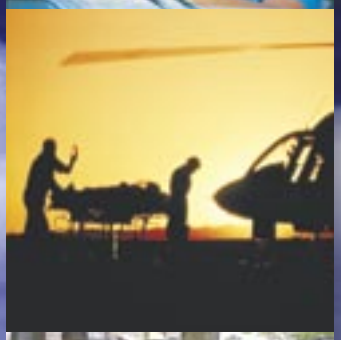
EMSWEEK

PLANNING GUIDE

MAY 14-20 2006



EMS

Serving on Health Care's Front Line

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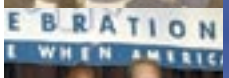
EMS WEEK 2006 CONTENTS



4 Letter from the ACEP President

5 Introduction: EMS: Serving on Health Care's Front Line

6 Planning Is Key to Successful EMS Week Activities

7 2006 EMS Week Planner's Checklist

8 EMS: Where We've Been and Where We're Going

12 How Recent Events Have Reshaped EMS

14 Award Exceptional EMS Care

15 Recognize Your Medics with a Celebration

16 Honor the Fallen

Gulf Coast EMS Memorial: Before and After Katrina

17 Remember the Fallen with a Table of Honor Ceremony

18 Nova Scotia Piggybacks on Regional Fitness Events for EMS Week Activities

20 Creative and Fun Ways to Teach Kids about EMS and Safety

Educator Casts Magic Spell on EMS Audiences

21 Calendar of Events in Celebration of EMS

22 Batter Up! EMS Night at the Ballpark

24 Pittsburgh Prepares for Bioterrorism Response with Flu Shot Drill

25 Don't Be Bashful: It's Smart to Boast about Federal Grants

26 Promote Your Service Year-Round with an EMS Calendar

27 Restored Vehicles Are an Eye-Catching Way to Market Your EMS Agency

28 Product Catalog

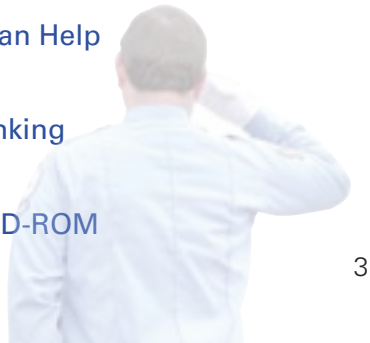
38 Handout: Family Guide to Disaster Preparedness

41 Handout: Keep Teenage Drivers Safe Behind the Wheel

44 Handout: Making the Call: How You Can Help in a Medical Emergency

48 CDC Presents Model Communities Linking EMS and Public Health

50 More Resources on the Web and on CD-ROM



Dear Colleagues:

The American College of Emergency Physicians (ACEP) is pleased to bring you the 2006 EMS Week Planning Guide to assist you in making your EMS Week celebration a successful one.

ACEP has sponsored EMS Week since 1974 and we are proud of our long-time commitment to our prehospital partners. Now, more than ever, the essential partnership between emergency physicians working in hospitals and our counterparts in both EMS and public health has become eminently clear. We will continue to dedicate our resources to strengthening these partnerships, with the ultimate goal of improving the continuity of patient care from the street to the hospital bed.

We welcome several new sponsors this year who have helped to produce the EMS Week Planning Guide and accompanying EMS Week poster. We are particularly grateful to Kidde for allowing us to offer a CD-ROM version for the first time. The CD-ROM is available free while supplies last and can be ordered on the EMS Week Web page (www.acep.org/emsweek).

The 2006 EMS Week theme is "EMS: Serving on Health Care's Front Line." We chose this slogan to remind the public that EMS is truly an extension of emergency medicine, as well as injury and illness prevention. EMS is the emissary upon which we rely to bring health care to the people, as well as to bring people to health care facilities.

We hope that this year's EMS Week Planning Guide meets your needs as you plan and implement EMSC Day on May 17 and EMS Week from May 14 to 20, 2006. We have tried to offer many different ways to promote your service and to recognize and honor its dedicated members. Handouts, clip art, templates and other support material are also available on our Web site at www.acep.org/emsweek.

In closing, I want to personally thank all of our sponsors, partners and contributors who put together this Planning Guide. I also want to acknowledge the importance of our EMS work-force, which serves the public good every hour of every day. You are valued members of the emergency care team, and I honor you for your contributions.

Frederick C. Blum, MD, FACEP
President, ACEP

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SERVING ON HEALTH CARE'S FRONT LINE

EMS

APPALACHIA RESCUE SQUAD (ARS) IN APPALACHIA, VIRGINIA, EXEMPLIFIES THE SPIRIT OF VOLUNTEERISM THAT SERVES AS THE BACKBONE OF EMS IN MOST OF RURAL AMERICA. OPERATING ON A SHOESTRING BUDGET AND WITH A STAFF OF 24 VOLUNTEERS, ARS RESPONDS TO JUST UNDER 450 CALLS PER YEAR IN A FORMER COAL MINING REGION OF ABOUT 5,000 RESIDENTS, MANY OF WHOM LIVE BELOW THE POVERTY LINE.

But don't let its small size or relative poverty fool you. ARS understands its value as part of the larger health care community. The squad sponsors blood pressure checks at the local Wal-Mart and Pay Less supermarket. For EMS Week last year, ARS invited Head Start children for a meal at squad headquarters and a tour of the ambulance, "to let them see what the ambulance looked like inside and not to be scared," said ARS secretary Ashley Wise.

Recognizing that EMS is more than just running ambulance calls, Wise also saw EMS Week as an opportunity to fight breast cancer, a disease that runs in her family. She coordinated a breast cancer walkathon during EMS Week last May to raise money for the National Breast Cancer Foundation. She hoped the walk would "get the rescue squad some publicity and let [community members] know that people really care about the members of our community who are suffering from it."

Community members and approximately ten businesses sponsored the walk, but "it was a tight season," Wise said, and ARS raised only $500 toward its $1,500 goal. About 20 people participated in the walk last year, all of them from the rescue squad. She hopes to put up more flyers this year to encourage greater participation in 2006.

Break Through Traditional Boundaries

The story of Appalachia Rescue Squad is an inspirational one that reminds us that even the smallest of ambulance services with the tightest of budgets can play an important role in promoting health in their communities. In so doing, EMS can assume its rightful place among other medical professions and be valued for its contribution to the whole health and well-being of its constituents.

EMS Week is a perfect time for ambulance agencies to promote wellness beyond traditional boundaries. Medics can supplement their ambulance runs by offering illness and injury prevention services. After the hurricanes, EMS agencies large and small banded together to help one another. It did not matter whether they were fire-based or private, urban or rural; all that mattered was that people were in need, and ambulances, medical supplies and dollars could make a difference. We can reach out to one another year round if we simply tap into the spirit that we felt in those early days after Katrina.

The slogan, "EMS: Serving on Health Care's Front Line," is meant to guide your EMS Week activities by giving you a theme around which to build your 2006 EMS Week activities. The Planning Guide also offers practical articles, checklists, handouts and tips to make your job easier.

We encourage you to familiarize yourself with the Planning Guide as part of your early planning process. Use its tools to steer you toward creative and innovative EMS Week activities. And when you are successful — or even if you experience some hardships — please let us know so that we can learn from them and improve on the EMS Week Planning Guide next year. Comments can be emailed to **emsweek@acep.org**.

Thank you, and good luck for a fun and festive EMS Week 2006!

TO SUCCESSFUL **EMS** WEEK ACTIVITIES

PLANNING IS KEY

THE SUCCESS OF EMS WEEK HAS EVERYTHING TO DO WITH YOUR PLANNING EFFORTS. HERE ARE SOME TIPS FROM VETERAN EMS WEEK PLANNERS.

EMS

Serving on Health Care's Front Line

START PLANNING EARLY

Begin planning early to ensure your agency has adequate time to cover all the bases. Steve Ambriz, planning manager of the Orange County Health Care Agency (OCHCA) in California, begins planning in January.

He starts by selecting a steering committee, which usually consists of the county sheriff, the fire chief, the president of the fire chiefs' association and the president of the ambulance association, among others. "These are people who will open doors for you," he said.

