy. You can find all the details online at www.atlanticcitynj.com, including frequently updated lists of entertainment and casino happenings.

WELCOME TO THE NEW JERSEY STATEWIDE CONFERENCE ON EMS

This exciting, state-of-the-art conference has been designed to provide Emergency Medical Services personnel with educational opportunities that reflect current medical knowledge and practice that will enhance appropriate patient care and reinforce procedures critical to smooth and efficient on-scene operations.

The conference offers over 75 sessions, presented by more than 50 subject matter experts. Sessions are divided into clearly defined tracks for the EMS administrator, EMS educator, basic and advanced life support provider, school nurse, and those with a particular interest in pediatrics or emergency preparedness so that individuals may pursue specific areas of interest. The conference is designed for flexibility by allowing you to select continuing education topics in the areas that are important to you.

Come cheer for your favorite team as they face the human simulators in the 5th annual METI Games. The finals will be held Thursday, November 14, from 6PM - 8PM. The top three BLS and ALS teams will go head-to-head managing critically ill or injured patients while trying to clinch the number one spot and bragging rights as the top team of METI GAMES 2013! Several brief physician-directed presentations related to the scenarios will be discussed during breaks in the game. Attendees will earn 2 continuing education credits.

In addition, there will be an exhibition area open during the conference. This is a unique opportunity for you to visit a wide variety of vendors whose products are geared specifically to the EMS community.

In conjunction with this conference, the 15th Annual NJ EMS Awards Banquet will be held on Friday, November 15th. This banquet is a way for the Office of Emergency Medical Services and the New Jersey EMS Council to recognize individuals for their hard work and dedication to the provision of emergency medical services in New Jersey.

CONFERENCE HEADQUARTERS

The conference is being held at the Sheraton Atlantic City Convention Center Hotel, conveniently located a few short blocks from the world famous boardwalk and casinos. The hotel is also just a short stroll from "The Walk," a shopping complex featuring over 60 outlet stores, restaurants, and entertainment.

Rooms are available Tuesday night, November 12 through Saturday night, November 16 at this special Conference rate:

Tuesday: \$125
Wednesday: \$125
Thursday: \$125
Friday: \$145
Saturday: \$145

single or double occupancy.

All room rates are quoted exclusive of applicable state and local taxes, currently 14%, as well as the mandatory charge of \$1 for Resort Fees. Attendees are responsible for their own guest room, tax and incidental charges upon check-out. Check-in time is 3 PM and check-out time is 12 NOON.

In the event that you check out prior to your reserved check-out date, an early departure fee of \$75 will be charged to your account. To avoid this fee, you must advise the hotel at or before check-in of any change in your scheduled length of stay.

Contact the **Sheraton Atlantic City Convention Center Hotel** by calling **888-627-7212** or by accessing the conference website at njemsconference.com. When making reservations, mention that you are attending the NJ Statewide Conference on EMS to receive this special rate.

The deadline for accepting reservations into this room block is 5:00 PM on October 17, 2013. Reservation requests received after this date will be accepted at the hotel's prevailing rate, based on availability.

Parking fees for Sheraton overnight guests are \$20 for valet parking and \$5 for self-parking per day, plus state and local taxes, currently 7%.

CONTINUING EDUCATION CREDITS

Each session has been approved for 1 CEU EMT elective credit and 1 professional development credit (NJ DOE) by the New Jersey Department of Health. Contact hours have been applied for through the New Jersey State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Application has been made for the provision of physician CME credits.

REGISTRATION INFORMATION

Early registration is recommended. Attendees are encouraged to register online at:

njemsconference.com

If unable to register online, registration by mail or fax will be accepted.

1. Submit one registration form for each individual. Photocopies of additional forms are acceptable.
2. **PRINT CLEARLY** or type your information. Please fill out the form completely.
3. Indicate the Session Numbers you plan to attend. Please choose only one class per time period.
4. Submit an EMT Training Fund Certificate of Eligibility, if applicable.
5. Make checks payable to "NJAFP/NJ EMS Conference".
6. Complete the registration form and mail with payment to:

2013 NJ Statewide
Conference on EMS
c/o Candida Taylor
224 West State Street
Trenton, NJ 08608

For credit card payments,
REGISTER ONLINE AT:

njemsconference.com
or fax your registration form
to: **609-394-7712**.

Please keep a copy of your completed registration form and bring it with you to the registration desk so that you know the sessions for which you registered.

(continued on next page)

GENERAL INFORMATION

(continued from previous page)

The completed form, along with the proper tuition, must be submitted no later than **October 17th**.

Registrations received after that date and on-site cannot be guaranteed.

Phone orders cannot be accepted. Registration forms submitted without payment will be returned without processing.

All sessions will be filled in the order in which paid registrations are received. Session schedules and faculty are subject to change and OEMS reserves the right to cancel any enrollment. Participants will be notified by email if a session is filled or cancelled and given a chance to select another. Students must be registered for each session they attend. Auditing of sessions is not permitted.

Tuition for the Conference includes continuing education credits, session materials, breakfasts, refreshment

breaks, and lunches. Tuition does not include hotel accommodations and incidentals, or admission to the EMS Awards Banquet.

GUEST REGISTRATION

Spouses, guests and children must be registered if they plan to attend meal functions, special events and visit the exhibit area. All registered attendees and their guests receive a conference badge that identifies the wearer as an attendee of the conference and permits access to the exhibit area, meals and special functions (excluding the EMS Awards Banquet).

Spouse/Guest and Children over 5: \$25

Children under 5: No charge

REFUND POLICY

If you must cancel, a request must be made in writing and mailed/ emailed/faxed to NJ Conference on EMS. Substitute attendees are encouraged and accepted at any time. Phone cancellations cannot be accepted.

If cancellation is received:

Prior to October 15, 2013:
refund is **100%**

October 15-30, 2013:
refund is **50%**

October 31, 2013 and after:
no refund

Early conference check-in will be held Wednesday, November 13, 2013 from 5:00PM - 7:00PM. Regular conference check-in will begin on Thursday, November 14, at 7:00AM.

If you have special requirements or questions (handicap accessible rooms, menu requests, etc.) please contact:

Candida Taylor
609-393-1613
candida@njemsconference.com



NATIONAL SYMPOSIUM ON SUPERSTORM SANDY

TUESDAY, NOVEMBER 12, 2013

Symposium sessions are from 7:45AM-5:30PM. Registration will be from 7AM-8AM and lunch will be served from 12:30PM-1:30PM.

New Jersey's Largest 911 Call

Terry Clancy; Henry P. Cortacans

New Jersey's response to Superstorm Sandy was unprecedented in that this disaster affected the entire eastern seaboard with NJ as the epicenter. New Jersey's EMS system has prepared for years to respond to large scale events, however, this super storm would prove to challenge New Jersey's EMS response in an unparalleled manner. This session will detail the EMS response to this catastrophe, including the coordinated effort with other state and federal partners, which was instrumental to its overall response that undoubtedly saved lives.

The Statewide Staging Area Management

H. Bucky Buchanan

Superstorm Sandy was headed straight for the coast of New Jersey. Seven days prior, the planning began based on lessons learned from past storms and pre-existing plans. But this "Superstorm" became dubbed as the "Perfect Storm". It taxed NJ's strong EMS system from the moment it was announced we'd be impacted. Through a pre-existing plan that identifies the policy, procedures, contacts and locations, Staging Areas were established to handle the incoming units. This presentation will focus on the coordination efforts between NJ EMS agencies, the request for out of state mutual aid through the EMAC system, and the deployment and tracking of those resources Statewide on over 1000 missions from the established Staging areas, and the lessons learned for future events.

Helicopter EMS Helibase Management:

Terry Hoben

Air medical planning increases your readiness, particularly during a disaster. This presentation will examine the planning initiatives and decision making that occurred during two different storms. The participant will understand the use of best practices and lessons learned from previous experiences as they are integrated into the progressive planning process.

The Emergency Management Assistance Compact

Kenneth Christensen

This session will provide an overview on NJ experience with implementing the Emergency Management Assistance Compact (EMAC), during Superstorm Sandy for the request of Out of State EMS resources. EMAC has been ratified by Congress and is law in all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. Having a plan is critical to the EMAC process.

A State EMS Director's Perspective and Role

Karen Halupke; Richard L. Gibbons;
Lee Burns; Raphael M. Barishansky

A panel discussion amongst the State EMS Directors from New Jersey, New York, Connecticut, and Pennsylvania discussing the importance of preparing for, responding to, and recovering from, a historical, major disaster and why collaboration is critical to regionally impacted disaster areas.

The State of Connecticut EMS Response to Sandy

Raphael M. Barishansky

This presentation will review how the EMS system in the State of Connecticut prepared for, and responded to, Sandy.

Using the National Ambulance Contract for Hospital Evacuations

Fredrick V. Villani

How the ambulance assets from the National Ambulance Contract provided much needed support for health care facility evacuations and other important support in the aftermath of Superstorm Sandy.

SCHEDULE-AT-A-GLANCE

NATIONAL SYMPOSIUM ON SUPERSTORM SANDY (*continued*)

EMS Operations during dangerous conditions

Peter I. Dworsky

One of the most difficult decisions for an incident commander is the determination to halt emergency response. It is the culture and nature of emergency responders to go into any environment in order to save the lives of those they serve, even if it means jeopardizing their own safety. We will look at best practices and model policies and discuss the risk-benefit and legal liabilities of a cessation in operations.

WEDNESDAY, NOVEMBER 13, 2013

Ground Zeros: There were many – EMS panel discussions from those most severely impacted

Michael J. Bascom; Debra Bell; Michael DiLeo;
Andrew T. Caruso; Michael Oppegard; David Paloff;
Robert Contreras; Stephen J. Brennan

This panel presentation amongst numerous agencies will discuss the overall preparedness and response, lessons learned and personal experiences regarding the impact of Superstorm Sandy.

A Multi-Agency Coordination System

Tim Phelan; H. Bucky Buchanan;
Thomas J. McElree

This presentation will focus on the use of a Multi-Agency Coordinating System for the management of EMS assets before, during, and after Superstorm Sandy impacted the State of New Jersey.

The Good, The Bad, and the Ugly

Rick Sposa; Steven J. Pawlak; Michael G. McCabe

A review of three hospitals and the challenges they dealt with during Superstorm Sandy.

Size Matters – The role of the NJ EMS Task Force Medical Ambulance Bus Fleet

Bil Rosen;
Wayne Struble

Medical Ambulance Buses or MABs were used extensively during Sandy. They were used to evacuate hospitals and long term care facilities, evacuate homes, provide power, and sleeping quarters for EMS personnel. MABs are probably one of the most used and versatile assets in the NJEMSTF Fleet. This presentation will review the MABs set-up, uses, and describe their many roles during Superstorm Sandy.

The Mobile Hospital System – We deployed it for the first time

Gary Del Moro; Joseph Feldman;
Terry Clancy; Wayne Struble; Timothy Ring

This session will provide an overview of the Mobile Satellite Emergency Department – its capabilities and operations along with a panel discussion regarding the four emergency deployments – three in New Jersey and one in New York.

Social Media, Tablets, and Technology

Richard Huff

Superstorm Sandy was a turning point in social media communications during a disaster. Sandy was a proving ground for digital communications and planning, using tablet computers and more. When the storm hit, area residents also turned to social media to share storm reports, connect with each other, and reach out to first responders for help. We'll take a look at social media and digital tools used during the storm and discuss what worked and how to prepare for the next disaster.

WEDNESDAY, NOVEMBER 13, 2013

**NAEMT - EMS Safety program
(8:00-4:00)**

William O'Brien

NAEMT's EMS Safety course aims to promote a culture of EMS safety and to help reduce the number and intensity of injuries incurred by EMS practitioners in carrying out their work. This course helps increase students' awareness and understanding of EMS safety standards and practices and develop their ability to effectively implement them. EMS Safety is the first national and most comprehensive education program of its kind that teaches techniques on how to best achieve safety on the job. Utilizing an overview of current EMS safety issues and case studies, builds risk assessment and decision-making skills and provides an opportunity for participants to relate their own experiences with EMS safety issues. For those interested in becoming EMS Safety Instructors – there is no separate component. To qualify for Instructor you must score a 76% or better on the final evaluation, be currently certified as an instructor (in any one of the following: AMLS, PHTLS, EPC, ITLS, ACLS, PALS, PEPP, EVOC, Fire Instructor I) or are current faculty teaching EMS curriculum at an accredited college or university. Written proof of instructor certification or background is required before an instructor card can be issued.



SCHEDULE-AT-A-GLANCE

THURSDAY, NOVEMBER 14, 2013

TIME	TRACK / SESSION TITLE	SPEAKER
8:00 - 8:30	Breakfast Welcome & Introduction	Karen Halupke Christopher Rinn
8:30 - 9:30	Keynote Session: Why Can't We All Get Along? Keynote Speaker	A.J. Heightman
9:30 - 10:45	Breakout Sessions #1 Provider-ALS: Termination of Resuscitation (or When to Say When) Provider-BLS: Understanding POLST EMSC: Take Care of My Baby! The Red Warning Signs of Trouble Instructor: East meets West Critical Care: "To Use Or Not To Use?" Prehospital Use of Vascular Access Devices Leadership: Elements of the Effective Employee Handbook Emergency Preparedness: Cheating the Reaper: Conquering the "Killer" Errors in Multi-Casualty Response	Bill Wang Jeanne Kerwin Charles McSweeney Jennifer McCarthy Marilyn Bourn Jennifer Somers Larry Masterman
10:45 - 11:00	Break	
11:00 - 12:15	Breakout Sessions #2 Provider-ALS: "I Just Have a Feeling..." Teaching and Nurturing Intuition Provider-BLS: Flu, Bronchitis, Pneumonia, or CHF? EMSC: High Tech Kids ALS/BLS: Superstom Sandy: New Jersey's Largest 911 call Critical Care: Pediatric Hypoperfusion Instructor: Field Training Officer Emergency Preparedness: Hazardous Materials as Agents of Terrorism	Marilyn Bourn Bryan Fischberg David Aber Henry Cortacans; Terry Clancy Derrick Jacobus Bruce Nepon Larry Masterman
12:15 - 1:30	Lunch	
1:30 - 2:00	Time With Vendors	
2:00 - 3:15	Breakout Sessions #3 Provider-ALS: Tie them up; tie them down (just not face down) Provider-BLS: Situation Awareness: Staying Alive & Out of Trouble Critical Care: High Tech Transports for Critical Care Teams Instructor: Leading in the Classroom Provider-ALS: Stuck in the Muck! Crush Injuries, Rhabdomyolysis and Lessons Learned Leadership: What Difference Does your System Make Emergency Preparedness: Can your students walk the walk and talk the talk?	Jennifer Somers A.J. Heightman Ray Bennett Richard Craven Jr. Charles McSweeney William Camarda Jennifer McCarthy

THURSDAY, NOVEMBER 14, 2013

3:25 - 4:40	Breakout Sessions #4	
	Provider-ALS: <i>EMS Mystery Patients: Unique EMS Cases That Will Challenge Your Mind</i>	A.J. Heightman
	Provider-BLS: <i>EMS Role/Responsibilities at Crime Scenes</i>	Scott Holtzclaw
	EMSC: <i>Pediatric Head Injury</i>	Lisa Drago
	Instructor: <i>All problems are an opportunity - A case based review of classroom issues and creative solutions to solving them!</i>	Jennifer McCarthy
	Critical Care: <i>Gag Me - Current Trends in Airway Management</i>	Marilyn Bourn
	Leadership: <i>Desperately Seeking Competent EMS Leaders and Managers: How to Avoid the "Peter Principle"</i>	Raphael Barishansky
	Emergency Preparedness: <i>Responder Safety in Times of Civil Unrest: Understanding Crowd, Group and Mob Behavior</i>	Steve Crimando

*Provider - ALS sessions are targeted for advanced level providers, but will be of interest to basic level providers as well.
 Provider - BLS sessions are targeted for basic level providers, but will be of interest to advanced level providers as well.*

METI GAMES 2013

Join us as the competition heats up !

While at this year's Conference, be sure to stop by Thursday, on the lower level near registration and support the teams as they manage the realistic responses of the human patient simulators and are challenged with complicated scenarios !