GATHER INFORMATION AND SET GOALS

Start your research phase by identifying the dates of EMS Week this year (May 14-20, 2006) and the slogan (EMS: Serving on Health Care's Front Line). Read the EMS Week Planner to obtain ideas and to help determine your goals for the celebration. Establishing goals will define the type of activities you want to present.

EMS Week planners also should use their research phase to identify potential conflicts. John Chamberlin of STAT MedEvac in Pennsylvania suggested that EMS Week planners determine what other events are occurring in their area, such as parades, graduations or sporting events, so as not to conflict. "Another agency's event may deter providers from participating in your event if it is not logistically possible to attend both," he said.

DETERMINE YOUR TARGET AUDIENCE

Who are you trying to attract to your event? Last year during EMS Week, OCHCA educated parents on how to keep their children safe. STAT MedEvac, on the other hand, centers many of its EMS Week activities on its EMTs and paramedics. Every activity you plan should have a target audience, whether it is employees, other people in the health care community, elected officials or the members of the public, such as senior citizens or children. Having a target audience helps focus your goals and improves your ability to create quality activities. But remember, you probably cannot reach out to everyone every year — trying to be too comprehensive may water down your message.

DETERMINE A BUDGET AND SECURE FUNDING

Your budget should be specific, including actual estimates for all costs. Be sure to include the costs associated with the event(s), supplies, promotional items, staffing and event promotion, such as mailing press releases. Do not advertise your events or send out press releases until your revenue stream is secure.

DECIDE WHAT TO DO AND WHERE TO DO IT

Once you know how much you can spend, determine your activity priorities based on your target audience. Consider activities and locations that have built-in audiences already, such as schools and senior centers. "If you have an audience there, you've done half your job," Ambriz said.

Plan events at locations that your audience is familiar with and that are easy to find. Last year, OCHCA organized a car safety-seat training program in the parking lot of Angel Stadium of Anaheim, home of the Los Angeles Angels of Anaheim baseball team. "Always think big," advised Ambriz.

PROMOTE YOUR EVENTS

Start promoting EMS Week by April 1. By this time, all of your programming should be finalized, allowing you to concentrate on marketing your activities. "We want to make sure we have leads for each activity, the facilities are taken care of, and the bills are paid," said Ambriz. "In the final month, we enhance our marketing efforts."

2006 EMS WEEK Planner's Checklist

FEBRUARY 2006

- ☐ Form steering committee to get event buy-in.
- ☐ Identify other community events that might complement yours.
- ☐ Determine budget and funding sources.
- ☐ Determine the scope of your event(s).
  - -Will your event highlight individual providers?
  - -Will your event highlight EMS agencies in general?
  - -Will your event focus on other community agencies that will increase public awareness of EMS Week?
- ☐ Secure commitments from funding sources.

MARCH 2006

- ☐ Determine lead time on items needed for the event, such as materials imprinted with your logo, advertising copy, promotional flyers, supplies, promotional items, audio or video, food and beverages.
- ☐ Contact vendors and place orders.

APRIL 2006

- ☐ Begin to promote your event to the media and public.
- ☐ Invite elected officials and other dignitaries, if appropriate.
- ☐ Make sure all arrangements are made for the event.
- ☐ Make alternative arrangements for bad weather at outdoor venues.
- ☐ Determine who will be the spokesperson for your agency and what will be said.
- ☐ Assign logistical roles for the event, such as banquet speakers, award presenters, food servers, logistics coordinators, etc.

MAY 1, 2006

- ☐ Double-check all event arrangements.
- ☐ Ensure that all personnel are aware of their duties.
- ☐ Create contingency plans for the event.

MAY 14-20, 2006

- ☐ Execute the plan and have a successful EMS Week!

AFTER EMS WEEK

- ☐ Relax and enjoy National EMS Week Planner's Week. (This is not an official recognition week; however, you deserve a break for your hard work.)
- ☐ Make necessary notes for next year's planning.

Thanks to STAT MedEvac for helping to prepare the checklist.

EMS: WHERE

FROM THE START, EMERGENCY MEDICAL SERVICES (EMS) HAS DEFIED SIMPLE EXPLANATION. ITS MISSION —TO SAVE LIVES OF SICK OR INJURED PEOPLE IN EMERGENCY SITUATIONS — SEEMS SIMPLE ENOUGH. BUT EMS, AND ITS UNIQUE HISTORY IN BOTH HEALTH CARE AND PUBLIC SAFETY, IS MUCH MORE COMPLEX. IT WAS BORN IN THE UNITED STATES OF SEVERAL INFLUENTIAL PARENTS — TRAFFIC SAFETY, TRAUMA CARE, CARDIOLOGY, RESUSCITATION SCIENCE AND MILITARY MEDICINE — AND IT CONTINUES TO CROSS THE BOUNDARIES OF NUMEROUS DISCIPLINES, INCLUDING HEALTH CARE, MEDICAL TRANSPORTATION, PUBLIC HEALTH AND HOMELAND SECURITY.

Trauma and Tragedy

To understand where EMS is today, it is necessary to look back on its recent history, which began 40 years ago, with the publication of "Accidental Death and Disability: The Neglected Disease of Modern Society" by the National Academy of Sciences (NAS).

That paper reported that in 1965, 52 million accidental injuries killed 107,000 Americans, temporarily disabled more than 10 million and permanently impaired 400,000 more at a cost of approximately $18 billion. Accidental injury is "the neglected epidemic of modern society" and "the nation's most important environmental health problem," the paper concluded.

The NAS recommended several solutions, including standards for ambulance design and construction, equipment and supplies, and training and supervision of ambulance personnel. The report also called for local "ways and means of providing ambulance services… [in coordination with] health departments, hospitals, traffic authorities and communication services."

Congress responded by enacting the National Highway Safety Act of 1966, which mandated the newly formed Department of Transportation (DOT) to establish minimum standards for provision of care for accident victims. DOT, through its National Highway Traffic Safety Administration (NHTSA), took the federal leadership role in the creation and funding of EMS systems, providing more than $48 million for EMS between 1966 and 1973, creating national standard curricula and defining the necessary components of an EMS system.

Although accidental injuries were the impetus for

NHTSA TURNS 40 KEY ACCOMPLISHMENTS

1966
President Lyndon Johnson signs the Highway Safety Act of 1966 (P.L. 89-564) creating the National Highway Safety Agency within the Department of Commerce.

1970
The National Highway Traffic Safety Administration (NHTSA) is established by the Highway Safety Act of 1970, as the successor to the National Highway Safety Bureau.

1971
The EMT-Ambulance National Standard Curriculum (NSC), the precursor to the EMT-Basic NSC, is published.

1973
The Emergency Medical Services Systems Act (P.L. 93-154) identifies the 15 essential components of an EMS system and calls upon the Department of Health, Education and Welfare to administer grants to fund EMS system development.

1977
The EMT-Paramedic NSC is published.

NHTSA registers the Star of Life symbol, developed by Leo Schwartz, as an EMS trademark. Star represents the six primary system functions of EMS: (1) detection of the incident, (2) reporting of the incident, (3) response to the incident, (4) on scene patient care, (5) patient care in transit and (6) transfer to definitive care.

WE'VE BEEN

AND WHERE WE'RE GOING...

federal support of EMS and trauma systems, modern EMS also developed out of simultaneous advances in cardiology and resuscitation science, including mouth-to-mouth breathing, chest compressions and defibrillation. Emergency physicians, then practicing a new medical specialty, recognized that these cardiac interventions could save more lives if they were brought out of the hospital into the ambulance. At the same time, medics returning from Vietnam found that lives could be saved by using trauma treatments once reserved for the hospital on patients in the field, thus reinforcing the notion that EMS is, in essence, an extension of in-hospital emergency medical care.

As EMS expanded to include care and transport of all kinds of medical emergencies, EMS programs began to take shape in the federal Department of Health and Human Services (HHS). Notable among these is the Health Resources and Services Administration, formed in 1982, which is home to the federal Office of Trauma-EMS, the Emergency Medical Services for Children program and the Office of Rural Health Policy. Medicare and Medicaid, established in 1965 to help pay for ambulance transport, also are part of HHS.

continued next page

1979
The First Responder NSC is developed out of the *Crash Injury Management for the Law Enforcement Officer* training program.