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The top three teams will compete Thursday evening from 6 to 8pm in the METI Games Finals Event. Conference participants can register to come and watch as the top 3 teams compete for the title of 2013 NJ METI Games Champion while earning 3 CEUs! There will be an instructor-led presentation following each team's skill performance to review the medical/traumatic injuries and/or illnesses as well as the management of each scenario.

Who will give the "Life Saving" performance and be crowned the 2013 METI GAMES Champion?

SCHEDULE-AT-A-GLANCE

FRIDAY, NOVEMBER 15, 2013

TIME	TRACK / SESSION TITLE	SPEAKER
8:00 - 8:30	Breakfast	
8:30 - 9:30	Keynote Session: <i>Blast, Cash and UXO Translating Military Trauma care to the Civilian Setting</i> Keynote Speaker	John Chovanes
9:30 - 10:45	Breakout Sessions #5	
	Provider-ALS: <i>Designer Drugs in the United States</i>	Bruce Ruck
	Provider-BLS: <i>What I Did On My Summer Vacation</i>	Glenn Luedtke
	EMSC: <i>Tot Talk - Tricks of the Trade to Effectively Communicate with Pediatric Patients</i>	Sarah House
	Instructor: <i>Catch Me If You Can!</i>	Bill Young
	Critical Care: <i>From A to Z (Apnea to Zero) Capnography</i>	Timothy Marks
	Leadership: <i>The Ethical Dilemma - Ethics Outside the Box</i>	Matthew Streger
	Emergency Preparedness: <i>Bombings: Injury Patterns & Care for the Prehospital Provider.</i>	Anthony Mangeri
10:45 - 11:00	Break	
11:00 - 12:15	Breakout Sessions #6	
	Provider-ALS: <i>Disability Etiquette</i>	Anthony Mangeri
	Provider-BLS: <i>Trauma Care and Transport: A Panel Discussion</i>	John Chovanes
	EMSC: <i>Recipe for Success - A Cookbook for Pediatric Assessment</i>	Sarah House
	Instructor: <i>Have You Flipped!!!</i>	Bill Young
	Critical Care: <i>Tactile Medicine Essentials for the Civilian Responder: An Introduction to TECC</i>	Ryan Sexton
	Leadership: <i>EMS Legal Mythbusters</i>	Matthew Streger
	Emergency Preparedness: <i>Don't Overlook the PIO: How One Position Can Make or Break an Organization</i>	Richard Huff
12:15 - 1:30	Lunch	
1:30 - 2:00	Time With Vendors	
2:00 - 3:15	Breakout Sessions #7	
	Provider-ALS: <i>EMS Safety NOW</i>	Glenn Luedtke
	Provider-BLS: <i>Identification, Treatment, and Special Considerations for Tropical and Communicable Diseases</i>	Michael Passafaro; Anthony Guerne
	EMSC: <i>Outside the Spotlight - Providing Care Beyond the Acute Head Injury</i>	Sarah House
	Instructor: <i>Getting Out of the Small Pond: An Insider's Guide to Publishing and Lecturing on EMS Topics</i>	Raphael Barishansky
	Critical Care: <i>"Under Pressure" - Abdominal Hypertension</i>	Dwain Pegues
	Leadership: <i>Swimming With Sharks</i>	Matthew Streger
	Emergency Preparedness: <i>New Jersey EMS Task Force - Here and Now</i>	H. Mickey McCabe

FRIDAY, NOVEMBER 15, 2013

3:25 - 4:40	Breakout Sessions #8	
	Provider-ALS: <i>"Please Don't Call Me Honey" - Understanding Our Geriatric Patients</i>	Raphael Barishansky
	Provider-BLS: <i>Youth Victims of Violence - Assessment and Awareness of the Effects of Violent Injury</i>	Patty Vitale
	EMSC: <i>Divas & Dead Babies</i>	Tracey Loscar
	Instructor: <i>Did I Pass?</i>	Candace Gardner; Mike Reilly
	Critical Care: <i>Critical Care Jeopardy</i>	Dwain Pegues
	Leadership: <i>Different People, Different Brains</i>	Robert Luckritz
	ALS/BLS: <i>To Fly or Not to Fly: That is the Question!</i>	Rick Rohrbach; Rick Hong

*Provider - ALS sessions are targeted for advanced level providers, but will be of interest to basic level providers as well.
 Provider - BLS sessions are targeted for basic level providers, but will be of interest to advanced level providers as well.*

ABOUT THE EMS AWARDS BANQUET

The New Jersey Emergency Medical Services Council, in cooperation with the Office of Emergency Medical Services (OEMS) announces the Fifteenth Annual New Jersey EMS Awards Program and Dinner. This dinner provides a forum for recognizing and honoring individuals for their hard work and dedication to the provision of emergency medical services in New Jersey.

This year's celebration will be held on **Friday, November 15, 2013** at the **Sheraton Atlantic City Convention Center Hotel**, beginning at 7:00 pm.

We hope you will join us for this exciting event which celebrates the New Jersey EMS community. Tickets are available for \$55 each. For additional information, please contact **Candida Taylor at (609) 393-1613**.

2013 EMS Award categories:

- Outstanding EMS Call
- Outstanding EMS Action by a Youth
- Outstanding EMS Action by a Citizen
- Outstanding First Responder
- Outstanding EMS Dispatcher
- Outstanding Volunteer EMT
- Outstanding Career EMT
- Outstanding Paramedic
- Outstanding EMS Physician
- Outstanding ALS-SCTU Nurse
- Outstanding Emergency Preparedness Provider
- Outstanding EMS Administrator
- Outstanding EMS Educator
- Outstanding Volunteer EMS Agency
- Outstanding Private EMS Agency
- Outstanding Public EMS Agency
- Outstanding Hospital ER Nurse
- EMS Volunteer Lifetime Achievement Award
- EMS Career Lifetime Achievement Award
- Outstanding EMS Safety Award

SCHEDULE-AT-A-GLANCE

SATURDAY, NOVEMBER 16, 2013

TIME	TRACK / SESSION TITLE	SPEAKER
8:30 - 9:30	Breakfast	
9:30 - 10:45	Breakout Sessions #9	
	Provider-ALS: <i>I'm Not an Alcoholic, I Don't Go to Meetings...Addiction in EMS</i>	Corinne Flammer
	Provider-BLS: <i>Drug Recognition - Cop Stuff for EMS Providers</i>	Joe Abrusci
	EMSC: <i>Kids, Culture and Crayons</i>	Tracey Loscar
	Instructor: <i>Critical Thinking: A New Approach to Patient Care</i>	William O'Brien
	Critical Care: <i>Lethal Exposures: Carbon Monoxide and Cyanide</i>	Mike McEvoy
	Leadership: <i>Paid, Volunteer or Both</i>	Page, Wolfberg and Wirth
	Emergency Preparedness: <i>EMS Safety Officer</i>	Peter Dworsky
10:45 - 11:00	Break	
11:00 - 12:15	Breakout Sessions #10	
	Provider-BLS: <i>Time is Brain: Case studies in Neurotrauma</i>	Janice Delgiorno
	EMSC: <i>Update on Common Pediatric Respiratory Illnesses</i>	Joseph Saloma
	ALS/BLS: <i>When Minutes/Seconds Count - Facing the Challenge of End-of-Life Prehospital Care</i>	Sam LaCapra
	Critical Care: <i>The Acute Diabetic: A Case Study</i>	Kenneth Szwak
	Leadership: <i>Texts, Tweets, Blogs</i>	Page, Wolfberg and Wirth
	Trauma: <i>Operational Medicine - The State Department Perspective</i>	William A. Walters
	Emergency Preparedness: <i>Dangers In Your Backyard: Successful EMS Planning for Small-Scale Community Events</i>	Richard Huff
12:30 - 1:30	Lunch	
1:45 - 3:00	Breakout Sessions #11	
	Provider-BLS: <i>Is this an ALS patient?</i>	Andy Lovell
	EMSC: <i>Septic Appearing Infant</i>	Joseph Saloma
	Instructor: <i>What is Pathophysiology and Why should EMT Students Care?</i>	Dwain Pegues
	Leadership: <i>Avoiding the "Bad Apple"</i>	Page, Wolfberg and Wirth
	Critical Care: <i>Don't Judge A Book By Its Cover: Atypical & Misleading Patient Presentations</i>	Kenneth Szwak
	Emergency Preparedness: <i>An Emergency Medical Service Guide to Using Social Media During Disasters</i>	Richard Huff
3:00	Conference Concludes	

THURSDAY, NOVEMBER 14, 2013

8:30 - 9:30 **Breakfast Keynote Session** Why Can't We All Get Along?
A.J. Heightman

This presentation addresses paid vs. volunteer, BLS vs. ALS, and the myriad of EMS, police, fire and dispatch issues that exist in many areas. A.J. Heightman will discuss the "disconnects" that frequently occur on scene between these combinations of providers and care as well as during each specialty's ("vertical") training. This lecture addresses it all and offers solutions to improve relationships on the street and in the classroom, and, more importantly, ways to improve the delivery of care on scene to maximize resources and results.

9:30 - 10:45 Provider-ALS
PA-1 Termination of Resuscitation (or When to Say When)
Bill Wang

Transport of patients in cardiac arrest with lights and sirens increases the risk of crashes, injuries and fatalities. Resuscitative efforts while moving and transporting the patient lead to suboptimal resuscitation while increasing the risk to EMS providers. This presentation will discuss the need for protocols that allow for termination of resuscitation in cardiopulmonary arrest.

Provider-BLS
PB-1 Understanding POLST
Jeanne Kerwin

This workshop will cover all aspects of the new Practitioner's Orders for Life Sustaining Treatment (POLST) law in New Jersey and how it will impact treatments delivered by EMS professionals. We will cover responsibilities under the law and how to manage patients who present with POLST orders. We will discuss how POLST differs from both Advance Directives and from the existing Out of Hospital Do Not Resuscitate order. The NJ POLST form will be examined in detail and each category defined. Cases will be presented that illustrate a variety of scenarios EMS may encounter with POLST.

EMSC
EMSC-1 Take Care of My Baby! The Red Warning Signs of Trouble.
Charles McSweeney

During this dynamic discussion, we will talk about the anatomic differences between children and adults and identify the "Red Warning Signs of Trouble" while assessing and taking care of kids. The healthcare provider must be aware and on their toes to prevent cardio-pulmonary arrest in our smaller patient populations.

Instructor
I-1 East meets West
Jennifer McCarthy

This session will explore different eastern medicine modalities available that have been around for thousands of years to address common medical problems. Have you ever wondered what the patient is talking about when they describe an alternative medicine treatment? This session will help you better understand the integrative medicine protocols of your patients while gaining knowledge of their application in our field to deal with chronic stress and fatigue.

Critical Care
CC-1 "To Use Or Not To Use?" Prehospital Use of Vascular Access Devices
Marilyn Bourn

Today more and more patients, adults and children, are being discharged from the hospital earlier. It is not uncommon for a patient to continue to have home therapies or medications which require semi-permanent access to vascular circulation. Patients may have indwelling peripheral IVs or central lines left in place for weeks or months. In the past, most prehospital providers and emergency nurses were taught little or nothing about these devices. Further, they were given strict instructions to never use them. This lecture will dispel myths and misinformation about vascular access devices (VADs). The presentations will examine emergencies related to VADs, as well as the indications for an emergency use of VADs.

SESSION DESCRIPTIONS

THURSDAY, NOVEMBER 14, 2013

Leadership
L-1 Elements of the Effective Employee Handbook
Jennifer Somers

The Employee Handbook is the employer's key tool in communicating policies and work rules to employees. It can be used to orient new employees, maintain consistency among supervisors and spell out workplace policies. It is also one of the first documents the court will review in any employee legal issue. The Employee Handbook needs to be positive, inclusive and current. When is the last time yours was updated? Attendees will learn guidelines for developing their handbook, along with a review of handbook do's and don'ts.

Emergency Preparedness
EP-1 Cheating the Reaper: Conquering the "Killer" Errors in Multi-Casualty Response
Larry Masterman

Multi-casualty incidents are often plagued by predictable and preventable errors in patient care, scene organization, and incident management. This session will address common errors, how to prevent them, and how to correct them if they occur.

11:00 - 12:15 Provider-ALS
PA-2 "I Just Have a Feeling..." Teaching and Nurturing Intuition
Marilyn Bourn

Have you ever started an IV "just because", or transported emergency rather than non-emergency for an unidentifiable reason, or perhaps you "just had a bad feeling" about a patient? Sometimes we do things or act in a specific way based solely on feelings. These feelings are called Intuition. Intuition is a valuable and critical asset to emergency care. It is not something we can be taught...or is it?

Provider-BLS
PB-2 Flu, Bronchitis, Pneumonia, or CHF?
Bryan Fischberg

This review session will approach this classical clinical dilemma. The appropriateness of CPAP and how the treatment of one could complicate the other will also be addressed.

EMSC
EMSC-2 High Tech Kids
David Aber

This presentation will focus on the pediatric population that we are seeing more and more of at home - those on high tech equipment that we do not deal with on an every day basis. We will cover ventilators, tracheostomy tubes, feeding tubes, seizure abatement devices, diabetic pumps, and more.



ALS/BLS
ALS/BLS-2 Superstorm Sandy New Jersey's Largest 911 call
Henry Cortacans; Terry Clancy

New Jersey's response to Superstorm Sandy was unprecedented in that this disaster affected the entire eastern seaboard with NJ as the epicenter. New Jersey's EMS system has prepared for years to respond to large scale events, however, this super storm would prove to challenge New Jersey's EMS response in an unparalleled manner. This session will detail the EMS response to this catastrophe, including the coordinated effort with other state and federal partners, which was instrumental to the overall response that undoubtedly saved lives.

THURSDAY, NOVEMBER 14, 2013

11:00 - 12:15
(continued)

Critical Care
CC-2 Pediatric Hypoperfusion
Derrick Jacobus

Millions of children die of shock due to various etiologies each year. Shock is a state of circulatory dysfunction where the metabolic demands of the tissue cannot be met by the circulation. Several different etiologies from hypovolemia to severe infection can result in shock. With the assistance of the Children’s Hospital of Philadelphia and Cooper University Medical Center Pediatrics Department, this block of instruction will focus on the definitions of different types of shock seen in children and will summarize treatment strategies for the acute care practitioner based on pertinent recent literature. Early recognition and timely intervention are critical for successful treatment of pediatric shock. A strong index of suspicion by the treating clinician and early fluid resuscitation followed by ongoing assessment and timely transfer to a higher level of care can make the difference between life and death for the child who presents in shock.

Instructor
I-2 Field Training Officer
Bruce Nepon

Have you ever been assigned a student and didn’t know what to do? Or been a coordinator who assigns students? Do you want an approach that effectively educates students and protects you and your agency? Join Bruce Nepon for tips and techniques for field education.

Emergency Preparedness
EP-2 Hazardous Materials as Agents of Terrorism
Larry Masterman

This session describes the threats of terrorist usage of common hazardous materials in transportation, including flammable liquids, gases, and toxic agents.

2:00 - 3:15

Provider-ALS
PA-3 Tie them up; tie them down (just not face down)
Jennifer Somers

EMS crews are expected to be able to handle patients in various encounters including a patient exhibiting violent behavior. In this seminar, EMTs will be educated on recognizing potential violent behavior. EMTs will learn de-escalation techniques, and what to do if de-escalation fails. Breathing physiology, the impact of restraint on breathing and the risk of positional asphyxia will be reviewed. The importance of documentation will also be examined.



Provider-BLS
PB-3 Situation Awareness: Staying Alive & Out of Trouble
A.J. Heightman

EMS personnel get themselves caught in the middle of lots of dangerous situations. This lecture details several actual cases and helps attendees understand situational awareness and responses in a more cautious manner.

EMSC
EMSC-3 High Tech Transports for Critical Care Teams
Ray Bennett

This session will discuss how to appropriately manage the transport of patients with high tech therapies such as IABP, VAD, Echo, Impella and others. Participants will gain insight into new therapies, technology and devices that are used in the critical care setting.

SESSION DESCRIPTIONS

THURSDAY, NOVEMBER 14, 2013

2:00 - 3:15
(continued)

Instructor
I-3 Leading in the Classroom
Richard Craven, Jr.