Leo Schwartz

1981
EMS Dispatcher Curriculum developed.

1985
The EMT-Intermediate NSC is published.

1988
NHTSA provides resources for EMS system evaluation through the establishment of the Statewide Technical Assessment Program and for trauma system development with the Development of Trauma Systems course.

1993
NHTSA sponsors the Uniform Pre-Hospital Emergency Medical Services (EMS) Data Conference to develop 80 EMS data points and definitions.

1996
The *EMS Agenda for the Future* is published.

continued next page

Funding Priorities

The funding mechanism for EMS system development changed drastically in 1981 when the Omnibus Budget Reconciliation Act ceased funding under the federal EMS Systems Act of 1973 and consolidated EMS funding into state preventive health and health services block grants. This change put the onus on the states to develop and fund EMS systems based on state and local priorities and led to a great variety in the way EMS is delivered and funded from state to state.

States control and direct EMS system development to this day, and several sources of federal EMS grant money are disseminated through state EMS offices. On a federal level, ambulance reimbursement continues to be supported by the National Ambulance Fee Schedule, published in 2002, while NHTSA retains its role in provider curricula and EMS system development. The EMS program at NHTSA maximizes its resources by working in partnership with its federal partners and using a consensus-based approach with its national EMS constituent groups.

EMS' Changing Role

While EMS originally was conceived to respond to accidental death and injury and cardiac conditions outside the hospital, its role has expanded to become the primary safety net for Americans, especially those who are un- or under-insured. Public health authorities also are turning to EMS to assist in prevention activities and the promotion and implementation of community-based health and wellness programs.

Man-made and natural disasters in recent years also have changed the role of EMS, which today is expected to provide immediate emergency medical response and patient transport to large numbers of affected patients following a disaster. In fact, the role of EMS on the nation's public safety front line has led to spirited debate about the appropriate role of EMS in the new federal Department of Homeland Security.

In the end, EMS defies simple explanation, both historically and today. EMS is out-of-hospital patient care. EMS is ambulance transport. EMS is an extension of emergency medicine and an arm of public health. EMS is a safety net. EMS is prevention. EMS is first response and public safety. In fact, EMS plays all of these roles, making it truly worthy of the moniker: America's front line of health care.

NHTSA Key Accomplishments continued

2000
The *EMS Education Agenda for the Future: A Systems Approach* is published.

2001
NHTSA sponsors a series of roundtables to discuss EMS and public health and develop strategies fostering collaborations of the two professions.

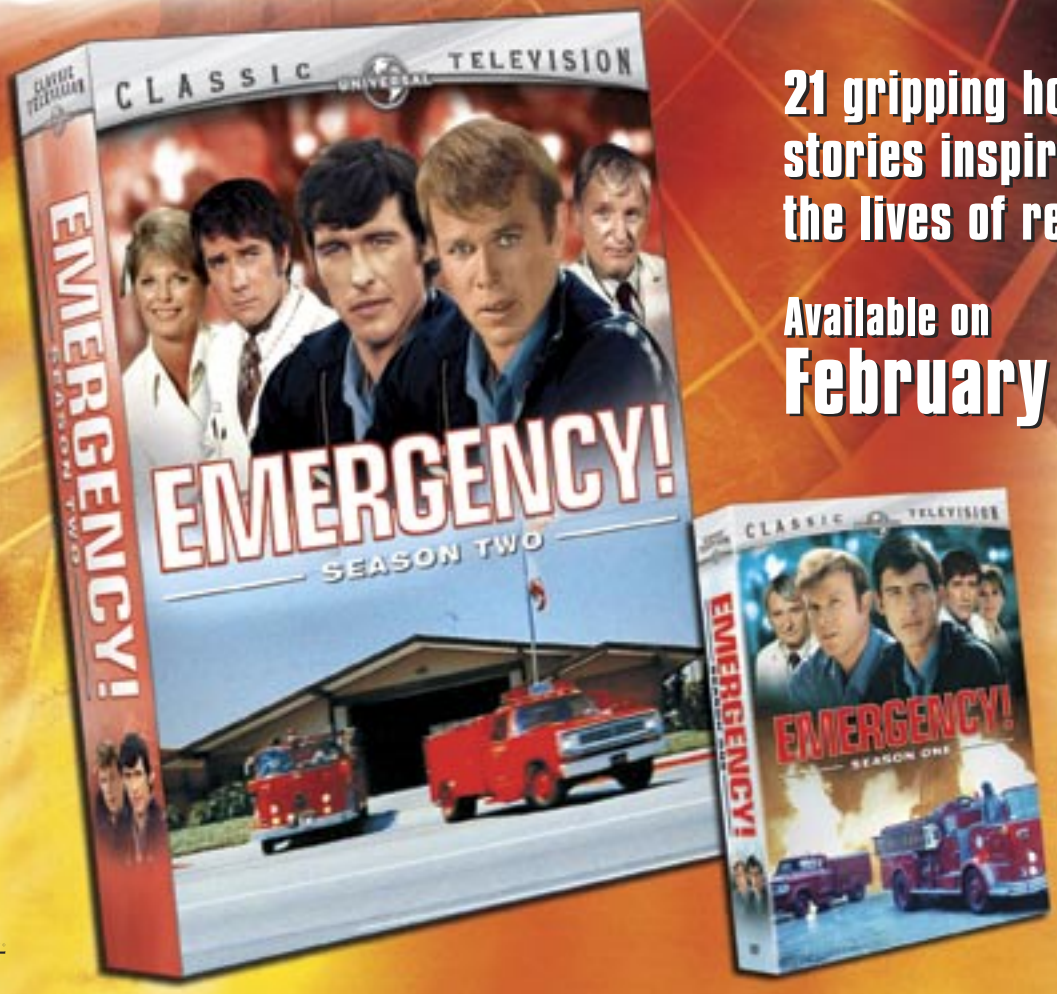
2004
The *National EMS Research Agenda for the Future* is published.

2005
The National EMS Scope of Practice Model is completed.

NEMSIS Version 2.2 Data Dictionary, XML Standard, and National Dataset is completed; National EMS Database and NEMSIS Technical Assistance Center Contract is awarded.

DOT's reauthorization act establishes a Federal Interagency Committee on Emergency Medical Services (FICEMS), with authority and reporting responsibilities, to advise, consult and make recommendations to Congress on EMS and 911 needs.

THE PERFECT GIFT TO HONOR OUR EMS HEROES!



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WORLD TRADE CENTER AND PENTAGON TERRORIST ATTACKS

September 11, 2001

What happened: Terrorists hijacked four commercial airliners, and deliberately crashed two of them into the World Trade Center in New York City and one into the Pentagon outside Washington, DC. The fourth plane was unsuccessful in reaching its target, which experts speculate was in Washington, DC, and instead crashed in Shanksville, Pennsylvania. Emergency crews responded to all three crash sites. Almost 3,000 people died as a result of the September 11 attacks; of those, 331 were medics and firefighters who were inside the Twin Towers when the buildings collapsed.

How it changed EMS: "[F]irst responders of today live in a world transformed by the attacks on 9/11," according to the *9/11 Commission Report*. "Because no one believes that every conceivable form of attack can be prevented, civilians and first responders will again find themselves on the front lines." Today, EMS is recognized for the important role that it plays in first response and public safety. While EMS currently does not have its own office in the Department of Homeland Security (DHS), EMS organizations are eligible for DHS grants. EMS also has been more influential than ever before in formulating national, state and local policy and procedures for terrorism response.

HOW REC

SEVERE ACUTE RESPIRATORY SYNDROME (SARS) OUTBREAK

Spring 2003

What happened: More than 8,000 people worldwide became sick with SARS in 2003. Of these, 774 died. SARS did not spread widely in the United States; however, on February 21, 2003, an index case of SARS was diagnosed in Toronto, Canada. By the time the state of emergency was lifted on July 2, 2003, 224 people in Toronto had been officially diagnosed with SARS, and 38 had died. During the outbreak, Toronto EMS' 850 paramedics had 1,166 potential SARS exposures, and 436 were placed in a 10-day home quarantine, which meant being isolated from other people within the home, continuously wearing an N95 respirator, and taking their temperature twice a day. SARS-like illnesses developed in 62 paramedics, and suspected or probable SARS requiring hospitalization developed in four others. On March 26, almost all of the frontline staff of the city's northeast quadrant were sent home because of possible SARS exposure at a Toronto hospital, and when the outbreak's second phase began in May, more than 200 paramedics had contact with patients with SARS and were quarantined.