Leading in the classroom is essential for training and presentation excellence. It is not enough to present information. We must develop a style of presenting that both entertains and empowers our audience. This workshop will give you the key steps to improve your delivery and have more fun when you present. Getting the material across is so much more than just knowing the subject - it's engaging and empowering the audience to achieve. This workshop will cover elements of adult learning, how to organize your teaching plan; and most importantly how to deliver the session in an interesting, fun and memorable fashion.

Critical Care
CC-3 Stuck in the Muck! Crush Injuries, Rhabdomyolysis and Lessons Learned
Charles McSweeney

We will take the audience on the call of a lifetime with an unexpected turn of events. What could have been a simplistic scene becomes a complicated and unimaginable need for resources. This lecture focuses on crush injuries and their complications, mainly focusing on rhabdomyolysis and current trends in treatment through a case study.

Leadership
L-3 What Difference Does your System Make
William Camarda

How can we prove the care we give in the out of the hospital arena provides the patient with a proven benefit? Through literature review and bundling individual measures into composite scores, EMS agencies can prove they provide beneficial care to our most important customers, our patients.

Emergency Preparedness
EP-3 Can Your Students Walk the Walk and Talk the Talk?
Jennifer McCarthy

While in class it is easy for students to talk about the principles and practices of emergency management strategies. Why is practical application not as easy? One theory is that students are rarely exposed to a dynamic learning environment that allows them to practice theories in a controlled learning environment. This session will discuss creative education delivery modes to have your students not only talking the talk but also walking the walk.



THURSDAY, NOVEMBER 14, 2013

3:25 - 4:40

Provider-ALS

PA-4 EMS Mystery Patients: Unique EMS Cases That Will Challenge Your Mind

A.J. Heightman

Every EMS provider has encountered patients with mysterious vital signs or mechanisms of injury. These patients challenge your knowledge and skills as you attempt to determine their illness or the extent of their injuries. Your second challenge is to put together a successful treatment plan to manage their problem and transport them to the appropriate facility. Join A.J. Heightman as he takes you through a series of EMS mystery cases.

Provider-BLS

PB-4 EMS Role/Responsibilities at Crime Scenes

Scott Holtzclaw

This course is designed to introduce participants to the different aspects of responding to and functioning at crime scenes. This includes the need to preserve physical evidence, what to do when finding potential evidence, retaining evidence, receiving verbal statements from victims or suspects and treatment of victims and in-custody suspects. This program will also explain the after action procedures that may occur, including suspect elimination (why your fingerprints are needed) formal statements, Grand Jury testimony, and both criminal and civil court testimony.

EMSC

EMSC-4 Pediatric Head Injury

Lisa Drago

This presentation is designed to provide a understanding of the mechanisms of traumatic brain injury in pediatric patients. The discussion will include the difference in anatomy and physiology that put infants and children at greater risk for head injuries.

Instructor

I-4 All Problems Are an Opportunity - A Case-Based Review of Classroom Issues and Creative Solutions.

Jennifer McCarthy

As an instructor you stay up late prepping and preparing only to be faced with students texting, falling asleep and seemingly attending for the CEUs rather than for the interest in the topic being taught. Come to this session and share problem-solving techniques to overcome classroom scenarios that can serve as learning opportunities for all.

Critical Care

CC-4 Gag Me - Current Trends in Airway Management

Marilyn Bourn

This presentation will review some of the current literature regarding intubations, RSI and changing trends in advanced airway management (adult and pediatric). The discussion will include a review of the advantages and disadvantages of various adjuncts to airway management including supraglottic single and multi-lumen airways, combitubes, LMAs, King tubes and other newer devices. Research-based information and case presentations will be used to demonstrate the clinical concepts.

Leadership

L-4 Desperately Seeking Competent EMS Leaders and Managers: How to Avoid the "Peter Principle"

Raphael Barishansky

Being an industry that tends to promote supervisors, managers and administrators from its field ranks has pluses and minuses when it comes to competence in managerial positions. Becoming an example of the "Peter Principle," or the act of promoting people to their highest level of incompetence, is something we'd all like to avoid. While there are a lot of presentations regarding leadership skills, this discussion will provide a profile of balanced background and knowledge, combining the field experience, education and training, visionary leadership and competent management skills needed by providers placed into EMS supervisory, managerial and administrative positions.

SESSION DESCRIPTIONS

THURSDAY, NOVEMBER 14, 2013

3:25 - 4:40
(continued)

Emergency Preparedness

EP-4 Responder Safety in Times of Civil Unrest: Understanding Crowd, Group and Mob Behavior
Steve Crimando

"Can it happen here?" Anger directed at banks, energy companies, government agencies and other public and private entities, such as that seen on Wall Street or in Wisconsin during labor actions, can trigger potentially violent collective behavior resulting in injury, death and destruction of property. Emergency management and response professionals aware and concerned about current world and national events, and the possibility of adverse collective behaviors, will benefit from a knowledge and understanding of the causes, warning signs and behavioral dynamics of groups, crowds and mobs. Such an understanding better prepares leaders, decision-makers and tactical operators for the new challenges associated with the use of social media (Twitter, Facebook, etc.) and globalization as they relate to the development of crisis situations and the potential of dangerous and violent behavior.



FRIDAY, NOVEMBER 15, 2013

9:30-10:45

Provider-ALS
PA-5 Designer Drugs in the United States
Bruce Ruck

This lecture will discuss designer drugs spawned by a new generation of chemists. The problem with designer drugs is they don't always work as advertised and we will look at the clinical effects of bath salts, synthetic marijuana and more. This presentation will also discuss the management of overdose and the drug screen process.

Provider-BLS
PB-5 What I Did On My Summer Vacation
Glenn Luedtke

Pack your swim fins and your rubber duck, and join us for a trip through some of the common emergencies experienced during a typical east coast summer vacation. We will discuss near-drowning, surf injuries, marine animal stings and swimming pool incidents, along with heat-related and other environmental problems, lightning injuries and much, much more. Included in the discussion will be suggestions for interacting with visiting EMS providers from the perspective of both the responding agency and the visiting EMT.

EMSC
EMSC-5 Tot Talk - Tricks of the Trade to Effectively Communicate with Pediatric Patients
Sarah House

Everyone remembers a time when they could have approached a call differently for a better outcome. Building a rapport is essential in caring for children, but often a trial-by-fire experience. Participants will learn from the insight and experiences of others to prevent some of the most common mistakes in communicating with children.

Instructor
I-5 Catch Me If You Can!
Bill Young

With the advent of smartphones and communications gear once reserved for national intelligence agencies, students have the upper hand when it comes to cheating. However, some of the tried and true methods

are making a comeback as well. As educators, we realize that it happens... probably more than we care to admit... Cheating. This session looks at the whys, hows and methods of minimizing cheating in the classroom.

Critical Care
CC-5 From A to Z (Apnea to Zero)
 Capnography
Timothy Marks

This presentation will include the basic facts of end tidal capnography, capnometry and the indications both prehospital and in the ED. The program will include troubleshooting, set-up, basics, wave form evaluation, and numerical correlations to clinical care. Also presented, will be case studies from the prehospital setting and the emergency department focusing on the efficacy of end tidal CO2 monitoring.



SESSION DESCRIPTIONS

FRIDAY, NOVEMBER 15, 2013

9:30-10:45
(continued)

Leadership
L-5 The Ethical Dilemma - Ethics Outside the Box
Matthew Streger

The workplace is full of atypical ethical dilemmas faced by those who work in public service. This session will discuss some of the dark secrets that many try and keep to themselves. It will define how policy dictates actions but not always ethics and the difference between the two. Discuss how some policies can be adapted to fit almost any situation and the implications of an ethical violation.

Emergency Preparedness
EP-5 Bombings: Injury Patterns & Care for the Prehospital Provider.
Anthony Mangeri

An overwhelming majority of terrorist attacks involve explosive material. This workshop was prepared by the American College of Emergency Physicians and the IIIDE Partnership to educate emergency responders on the basics of managing blast related injuries. We will review scene safety and triage considerations and investigate the factors that contribute to blast injury severity. The workshop is designed to highlight prehospital and hospital based considerations for initial triage and trauma management to include signs of crush and compartment syndrome.

11:00-12:15

Provider-ALS
PA-6 Disability Etiquette
Anthony Mangeri

There are nearly 50 million people with disabilities in the United States. EMS practitioners are required to serve all in need in our community. Unfortunately, there are many misperceptions regarding working with persons with disabilities. This workshop will focus on disability awareness and etiquette and the values of effective interaction. We will examine various disabilities and their associated issues, to include a demonstration of the effects of various disabilities on the human condition.

Provider-BLS
PB-6 Trauma Care and Transport: A Panel Discussion
John Chovanes, D.O.- Moderator

Prehospital management of the trauma patient involves making rapid decisions on treatment, destination and mode of transport. These decisions can have a profound impact on patient outcome, specifically with respect to the concept of delay. Research concerning the appropriateness and effectiveness of some of these decisions can be controversial and certainly contradictory. The purpose of this panel discussion is to bring together a broad group that represents the primary trauma caregivers for a point/counterpoint discussion on available research. The goal is to give prehospital decision makers the necessary knowledge to make rapid informed decisions that will have a positive impact on patient outcomes.

EMSC
EMSC-6 Recipe for Success - A Cookbook for Pediatric Assessment
Sarah House

You came across a recipe that sounds perfect, you followed it to the "T", but it doesn't turn out quite how you expected. You are left feeling disappointed and questioning your cooking abilities. Instead of sulking about it, you try again and again until you finally get it right. You took the original recipe and tweaked it with your own style to make the process flawless. In the end, you were left with the satisfaction that your hard work and perseverance paid off. Pediatric patient assessment is exactly the same. You are given a "recipe" for how it needs to be done. You follow all the steps and sometimes the end result still isn't right. Maybe you missed an ingredient, maybe your measurement was off, maybe the same recipe doesn't work for every patient every time. In this lively and interactive session, participants will get to put on their chef's hat, and be creative with their recipes while taking a new approach to an old assessment.

FRIDAY, NOVEMBER 15, 2013

11:00-12:15
(continued)

Instructor
I-6 Have You Flipped!!!
Bill Young

The idea of turning the classroom into a hands-on environment isn't new...except to EMS. This session will provide the information needed to flip the EMS classroom to provide more psychomotor practice and better results when caring for patients AND on the certifying examination.

Critical Care
CC-6 Tactile Medicine Essentials for the Civilian Responder: An Introduction to TECC
Ryan Sexton

The guidelines put forth by the newly developed Committee on Tactical Emergency Casualty Care will be presented. Fundamentals of tactical medicine and examples of most likely injuries sustained in a civilian tactical situation will be presented with appropriate lifesaving prehospital treatments.

Leadership
L-6 EMS Legal Mythbusters
Matthew Streger

Too often we hear something repeated often enough that we believe it true, even when a closer look reveals that there is no support for our paradigms. This lecture is designed to address several medical-legal areas that impact EMS providers, including consent and refusal, regulating off-duty conduct, free speech, negligence and immunity, documentation and fraud. Each of these will be examined from a legal basis to find out which of the myths are busted and which are accurate.

Emergency Preparedness
EP-6 Don't Overlook the PIO: How One Position Can Make or Break an Organization
Richard Huff

To be successful in trying economic times, EMS organizations need to use media, marketing and social networks to build awareness for their services. As budgets get tightened, getting the word out about what EMS organizations do for their communities is critical to their survival. Moreover, knowing what to do when a reporter calls can make the difference between a positive or negative result in the media. This class will provide useful tools for participants to use at home and immediately increase their visibility. A good PIO can push an organization forward, and handle problems when they develop. However, it's often a forgotten position. This session will touch on topics important for career and volunteer services alike. Along the way, attendees will learn how to use media and marketing to increase staff morale and membership, and solidify financial backing.



SESSION DESCRIPTIONS

FRIDAY, NOVEMBER 15, 2013

2:00-3:15

Provider-ALS
PA-7 EMS Safety NOW
Glen Luedtke

The dramatic upswing in serious injuries and fatalities among EMS personnel in the past few years has led to a new awareness of the dangers facing you and your fellow responders every time you answer a call. Numerous organizations are looking at how our ambulances are designed, how our equipment works, and how we can be safer while still doing what we need to do for our patients. This session will discuss not only what's coming, but what we can do NOW to improve safety for us and for our patients. We will look at some of the radical changes in vehicle design and discuss how we may need to re-think the idea that "bigger is better". We'll look at what other countries are doing to improve EMS safety, and how we might adapt their approach to our practice. And we'll look to see what's being done by forward-looking EMS agencies in the US to help ensure that all of their providers go home safe and healthy after every shift.

Provider-BLS
PB-7 Identification, treatment, and special considerations for tropical and communicable diseases
Michael Passafaro & Anthony Guerne

The world is getting smaller and foreign travel is becoming more and more common. With one of the world's largest international airports and a highly diverse population, New Jersey EMS providers will likely come across communicable and rare tropical diseases not normally encountered. This session will provide the EMS professional with the knowledge to identify and treat all different types of tropical diseases. Special considerations will be presented to protect the EMS provider from contracting and transmitting these diseases.

EMSC
EMSC-7 Outside the Spotlight - Providing Care Beyond the Acute Head Injury
Sarah House

Headlines across the nation are shining a light on head injuries. Overwhelming national concerns regarding concussions have spurred a frenzy of education for healthcare providers, coaches, and parents on assessment, treatment of the acute injury, and return to play guidelines. This education is having a profound impact on patient outcomes. However, the acute injury is just the tip of the iceberg. This presentation will step away from the traditional clinical approach to concussions and open your mind to a bigger picture by looking at the continuum of care, the missing links, and what your role is throughout the process.

Instructor
I-7 Getting Out of the Small Pond: An Insider's Guide to Publishing and Lecturing on EMS Topics
Raphael Barishansky

Have you ever looked at an article in a trade or academic EMS journal and thought "I could have written that?" Have you ever heard a presenter at a conference and thought "I have a great idea for a presentation!" EMS education does not end in the traditional classroom. Moving from your comfort zone as a big fish in a small pond to the ocean of EMS trade and academic journals and conferences can be a scary proposition, but good ideas and best practices need to be shared. Hear from an experienced writer and lecturer on how to develop and focus your ideas, understand the opportunities available to write and speak, review what and how to present to decision makers, write presentation proposals and just generally how to get yourself ready to enter the wide world of EMS publishing and speaking.

Critical Care
CC-7 "Under Pressure" Abdominal Hypertension
Dwain Pegues

Emergency Department, Critical Care, and Specialty Care Transport personnel are often faced with an insidious threat to the overall stability of their patients - frequently caused by the large amounts of intravenous fluids they give during different resuscitation situations: trauma, burns, and sepsis. If unrecognized and untreated it can compromise the cardiovascular, respiratory, neurological, gastrointestinal, and renal, among other homeostatic systems, and ultimately cause multiple organ system failure and death. Join in on this interactive and informative scenario-based discussion to learn more about the recognition and treatment of this interesting, yet often overlooked phenomenon.

FRIDAY, NOVEMBER 15, 2013

2:00-3:15
(continued)

Leadership
L-7 Swimming With Sharks
Matthew Streger

This program will speak about the differences between criminal and civil litigation, how the two are different, how they are the same, and how they intertwine. It will speak specifically about preparing the provider for their day in court and is unique in that it was developed with the assistance of defense attorneys and litigators revealing tricks, tactics, and wordplay used to direct testimony.

Emergency Preparedness
EP-7 New Jersey EMS Task Force - Here and Now
H. Mickey McCabe

This presentation will cover the roles and responsibilities of the New Jersey EMS Task Force and how it functions within the state. The presentation will cover pre-existing EMS plans for Incidents of Significance, their development, and implementation and future planning efforts. We will also discuss the regional-based specialized EMS Task Force assets, their capabilities and the request procedures for these assets. Discussion will also be held on previous task force deployments and lessons learned.