How it changed EMS: For the first time, a citywide EMS system was severely impacted by an infectious disease epidemic. Medics have taken precautions against bloodborne pathogens since EMS became aware of AIDS; however, protections against airborne illnesses, as well as biocontaminants, have been much less prevalent. Now, with SARS behind us and the threat of an avian flu pandemic, EMS is thrust into the limelight as the responders who will come into contact with infectious diseases first. SARS not only demands new infectious disease awareness, it also highlights the role that EMS plays on the front line of public health.

ENT EVENTS HAVE RESHAPED EMS

OPERATION IRAQI FREEDOM

Beginning March 2003

What happened: Both the United States Army and Marine Corps have deployed specialized surgical teams to the battlefield in Iraq. The Army Forward Surgical Team includes three general surgeons, an orthopedic surgeon, two nurse anesthetists, three nurses, medics and support personnel. The Marine Forward Resuscitative Surgical System includes two surgeons, two surgical techs, an anesthesiologist, a critical care nurse, a basic corpsman and a physician's assistant or independent duty corpsman. These units, which triage, package and provide advanced medical care for wounded soldiers, are responsible for reducing battlefield casualties from about 24 percent in the first Gulf War and Vietnam to about 10 percent today.

How it changed EMS: The success of sophisticated emergency medical care on the battlefield has implications for how trauma is treated stateside. New products, equipment and interventions are proving to save lives under the most challenging conditions. The lessons learned from the forward surgical teams will not only impact how emergency medicine is practiced in the military, but also will provide compelling data and insights that will reshape civilian trauma care.

HURRICANE SEASON 2005

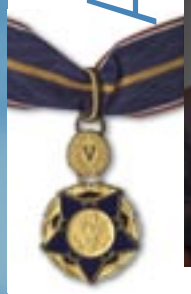
August/September 2005

What happened: Hurricane Katrina made landfall on the Gulf Coast of the United States, destroying thousands of homes and businesses and displacing hundreds of thousands of people. After the storm passed, the situation was particularly bleak in New Orleans, where levees broke and flooded the low-lying city. Thousands of people were stranded on rooftops and in office buildings, hospitals and evacuation centers where food, water, sanitation, security and medical supplies were in short supply. In less than a month, the Gulf Coast states were hit again by Hurricanes Rita and Wilma, challenging the resources of already overtaxed emergency systems.

How it changed EMS: More than any other recent national events, the Gulf Coast hurricanes of 2005 demanded immediate EMS response. Damage to property was severe, but emergency medical care was paramount as vast numbers of people who needed medical attention were stranded in New Orleans and elsewhere. Ambulances and EMS personnel responded from around the country to this first-ever incident of national significance under the new DHS National Response Plan. Despite the huge outpouring of support from individuals and emergency organizations, the response and the Federal Emergency Management Agency were severely criticized. EMS will be forever changed as the hurricanes reinforced the role of EMS in both public safety and public health during disaster response.

THERE ARE SEVERAL NATIONAL PROGRAMS IN THE U.S. AND CANADA THAT HONOR OUTSTANDING EMS PERSONNEL. EMS WEEK IS A GREAT TIME TO HONOR YOUR MEDICS EITHER WITH A HOME-GROWN CEREMONY OR BY NOMINATING SOMEONE FROM YOUR EMS AGENCY FOR A NATIONAL AWARD. HERE ARE THE DETAILS OF SOME OF THE NATIONAL AWARDS PROGRAMS.

EMS CARE AWARD EXCEPTIONAL



American Ambulance Association Stars of Life

What it is: The Stars of Life Celebration is a national program to celebrate National EMS Week. It honors medics, dispatchers and others for exceptional service, years of service, extraordinary bravery, commitment, skill and dedication.
Who's eligible: EMS personnel who have performed above and beyond the call of duty.
Application process: Honorees must be nominated by employers. Nomination forms online. Deadline: April 14, 2006.
More information: **www.the-aaa.org**

National Association of Emergency Medical Technicians (NAEMT) awards

What it is: Awards for field providers, medical directors, administrators, educators and others.
Who's eligible: Varies according to award given.
Application process: Nomination forms online. Deadline: June 1, 2006.
More information: **www.naemt.org**

Public Safety Officer Medal of Valor

What it is: The Public Safety Officer Medal of Valor Act, enacted on May 30, 2001, created the Public Safety Medal of Valor as the highest United States national award for valor by a public safety officer.
Who's eligible: Public safety officers, living or deceased.
Application process: Public safety officers who serve[d] in a public agency, with or without compensation, as a firefighter, law enforcement officer [including a corrections or court officer, or a civil defense officer] or emergency services officer; must be nominated by the chiefs or directors of employing agencies.
More information: **www.ojp.usdoj.gov/medalofvalor/welcome.html.**

Emergency Medical Services Exemplary Service Medal

What it is: Created on July 7, 1994, this medal recognizes Canadian EMS professionals who have performed duties in an exemplary manner, characterized by good conduct, industry and efficiency.
Who's eligible: Recipients must have been employed with EMS on or after October 31, 1991, and must have completed 20 years of exemplary service, including at least 10 years in the performance of duties involving potential risk. Those with at least 10 years of service may include, in the 20 years of service, service completed in another profession, provided this service has not been recognized by another long service, good conduct or efficiency decoration or medal awarded by the Crown. The Medal may be awarded posthumously.
Application process: Nomination forms may be obtained from The Governor General of Canada, Attention: Honours, Rideau Hall, 1 Sussex Drive, Ottawa, Ontario K1A 0A1.
More information: **www.gg.ca/honours/nom/index_e.asp**

St. John Ambulance Lifesaving Awards

What it is: Canada established the St. John Lifesaving Awards Program more than 30 years ago to reward acts of bravery and heroism. Award committees at the provincial and national levels are responsible for making recommendations on nominations received.
Who's eligible: Any Canadian citizen who saves or attempts to save a life.
Application process: Nomination must be received within one year of the occurrence and should be sent to the St. John Council in your province/territory.
More information: **www.sja.ca/english/about_us/awards**

RECOGNIZE YOUR MEDICS WITH A CELEBRATION

THE PROSPECT OF PLANNING AN EVENT TO HONOR VOLUNTEERS OR EMPLOYEES CAN LEAVE EVEN THE MOST SEASONED PARAMEDIC OR EMT IN A PANIC. SHOULD IT BE A CASUAL BARBECUE OR A FORMAL DINNER? IS A FANCY SLIDE SHOW OR SPEECH IN ORDER? WHAT'S THE BEST WAY TO GET THE PLANNING BALL ROLLING?

Grace Noonan-Kaye, who has 17 years of experience working as a human resources executive, suggested asking yourself a few key questions before you begin: Who are you honoring and for what? What is the culture of your organization? How much money do you have to spend?

Start Planning Early

Start planning several months in advance — or even a year, if possible — for a large event, advised Noonan-Kaye. "Just imagine that you're planning a dinner party for your friends," she explained. "In terms of logistics, it's the same sort of thing but on a different scale. You're planning a party, and you've got a certain amount of money to spend."

Determine Your Budget

Deciding how to spend your money is an important step in your planning. If you are recognizing a top dog for decades of service, don't sink the bulk of your budget into a fancy hall and a lavish menu, only to short-shrift on gifts. Gifts count, Noonan-Kaye said, and a 30th anniversary on the squad is deserving of more than a trinket. In other words, avoid throwing a pricey bash and giving the honoree a T-shirt or a mug, she warned.

"What often happens is, you sink so much money into the event, and then the gift becomes an insult," she cautioned. "If you're going to buy something for service or recognition, people love to have their name on something, such as a nice plaque or pen."

Plan Your Event around the Honoree

Think carefully about the person or people you are honoring: Do they like to go bowling on a Saturday night, or to the symphony? Does their personality suit an evening of heavy, heart-warming speeches or a casual barbecue where they can blend in with the crowd honoring them? Would a 'This is Your Life' type of event embarrass them, or would they relish such a tribute? Plan the event around your answer.