3:25-4:40

Provider-ALS
PA-8 "Please Don't Call Me Honey" - Understanding our Geriatric Patients
Raphael Barishansky

Most EMT and Paramedic programs spend significantly more time discussing pediatrics than geriatrics - even though the percentage of the US population over the age of sixty five is growing at a faster rate than ever before. Advancements in medicine and pharmaceuticals have pushed the average life expectancy to almost 80. An overview of specific pearls and pitfalls of assessing and treating geriatric patients will be covered, including important physical, social and cognitive facets every EMS provider should be familiar with. More common assistive living equipment utilized in home care will be reviewed, as well as relevant topics such as the ins (and outs) of hospice, the uniqueness of geriatric trauma, recognizing elder abuse and being sensitive to end-of-life concerns. This presentation will touch on a wide variety of medical care issues specific to the geriatric population and will hopefully instill a new respectful perspective on the challenges facing these patients.

Provider-BLS
PB-8 Youth Victims of Violence - Assessment and Awareness of the Effects of Violent Injury
Patty Vitale

The problem of youth violence has become a nationwide epidemic and is the second leading cause of death among 10-18 year olds. Even more importantly, the short and long term effects of violence are being studied and there are significant psychological and biologic changes that occur in youth victims of violence. Prehospital providers assess injured youth victims of violence on a regular basis. In many cases healthcare providers may assume these incidents are not random or provoked. This lecture is dedicated to reviewing the latest research on the psychological and biologic effects of violence on our youth. Best practices for assessing and managing youth victims of violence with the goal of providing prehospital providers with the tools needed to apply these skills to their practice.

EMSC
EMSC-8 Divas & Dead Babies
Tracey Loscar

There is nothing more devastating than the death of a child. It is far and away one of the most emotionally stressful calls any provider will respond to. The nature and infrequency of these calls make them the perfect storm for errors and chaotic performance. There are things you can do to help navigate these calls and improve your performance when the worst happens. This presentation will take a look at some of the common psychological aspects providers are confronted with on pediatric arrest calls and suggestions on methods for addressing them.

SESSION DESCRIPTIONS

FRIDAY, NOVEMBER 15, 2013

3:25-4:40
(continued)

Instructor
I-8 Did I Pass?
Candace Gardner & Mike Reilly

Your students have reached the point in the program where psychomotor competency evaluation is needed. Are you as prepared as your students? Will all of your fellow instructors be as objective as you will? During this session we will discuss barriers to objective psychomotor evaluation and identify potential solutions to help ensure that a student's psychomotor evaluation truly measures competency.

Critical Care
CC-8 Critical Care Jopardy
Dwain Pegues

Learn and review critical care information while having fun - this presentation material is compiled from a number of evidence-based CCRN and CCEMTP preparatory sources. Please join us for an interactive and informative game-show themed class that discusses the rationales behind clinical pearls that are so important to those working in the critical/specialty care transport sector.

Leadership
L-8 Different People, Different Brains
Robert Luckritz

Much has been written and discussed in our industry regarding learning styles and effective teaching methods. This presentation adapts these ideals with additional information on the theories of organizational behavior to demonstrate to managers how they can better communicate with their staff, co-workers, and subordinates. Further discussion will occur on building an effective leadership team that capitalizes on behavioral strengths, and supports behavioral weaknesses. Students will gain specific understanding of the development of personality types, learning styles, and communication techniques. The lecture will include a brief overview of the Jungian philosophies, including personal interaction, information gathering, decision making, and life structure. Participants will have a chance to work together to develop techniques to communicate with individuals with different personality structures. Significant discussion will be had regarding utilizing the various strengths and weakness to develop an effective leadership team. Students will have the opportunity to consider their own leadership teams and identify potential "blind-spots" and develop techniques to better focus their efforts to address these issues.



Provider-ALS/ Provider-BLS
PA/PB-8 To Fly or Not to Fly: That is the Question!
Rick Rohrbach; Rick Hong

Dealing with the morbidly obese patient creates a strain on almost any EMS system. Beyond the obvious logistical issues of how to safely transfer the patient are even more vexing questions concerning establishment of normal assessment baselines, determining drug dosage guidelines, and performing "routine" medical procedures. This program will provide background on the health problems experienced by the morbidly obese, as well as practical guidelines for how to provide compassionate, safe, and high quality care to this challenging patient population.

SATURDAY, NOVEMBER 16, 2013

9:30-10:45

Provider-ALS

PA-9 I'm Not an Alcoholic, I Don't Go to Meetings...Addiction in EMS
Corinne Flammer

Addiction is a growing problem in our society and an even larger problem in the setting of emergency workers. The incidence of addiction (alcoholism in particular) is approximately 10% in the general population (not including unrecognized problem drinking). I would suggest that it's even higher, possibly 35% or 40% in EMS fire and police (with corrections officers being the highest group at 50%). Personality, biology and environment all contribute to a person's susceptibility to this terrible disease, that destroys families, careers and lives every year. Since 2001 there has been a marked increase in reported cases of substance abuse among rescue workers. That brings to light the fact that on-the-job stress is a contributor to using alcohol to deal with incidents that overwhelm workers. This presentation will cover warning signs and coping skills while also providing attendees with a path for helping themselves or someone they know desiring help. This presentation will also review the 12 steps of Alcoholics Anonymous, emphasizing the participation of family and friends in the steps and introducing a possibly unfamiliar audience to the concept of the work that is done in the anonymous groups to deal with addiction.

Provider-BLS

PB-9 Drug Recognition - Cop Stuff for EMS Providers
Joe Abrusci

This presentation show how the use of the DRE Matrix combined with clinical indicators can successfully determine many abused drugs prior to lab confirmation and discuss the various signs and symptoms listed on the DRE Matrix for each of the 7 drug categories. Attendees will have this information can be adapted to prehospital providers or ER staff for recognition of the clinical signs of impairment prior to lab confirmation.

EMSC

EMSC-9 Kids, Culture and Crayons
Tracey Loscar

You start out with the 8-pack of fat colors, just right for stubby fingers. Eventually you graduate to the 16 or 24 pack and eventually you hit the jackpot - 64 colors! The children you encounter on a daily basis come from no less of a diverse background. The impact that unique cultures have on family and environment can influence many aspects of your care - from how they respond to an assessment, to dealing with home remedies or accusations of abuse resulting from what was otherwise a common practice in their country of origin. This presentation will take a look at common parenting practices from a variety of cultures and how they can impact your assessments and treatments. Sometimes you just need a bigger box of crayons; why use plain old orange when "burnt umber" will fine-tune your picture to a masterpiece worthy of the refrigerator!



Instructor

I-9 Critical Thinking: A New Approach to Patient Care
William O'Brien

Research shows that paramedics and other EMS responders benefit from increasing their practice of critical thinking, problem - solving and decision making. By using the Recognition-Primed Decision Model (RPDM), a responder is able to use situation matching with previously experienced problems, developing expectations for what may happen in this situation, and finding what worked in the past, evaluating to find a workable solution and implementing a reasonable plan of action to solve the problem. Because in EMS, we pride ourselves in making the best patient care decisions possible, we must explore ways to enhance our thinking process. Critical thinking can greatly impact patient care and be enhanced by infusing it into all aspects of our lifelong learning.

SESSION DESCRIPTIONS

SATURDAY, NOVEMBER 16, 2013

9:30-10:45
(continued)

ALS/BLS
PA/PB-9 Lethal Exposures: Carbon Monoxide and Cyanide
Mike McEvoy

Carbon Monoxide leads poisoning deaths worldwide and recent evidence of harm from low-level CO exposure increases danger for emergency responders. This talk will review effects of CO exposures, medical devices that detect CO-exposed patients, and how EMS and firefighters should evaluate patients at the scene of CO alarms, and CO assessment during firefighter rehab. Hydrogen cyanide (HCN) is now believed the leading cause of fire fatalities, and our failure to recognize CN poisoning in fire victims results in higher death rates in the US than in Western Europe and Japan. Prompt recognition and treatment with a new, safer antidote can be expected to reduce deaths from fire and smoke inhalation.

Leadership
L-9 Paid, Volunteer or Both
Page, Wolfberg & Wirth

Today's ambulance services utilize a variety of manpower - volunteer, paid personnel, or a combination of both. Some organizations are also utilizing "volunteer incentive programs," or VIPs, where volunteers are paid "points" toward merchandise, cash or other valuable items or services in an effort to attract and retain members. This session will review the law as it pertains to these "compensated volunteers," as well as explore some of the common pitfalls under the Fair Labor Standards Act that can trap the unwary ambulance service, like overtime exemptions, sleep and meal time deductions and more.

Emergency Preparedness
EP-9 EMS Safety Officer
Peter Dworsky

This presentation is designed to provide a basic understanding of blood borne pathogens standard and requirements under PEOSH and OSHA. It will cover an agency's requirements for complying with respiratory protection standards. This presentation will also touch on atypical and emerging infectious diseases as well as control measures.

11:00-12:15

Provider-BLS
PB-10 Time is Brain: Case studies in Neurotrauma
Janice Delgiorno

This presentation will focus on traumatic brain injury and the importance of early intervention to prevent secondary brain injury. Covered injuries include subdural hematoma, epidural hematoma, and brain injury in extremes of age: pediatric and adult in case study format.



EMSC
EMSC-10 Update on Common Pediatric Respiratory Illnesses
Joseph Saloma

Correlating with the time of this conference, there is historically an increase in the number of calls for pediatric respiratory emergencies each fall. This lecture will review the major respiratory diseases (eg: asthma, croup, RSV, bronchiolitis, pneumonia) and how to differentiate one from another. Audio and visual aids will be utilized so that the participants can see and hear the differences. Treatment updates will also be discussed for the various respiratory illnesses presented.

SATURDAY, NOVEMBER 16, 2013

11:00-12:15
(continued)

Provider-ALS/ Provider-BLS
PA/PB-10 When Minutes/Seconds Count - Facing the Challenge of End-of-Life Prehospital Care
Sam LaCapra

Are you prepared to handle end-of-life decisions? Do you have the confidence to lead your crew through the tough options that are available? This session will review complex end-of-life cases and discuss systematic ways to navigate through the issues that face EMS providers when dealing with end-of-life patient situations.

Critical Care
CC-10 The Acute Diabetic: A Case Study
Kenneth Szwak

This lecture is based on an actual patient case in which the patient presented in Diabetic Ketoacidosis (DKA) but with a normal blood sugar. The lecture is intended to provide a greater understanding of the pathophysiology of DKA, how atypical presentations can occur, and how to "treat the patient, not the monitor" or in this case, the glucometer.

Leadership
L-10 Texts, Tweets, Blogs
Page, Wolfberg & Wirth

EMS executives, supervisors and managers face unprecedented challenges in maintaining a positive work environment, protecting confidentiality and providing healthcare services in an age of Facebook, Twitter and other social networking sites. Literally in an instant, any employee of your EMS organization can create a PR or compliance disaster by posting private patient information or sensitive employment information for the world to see. This session will explore the frontiers of this evolving area of law, and address issues such as monitoring employees' personal web pages, regulating the use of company and even personal computers, and the limits of "free speech" in the workplace.

Trauma
T-10 Operational Medicine - The State Department Perspective
William A. Walters

Department of State outposts are located in various settings resulting in trauma and medical management challenges unique to their environment. Participants will gain insight into the various levels of trauma and medical care provided within these outposts including discussion of the unique challenges confronting providers. Case studies will be presented to highlight aspects of international operational medicine.

Emergency Preparedness
EP-10 Dangers In Your Backyard: Successful EMS Planning for Small-Scale Community Events
Richard Huff



EMS types tend to think about the big one. While that's fine, EMS professionals also need to think about the little events that happen in their towns all the time that have the potential to turn bad. They need to know how to put together a plan for local events ranging from fairs, balloon festivals, concerts and more. Those events are more likely to result in the need for EMS planning than most others. Responsible EMS leaders need to plan for what ifs. What if a ferris wheel topples? What if a craft fair stage crashes? This session will cover planning for events large and small, and the tools necessary to put together an operations and staffing plan, managing staff and other details. Likewise, the session will show participants how creating such plans are good for the organization in terms of community outreach, morale and education. As we know, the first few minutes after an incident are critical, yet also fraught with challenges. This session will show attendees how to prepare for such incidents and be ready when an accident occurs.

SESSION DESCRIPTIONS

SATURDAY, NOVEMBER 16, 2013

1:45-3:00

Provider-BLS

PB-11 Is this an ALS patient?

Andy Lovell

This session will cover the criteria for ALS dispatch as well as the importance of not only a comprehensive BLS assessment, but the absolute necessity of a detailed HPI and PHMx. Actual case presentations will be made to a panel of "experts" consisting of an experienced BLS provider, an experienced ALS provider, a BLS physician Medical Director and an ALS physician Medical Director. Each of these professionals will bring their unique expertise, education and experience forth and share their viewpoints of each patient presentation. Participants will find that while some patient presentations are "black and white", there are also plenty of "gray" areas to be discussed. At the conclusion of this presentation, participants should have the knowledge base to make appropriate BLS/ALS patient treatment decisions that first and foremost are in our prehospital patient's best interest.

EMSC

EMSC-11 Septic Appearing Infant

Joseph Saloma

At any time, EMS can receive a call for a sick infant. However, all may not be what it appears. A sick looking infant may not have a cold at all and may be sicker than he or she appears. The differential diagnoses range from a cold to congenital heart disease to inborn errors of metabolism. The proper treatment of an ill-appearing infant begins with obtaining a thorough history and physical exam. This lecture will equip the provider with the tools needed to help differentiate a "cold" from something possibly life threatening.

Instructor

I-11 What is Pathophysiology and Why should EMT Students Care?

Dwain Pegues

The expanded EMT scope of practice requires your students to have a broad knowledge base of not only anatomy and physiology, but also pathophysiology. An EMT may be the first healthcare professional a sick or injured patient sees. Understanding and being able to teach why our treatments work the way they do, is a critical skill all instructors should master. This session will present detailed information on normal cardiac and respiratory anatomy and physiology as well as what's happening with these system when under attack by injury or disease. We will discuss how our treatments work, making a positive change in our patients. This session will improve your ability to share the all important how and why our interventions work for patients.

Leadership

L-11 Avoiding the "Bad Apple"

Page, Wolfberg & Wirth

Let's face it. The work ethic is different today. It's harder to find and keep good people in EMS. While most people want to do a good job, there are some people who just want to do the minimal amount to get by. And, it's even harder to deal with the bad apples that slip through under the lid (the hiring process) and spread their rotten ferment (a.k.a. "bad attitude") to others. But there is a way. You CAN take control of your organization. You can set the tone that that will allow you to engage and keep positive, motivated people. Join Ryan Stark, Associate Attorney for Page, Wolfberg & Wirth, LLC, the National EMS Industry Law Firm™, as he presents proven and practical strategies on how you can develop EMS staff who are not just "punched in"--- but also "tuned in" and "turned on" to doing their very best for your organization every day!

Critical Care

CC-11 Don't Judge A Book By Its Cover: Atypical & Misleading Patient Presentations

Kenneth Szwak

A series of five case studies will be reviewed in which patients presented with atypical symptoms/complaints yet yielded significant injuries or illnesses. Cases will review each patient from presentation to diagnosis and how each case relates to EMS providers.

SATURDAY, NOVEMBER 16, 2013

1:45-3:00
(continued)

Emergency Preparedness

EP-11 An Emergency Medical Service Guide to Using Social Media During Disasters
Richard Huff

When disasters strike, people turn to social media to reach loved ones, seek help and provide real-time updates on conditions in their area. Because of that demand, EMS agencies not participating on digital platforms simply aren't fully servicing their communities. The numbers are staggering and growing. According to Twitter, between October 27th and November 1st, more than 20 million tweets related to Superstorm Sandy were sent. When a small earthquake hit Virginia in 2011, more than 5,550 tweets were sent a second, which is more than when Osama Bin Laden was killed, according to Twitter. Previously, social media has been a hub for information during the shootings at Virginia Tech, the Aurora, CO movie theater, and at other events. More important, consumers are turning to social media for help. A Red Cross study found that one third of those using social media expected help to arrive within an hour of posting a message for help on an agency's website, and three quarters expect help within three hours. The use of social media coincides with the growth of smart phones. As many people found during Superstorm Sandy, when power went out, cellphones were their only means of communication. To that end, FEMA suggests people use social media to communicate to each other, rather than tying up cell service during emergencies. EMS organizations must be proactive in social media, or they fail their constituents.



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