Honoring a high-level employee for years of service usually will call for a more formal event — a dinner, if possible. However, don't assume employees and volunteers lower in the chain of command don't appreciate fancy gatherings, Noonan-Kaye said. And everyone, she said, likes being honored in front of family members.

"Everyone loves to get dressed up," she said. "And if the budget can handle it, it's worth splurging to invite family. People love having their family around. It's a pride issue."

Pay Attention to Protocol

It is generally acceptable to serve alcohol to off-duty guests at a dinner or evening event, but think carefully about serving it at a lunch, especially during the work week, and never serve alcohol when on duty, advised Noonan-Kaye. Expect to spend $20 to $30 per person for a nice dinner with wine. A casual gathering, such as a barbecue, will cost considerably less, she added.

Be careful to include the whole team if you are thanking a team. In tributes and speeches, stress the importance of teamwork, and avoid focusing on one or two favorite players, said Noonan-Kaye.

If you want to give gifts to a team, give everyone the same gift. Be creative: A T-shirt with your logo works, for example, or Noonan-Kaye suggested high-tech flashlights or personal first-aid kits bearing your agency's or the EMS Week slogan and logo.

Be careful to buy gifts that fit the personality and culture of your organization, Noonan-Kaye said. Avoid flashy, extravagant gifts that might highlight personality features about the honoree that are best left private. Be mindful that a high-priced present may also raise eyebrows if you are using tax dollars.

"Flashy gifts might work in profit-making corporate settings, but not at a volunteer department," she advised. "Be careful to honor the culture of the organization you are a part of."

Scripts and Speeches

Plan to set aside some time during the event for speeches and tributes. Noonan-Kaye suggested avoiding the "pitfalls of public speaking," such as rambling, by videotaping messages in advance and playing them at the event. If you're honoring a team for its response to an incident, interview people who were on the scene and play the clips at the gathering.

Give the pre-recorded speeches to the honoree as a gift, Noonan-Kaye suggested. "Many people just sort of blank out while they're being honored," she said. "This way, they can take the event home with them and play it again and again."

THE NATIONAL EMS MEMORIAL SERVICE HONORS EMS PERSONNEL WHO HAVE DIED IN THE LINE OF DUTY. THE FIRST NATIONAL EMS MEMORIAL SERVICE WAS HELD IN 1993, AND THE SERVICE IS NOW HELD ANNUALLY. THE 2006 SERVICE IS PLANNED FOR MAY 27, 2006, AT 7 P.M. (EDT) IN ROANOKE, VIRGINIA.

HONOR THE FALLEN

Last year, 26 medics were honored. All together, the National EMS Memorial Service has honored 308 medics from 46 states and the District of Columbia who have given their lives to the cause of EMS.

A nominee must meet certain criteria to be honored during the memorial service: He or she must have been affiliated with an established EMS agency and performing EMS duties at the time of death. Those nominees who have followed established safety regulations, local protocols and standard operating procedures will be eligible to be honored at the service. A copy of the nominee's obituary or death certificate and several photos must be submitted with the nomination. Nominations must be postmarked by December 31, 2006, to be considered for the 2007 service. More information is available online at **http://nemsms.org**.

GULF COAST EMS MEMORIAL: Before and After Katrina

In 2005, employees of AMR's Gulfcoast Group, which provides ambulance services to coastal counties in Mississippi and parts of Alabama, were inspired to hold an EMS memorial service at their regional headquarters in Gulfport, Mississippi. AMR-Gulfport did not have any line of duty deaths in 2005, but the medics there consider themselves "one big family" with others in EMS, said SSC training coordinator Dawn Penton, and they wanted to show their support for their colleagues who suffered losses.

They held the service on the beach in Gulfport last May, across from a local church where they could meet in case it rained during the service. About 150 people from Gulfport, Biloxi and other nearby areas attended the service, including the Gulfport fire chief, the Biloxi police chief and representatives from nearby casinos.

It's good to have family when crisis strikes, and no family could have been more important when Hurricane Katrina hit Gulfport and surrounding areas just three months later in August 2005. AMR sent about 100 ambulances and 300 paramedics from as far away as California into the states affected by the hurricane. "In the beginning, the employees were without power, without water and food, just like we were," Penton recalled.

Since many of the extra employees were not personally affected by the hurricane, Penton was deeply impressed by their commitment to help. "They're here and that's just awesome," she said. "I'm sure we'll do something during EMS Week geared around thanking them."

For now, AMR's plans to return to the site of the 2005 EMS Memorial Service are on hold because, while the beach remains, "Every building beside it is demolished," Penton said. "The church that we did have set up got destroyed."

Organizers had hoped to have the memorial service again this year in Biloxi or Waveland, Mississippi, but "those were the two hardest-hit areas," said Penton. The local casinos might be able to offer space for the service in a restructured building in Biloxi, she added, but at this point "there's nowhere really to have it right now."

Remember the Fallen with a TABLE OF HONOR CEREMONY

Follow the Protocol

The Fallen Emergency Service Personnel Program's Web site at **www.fallenfirefighter.com** offers useful information on how to conduct a Table of Honor ceremony. Information on the Table of Honor ceremony can be found at the bottom of the EMS main page.

What You Need

- United States flag, folded (preferably a casket-sized flag)
- A small round table that seats four
- A white table cloth
- Three place settings*
- Three wine glasses
- Wheel hats from fire, police and EMS
- A red rose in flower vase with a red, white and blue ribbon tied around it
- Candle (long-burning, preferably no-drip) with holder (snuffer also)
- Three slices of lemon
- Three salt shakers
- Three black napkins
- Personnel in dress uniform to represent the fire service, police and EMS
- Audio support or the music ("Taps" and "Amazing Grace")

**Three place settings represent police, fire and EMS. One additional setting may be added to acknowledge line of duty deaths in the military.*

Table of Honor Script and/or Handout

*Copy the following text onto a simple flyer with your agency's and the EMS Week logo and date. This script, also available online at **www.acep.org/emsweek**, may be read prior to the ceremony and/or handed out to guests.*

Welcome to our EMS Table of Honor ceremony. We are pleased to have you with us today to honor our fallen comrades.

As we proceed through the ceremony, you will see and hear things that may be unfamiliar to you. This handout is designed to help you understand the ceremony and the significance of some of the objects used in it.

The Table of Honor ceremony has its roots in the military. It is based on a traditional military ceremony called the Missing Man Table and Honors ceremony, which is used to honor missing service members. The Missing Man Table is set up at banquets or other occasions where a dinner table would seem appropriate, and it honors those who are missing and unable to take part in the celebration. Today's ceremony honors members of the emergency medical services (EMS), the fire department and the police department who have died in the line of duty.

The ceremony begins with the lighting of a single candle. The candle lighting is followed by the presentation of wheel caps (or uniform hats) from the fire service, the police department and Emergency Medical Services. These caps represent everyone who has served as a public safety servant. As the wheel caps are presented, each is placed over a plate at one of the place settings. Each escort who presents the cap inverts a wine glass on the table after he or she has presented the cap.

The table setting itself is symbolic. The white cloth represents the honorees' purity of response, and the table's round shape shows our never-ending concern for them. The black napkins indicate the emptiness their passing has left in the hearts of their families and friends, and the red rose on the table reminds us of those families and friends. The red, white and blue ribbon around the rose vase stands for the love of our country and our way of life, which inspired the honorees to answer their call to duty.

The bread plates on the table hold fallen salt shakers and a slice of lemon. The salt shakers symbolize the tears of the honorees' families, and the lemon represents their bitter fate. The inverted wine glasses remind us that the honorees cannot join us here today for a toast. Finally, the folded American flag on the table reminds us that our comrades will not return, as well as paying tribute to their passing.

Before the Table of Honor is retired, "Taps" will be played. As the Table of Honor is retired, the escorts return to the table and salute. "Amazing Grace" will be played during the salute. After the salute, the escorts will carefully place the wine glasses upright once again. They will then remove the wheel caps from the table and exit.

This concludes the Table of Honor ceremony. We would again like to thank you for joining us today to pay tribute to those public safety servants who made the supreme sacrifice.

NOVA SCOTIA PIGGYBACKS ON REGIONAL FITNESS EVENTS for Its EMS Week Activities

NOVA SCOTIA IS A RELATIVELY NEW HIGH-PERFORMANCE EMS SYSTEM. IT WAS CREATED IN 1997 BY THE CONSOLIDATION OF 52 SMALLER COMPANIES INTO ONE PROVINCIAL EMS SYSTEM. AS A RESULT, EMS WEEK HAS TAKEN ON SPECIAL SIGNIFICANCE IN THIS 25,000-SQUARE-MILE AREA OF EASTERN CANADA AS A WAY TO EDUCATE THE PUBLIC ABOUT THE SERVICES AND ACTIVITIES OF THE NEW AND UNIQUE PROVINCIAL EMS SYSTEM.

Under the guidance of coordinator Jean Spicer, a volunteer committee of approximately 10 paramedics representing various parts of Nova Scotia plans EMS Week and its activities. The committee chooses a different theme and activities each year. Historically, some of the most successful events are those that piggyback on large regional sporting events, such as the Blue Nose International Marathon.

"We want to show the community that our medics are healthy and fit, and we also want to promote healthy lifestyles as a way to prevent illness," Spicer explained. "EMS Week is a great public education tool."

For the Blue Nose International Marathon last year, a group of 20 Nova Scotia paramedics ran in the race, and even more volunteered their time to care for ill or injured runners and operate a water station sponsored by Nova Scotia Emergency Health Services.

This year, a group of paramedics is planning a bicycle relay race to raise funds for the IWK Health Centre Foundation, a Halifax-based charity dedicated to enhancing the health of women, youth and children in the Maritime region. The province-wide bicycle relay is being planned to kick off Nova Scotia's 2006 EMS Week celebration.

"We often combine our fundraising events with public education and try to coordinate them with EMS Week," Spicer said. By promoting fitness and piggybacking onto regional sporting events, Nova Scotia EMS ensures it packs twice the punch in its annual EMS Week efforts.

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Lighthouse Fashions EMS Uniform for Special Occasions

Recent national events have thrust emergency medical services personnel into the public eye like never before. EMTs and paramedics regularly testify in the nation's capital before Congressional committees and appear at ceremonies and events with national leaders. Across the country, EMS professionals meet with elected officials every day and appear on television news shows, in newspapers and magazines, and on the Web.

"When EMS personnel are standing alongside politicians wearing suits and ties, they need to look their best," said Steve Cohen of Lighthouse Uniform Company. *"Uniforms project an image of professionalism and respect."*

Jenalu Simpson, Paramedic
El Reno, Oklahoma

Lighthouse Uniform Company offers an EMS Class A Dress Uniform that is perfectly suited for special occasions in which EMS professionals want to put their best foot forward. Such occasions might include government meetings, official appearances, media interviews, parades, award ceremonies, funerals and honor guard presentations.

The Lighthouse EMS Class A Dress Uniform is a traditional black, six-button, tropical worsted wool-blend suit. The EMS signature look comes from blue piped shoulder straps, EMS buttons, unique certification/rank sleeve striping and Star of Life longevity marks. The uniform is topped off with a black, Navy officer-style dress cap with an EMS Star of Life cap device and a 9-11 commemorative chin strap.

"I have used tailors before and I couldn't ask for a suit more custom-made than the uniform from Lighthouse," said Jim Slattery, EMT-I, BS, of the Massachusetts Association of EMTs. *"I live in Massachusetts and Lighthouse is in Washington state; yet I couldn't have gotten a better job done in Boston than I did from Steve and the Lighthouse crew. I ordered my uniform with the help of one toll-free phone call for directions, and it fit perfectly."*

National Star of Life Recipient Jenalu Simpson, EMT, of El Reno, Oklahoma, also purchased her Class A uniform from Lighthouse. *"Ladies in the EMS profession are finally being recognized and the dress uniform with a skirt option gives us choices,"* she said. *"This dress uniform reflects both how proud we are of our profession and the recognition that we are, in fact, professionals."*

The EMS Class A Dress Uniform is available in sizes up to 64. Skirts and skirt patterns are available upon request. Group sizing and rush orders also are available.

John Roquemore
NAEMT Past President

LIGHTHOUSE UNIFORM COMPANY

For more information, go to
www.lighthouseuniform.com
or call **1-800-426-5225.**

Boyd County Emergency Ambulance Service
Ashland, Kentucky

The EMS Dress Buckle
24 karat gold plated FREE with purchase of EMS Class 'A' Uniform
Mention EMS Week and receive this $40 buckle free.
Offer good through May 2006.

Creative and fun ways TO TEACH KIDS ABOUT EMS AND SAFETY

PAM ROQUEMORE, A REGISTERED EMT AND VOLUNTEER FIREFIGHTER, LIKES TO CLOWN AROUND. BUT DON'T JUMP TO CONCLUSIONS: HER VERSION GOES BEYOND SPORTING A RED NOSE AND TWISTING ANIMAL BALLOONS. FOR MORE THAN 10 YEARS, ROQUEMORE HAS BEEN USING ONE OF THE WORLD'S OLDEST PERFORMANCE ARTS TO BRING EMS TO CHILDREN.

In schools, churches and at EMS gatherings in her Louisiana community, Roquemore has donned the clown personas of Foo-Foo and Sadie Sue to show kids how to behave around matches and firearms and how to call 911 in an emergency.

Clowning is fun, but it is also a serious and effective educational tool. "Clowning works so well because it is non-threatening," said Roquemore, who is married to National Association of EMTs Past President John Roquemore. "It's not someone standing up there in an intimidating uniform. Kids retain information they learn from a clown because they are relaxed and having fun."

Teaching EMS while wearing a clown suit should not be mistaken for playing the fool. EMS clowns must be versed in the subject they are teaching. The ideal candidate is an EMT or paramedic who enjoys being in the spotlight, likes children and knows how to communicate with them. A knack for adapting to kids as young as three or as old as middle-school age also is necessary, Roquemore said.

Would-be clowns also must be creative in developing their own clown persona. Mary Popovich, a clown, paramedic and director of operations at Perryopolis Area Ambulance Service in Pennsylvania, suggested that an upbeat, confident and playful clown character is better for teaching EMS than a neurotic, sad, frightened clown. "I don't look or act scary," Popovich explained. "In my opinion, you want the perky, upbeat clown for children. This is not adult humor."

Clowns also must abide by the highest professional standards, just as their alter egos would while in their EMS uniforms. For more on teaching EMS through clowning, contact Roquemore at **foofooemt@aol.com.**

Educator Casts **MAGIC SPELL** on EMS Audiences

Magic first captivated Frank Poliafico more than three decades ago, and his career hasn't been the same since. Poliafico learned his first card trick from a patient while studying at Widner University College of Nursing, and over the years, magic has emerged as a fixture in his extensive and varied emergency services career. He has used it as a teaching tool to educate non-clinicians around the world about emergent care through his private training firm, and he has taken it on the road to countless EMS conferences and seminars, where he "wows" the crowd with his repertoire of 80 card tricks.

"Magic is a great icebreaker, but it's also a form of entertainment, which is an important part of educating," said Poliafico, who is the executive director of the AED Instructor Foundation. "I call it edu-tainment."

Magic makes a great teaching tool because it serves as a simple and friendly way to show students that they are not paying attention. In one trick, Poliafico asks students to pick two cards and then randomly replace them anywhere in the deck. Then, to the astonishment of his students, Polifico pulls the same two cards from the top and bottom of the deck. Most students are stumped until Poliafico shares with them a vital-but-overlooked detail: They hadn't selected the cards in the first place; he'd handed them to them.

Poliafico uses this trick to teach students not to make assumptions about their patients. "When you're looking for a particular diagnosis, for example, you can miss something very important," he said. "If you don't pay attention, if you don't learn how to look at an emergent situation, you're going to get lost and confused."

Remember EMSC Day, Wednesday May 17.

CALENDAR OF EVENTS
IN CELEBRATION OF EMS

Congressional Fire Services Institute Annual Dinner

April 6 ▪ Reception, 5:30 pm ▪ Dinner, 7 pm
Washington Hilton ▪ Washington, DC

The 18th annual National Fire and Emergency Services Dinner, hosted by the Congressional Fire Services Institute (CFSI), attracts more than 2,000 fire and emergency services leaders, members of Congress and Administration officials each year. Throughout the day, CFSI holds a series of educational seminars on Capitol Hill and attendees are encouraged to meet with their representatives. Roundtable discussions are held featuring members of Congress and Administration officials from the Department of Homeland Security and the United States Fire Administration. **For more information: Call (202) 371-1277 or visit www.cfsi.org**

Stars of Life Celebration

May 7 - 10

Awards Banquet and Medal Presentation Ceremony
May 9 ▪ 6:30 to 9 pm ▪ Omni Shoreham Hotel ▪ Washington, DC

The American Ambulance Association (AAA) pays tribute to those paramedics and EMS personnel who exemplify what is best about their field. These appropriately designated Stars of Life are selected by their peers to represent them in Washington, DC.

The highlight of the program is an Awards Banquet and Medal Presentation ceremony. In addition, the Stars meet on Capitol Hill with their Congressional representatives. **For more information: Call (703) 610-9018 or visit www.the-aaa.org**

National EMS Memorial Service

May 27 ▪ 7 pm ▪ Roanoke, Virginia

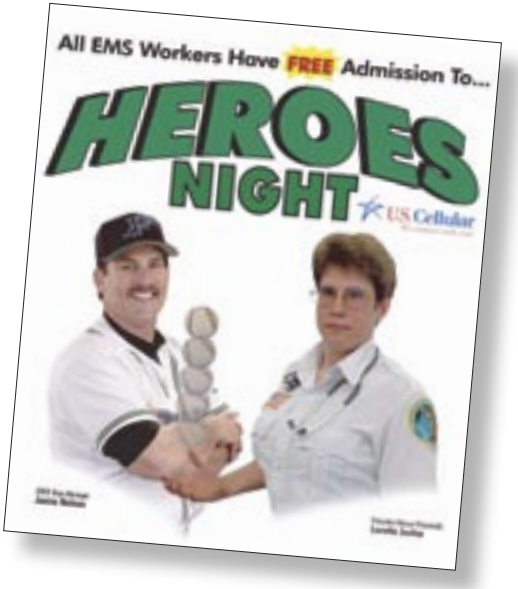
The National EMS Memorial Service honors EMS personnel who have died in the line of duty. The service includes a series of events that spans three days. These events begin on Friday morning with private, scheduled tours of the To the Rescue Museum and the Tree of Life Memorial, and end mid-morning Sunday with the conclusion of the Family Breakfast. The National Moment of Silence, part of the National EMS Memorial Service, is held at 8 pm. **For more information: Call (804) 749-8191 or visit http://nemsms.org**

EMS Museum Exhibits

The To the Rescue Museum in Roanoke, Virginia, houses 52 EMS exhibits, including a fully equipped crash truck in which visitors can sit to watch a video and experience a front-seat view en route to an accident. **Information and directions are online at http://naemt.org/ttrescue**

BATTER UP!

BASEBALL TEAMS ARE ALWAYS LOOKING FOR FAN-FRIENDLY PROMOTIONS TO INCREASE ATTENDANCE AT THE BALLPARK. EMS AGENCIES WANT TO HONOR THEIR PERSONNEL AND RAISE PUBLIC AWARENESS ABOUT EMS. AN EMS NIGHT AT THE BALLPARK IS A GREAT WAY TO MEET ALL OF THESE GOALS.



EMS NIGHT AT THE BALLPARK

One of the most popular promotions at the ballpark is a theme night. EMS agencies across the country have held EMS Nights at major league and minor league parks. These theme nights can also include between-inning promotions, giveaway items or advertisements.

Heroes Night in West Virginia

The Princeton Devil Rays of the Appalachian League, a farm team of the Tampa Bay Devil Rays, had a "Heroes Night" on July 22, 2005. Free admission was granted to EMS, fire and police, and armed services personnel who wore identifying outerwear. Many of these people brought fire trucks, EMS units and police cars to the game. Paramedics gave blood pressure checks to the crowd.

"Because of theme of the night, we received very good press coverage, which, of course, further acquaints people with the professions of the 'Heroes'," said General Manager Jim Holland, who added that there are many baseball clubs that would be interested in partnering with their local EMS agencies.

"We got our honorees that night ourselves by simply going through all the phone books in southern West Virginia and calling everyone from these professions," said Holland. "We created posters and drove through West Virginia and placed them on station walls and bulletin boards. We also sent mass e-mails to all our ticket holders so that they could spread the word."

The first pitch was delivered by 11-year-old Ryan Allen, whose 36-year-old father Mike Allen, an EMS worker and volunteer fireman in Alderson, West Virginia, had died of a heart attack in April 2005.

EMS Night in Texas

A Houston Astros farm team, the Corpus Christi Hooks of the Texas League held an EMS night at Whataburger Field on May 10, 2005, and EMS workers paid half-price for admission. Many participants also joined the evening's between-innings on-field promotions, like the "Dizzy Bat Race" and "Race the Mascot." In addition, they received recognition during the game on the stadium's video board.

Because the evening was a success, Director of Broadcasting and Media Relations Matt Hicks said that plans are in the works for two EMS nights during the Hooks' home schedule in 2006. "These nights may involve a display of EMS vehicles and gear outside the main gate entrance of Whataburger Field as fans are arriving for that night's game," said Hicks. "It may also include a pre-game, on-field recognition of EMS workers by the stadium's public address announcer. The idea of a short video-clip presentation on EMS personnel and the work they perform accompanying the on-field recognition is also being discussed."

Event Planning Tips

Both Hicks and Holland recommended that EMS agencies interested in an EMS Night should approach their local baseball club in the off-season to discuss possible options.

"You'll find that many of these clubs are easy to work with," said National Association of EMTs Paramedic Division Chairman Daniel Gerard, who has planned a few EMS Nights at ballparks himself.

"When I lived in New Jersey, the Newark Bears and the Franklin Cardinals often did ticket discounts and giveaways for EMS providers," he said. "It's always fun, and you get a lot of participation from the providers."

Gerard offered these other ideas:

- Use local EMS providers to throw out the first pitch, or use someone whose life was saved by the local EMS providers.
- If there is an EMT or paramedic who is particularly outstanding, such as an employee of the year, give that person and his or her family free tickets to the game.
- Offer ticket discounts to area EMS providers.
- During the 7th inning stretch or some other point in the game, have a goofy contest with the team mascot and a local EMT/Paramedic or EMS provider. Take pictures, and submit them to the local paper.

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PITTSBURGH PREPARES FOR BIOTERRORISM RESPONSE WITH FLU SHOT DRILL

IF PREDICTIONS ABOUT AVIAN FLU ARE CORRECT OR IF TERRORISTS UNLEASH A DEADLY BIOAGENT IN A MAJOR URBAN AREA, ONE OF THE FIRST LINES OF DEFENSE LIKELY WILL BE MASS IMMUNIZATIONS. EMEDHEALTH, A CUTTING-EDGE EMERGENCY MEDICINE AND EMS PROGRAM IN PITTSBURGH, ISN'T WAITING FOR THAT DAY. INSTEAD, AS PART OF A PROGRAM THAT FORESHADOWS THE FUTURE OF EMS IN PUBLIC HEALTH CARE, EMEDHEALTH HAS ALREADY BEGUN TO DETERMINE HOW MEDICS CAN BEST DELIVER MASS VACCINATIONS DURING A PUBLIC HEALTH DISASTER.

"Every city is struggling over the concern of how to administer a mass vaccination if such an emergency should arise," said Dan Swayze, founder of EmedHealth and director of the University of Pittsburgh Medical Center (UPMC) prehospital care program.

To answer that question, EmedHealth conducted a bioterrorism drill in August 2005. By distributing about 200 doses of a pneumonia vaccine to four senior community centers, organizers wanted to test how quickly paramedics could administer mass immunizations at a number of decentralized sites during a disaster.

"Our goal was to figure out how to be better prepared for an emergency," said Swayze. "It worked out great because it was a drill for us, and at the same time, we were providing a valuable service by administering a real vaccination to people."

Community Health Infrastructure

The need for mass immunizations is not new to Pittsburgh paramedics. After remnants of Hurricane Ivan caused widespread flooding in September 2004, they were called upon to help vaccinate 10,000 people against tetanus at 40 clinics in one week.

"EMS offers a community the resources necessary to create a strong safety net to ensure that all patients receive preventive medical services, and to better manage their chronic disease," Swayze explained. While organizers didn't have an opportunity at that time to study the effectiveness of the mass immunization, the effort did reveal the importance of media in getting health care information to the public.

"We had many people show up for the tetanus shots because of the coverage from the media," said Swayze. "It will be important to get the word out quickly about what kind of medical assistance you can receive, where you can go to receive it and when."

According to Swayze, paramedics may be more available than physicians and nurses in a large-scale crisis, especially in rural areas. "Holding vaccinations at temporary clinics like senior centers at dispersed locations could limit the spread of disease," he said. "It could also help to prevent a secondary terrorist attack at a larger, central location, like a stadium, where more people gather to seek medical care."

Paul Paris, MD, is the chief medical officer of the Center for Emergency Medicine and medical advisor for EmedHealth. "We would like to see an expanded role for emergency medicine

in helping provide for preventive services," he said. "We want EMS providers to be out there performing a variety of wellness activities. This program integrates EMS and emergency departments into the community health infrastructure."

Decentralized Approach

During the bioterrorism drill, Swayze and his team found that a numbering system similar to one you would find at any deli — proved to be efficient. Seniors waited in line as their numbers were called. "This method provided some order and kept the process flowing rather smoothly for everyone involved," he said.

Swayze and Paris were satisfied with the outcome of the drill and are talking conceptually about doing another one on a broader scale. "We feel that the process worked well," said Swayze. "We especially feel having the clinics spread out in different locations is what will work out best because it will eliminate bottlenecks in a real-life emergency. Doing this at smaller sites also helped with the logistical issues, too."

Paris added, "I think we proved the concept ourselves that probably the best way to quickly administer vaccinations in a decentralized way is an EMS-based approach."

Don't Be Bashful: IT'S SMART TO BOAST ABOUT FEDERAL GRANTS TO THE PUBLIC AND THE MEDIA

IN 2002, ST. TAMMANY FIRE PROTECTION DISTRICT 4 IN MANDEVILLE, LOUISIANA, RECEIVED A GRANT FROM THE DEPARTMENT OF HOMELAND SECURITY (DHS) TO PURCHASE FIVE NEW 12-LEAD DEFIBRILLATOR/MONITORING DEVICES TO REPLACE THEIR EXISTING THREE-LEAD DEFIBRILLATORS. St. Tammany EMS Director Frank Jordan said that, "Because of the grant, our prehospital care has improved dramatically. The 12-lead device puts the physician on the scene, so that we can start treating patients in the field, 15 to 20 minutes before they arrive at the hospital."

St. Tammany FPD is not the only emergency agency to receive EMS funding through the DHS Assistance to Firefighters Grant (AFG) Program. In fact, in 2005, close to $13 million was allocated for training and/or the purchase of equipment by EMS agencies.

A successful grant application is always news you should publicize, especially during EMS Week, when the awareness of emergency medical services is heightened. "You need to communicate with the residents whom you serve," said Mt. Lebanon Fire Chief Stephen Darcangelo, whose Pittsburgh, Pennsylvania, department received a $150,000 AFG award to purchase new breathing apparatus. "You have to let them know that the organizations that serve them are trying to improve themselves."

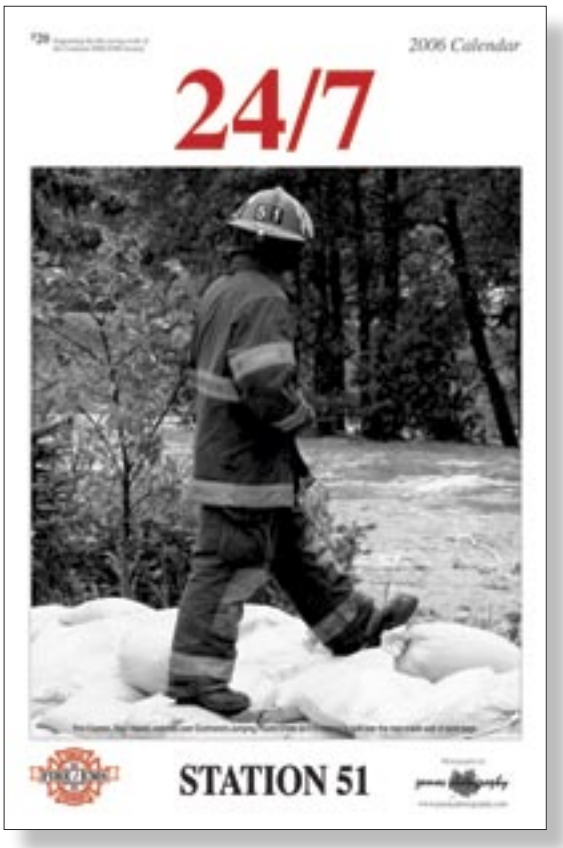
Not only does publicizing your grant show your community that you are improving the department, more importantly, it shows them that you are reaching out for funding sources other than local tax dollars. "Grants that allow us to improve ourselves and don't affect the local taxes are another positive benefit," Darcangelo said.

Here are some tips you can follow to publicize your own grants:

- **Target your local community paper.** Learn which reporter writes stories about your local community. Contact that person via e-mail or phone and tell him or her about your project or new initiative.
- **Write a brief press release with a catchy lead and essential information.** Keep it to one page and let the reader know what the grant will be used for. DHS provides a press release template at **www.firegrantsupport.com/afg/awards/05/**.
- **Send your release ASAP after your grant is announced.** The sooner a press release is sent out, the more newsworthy its content is for the media. Call to follow up with reporters with whom you have an established relationship.
- **Find a good visual.** The media, particularly television, are more interested in stories that have good visuals. A grant in itself may not be newsworthy, but what will entice the media to give you coverage is something that the grant will be used for — such as a defibrillator or a bioterrorism response training program that the media and the public can observe in action.

"Always try to tie your grant to something that can be visible to people," advised Susan Gwiasda, public relations officer for Ames, Iowa. "Showcase that new equipment or new initiative and make a big deal about it. Make sure you can answer the question "Why should people care?" and then show them why."

PROMOTE YOUR SERVICE YEAR-ROUND WITH AN EMS CALENDAR



A GREAT WAY TO RAISE FUNDS IS TO CREATE AND SELL A CALENDAR FEATURING EMS OR FIRE PERSONNEL AS THE CALENDAR MODELS.

"Calendars are popular," said Dave Marchsteiner, events coordinator for Local 1842 Professional Firefighters and Paramedics in Delray Beach, Florida. "But it takes a group effort to make it happen."

Photographer Jody Crawford of Cochrane, Alberta, agreed. "One person can't do this alone," said Crawford, who created a calendar last year for the Cochrane Fire/EMS Department, where her husband works. "We delegated a photo committee to pick photos and a sponsorship committee to raise money."

Raising funds is not difficult, she said. "We have an incredible fire department that is active in the community, so it's easy for them to sell ads. Many people want to support them." Crawford offered her own services free of charge.

Nancy Stewart, owner of the Avenue Creative Group in Delray Beach, assumed all of the financial responsibilities for the Delray Beach Fire-Rescue Department, which has produced a calendar the last two years.

Costs to produce a calendar without *pro bono* services vary. Stewart estimated that for 200 calendars, it can cost up to $8,000 for printing, layout and photography. That makes *pro bono* services critical.

"You need to have some *pro bono* help," agreed Marchsteiner. "It's paramount to work with an agency or photographer."

Once you decide who your models will be, it's time to select the locations for each month. If you have sponsors, they may offer you their place of business, such as a fitness center or day spa.

Time is always of essence, so Stewart suggested starting the process in January. "We usually end up shooting in February and printing in June," she said. "This is a good time frame because most other calendars come out soon after, so we beat the rush."

The final step is to have a roll-out party. Delray Fire-Rescue had its event at a local bar with all the firefighters on hand to sign the calendars. Stewart said they have additional autograph sessions about three times a year at various festivals or art shows.

"Make it a big media event and people will come," she said.

LIGHTS, SIRENS — AND SUDDENLY EVERYONE KNOWS AN AMBULANCE IS COMING DOWN THE STREET. BUT IF YOU REALLY WANT TO TURN HEADS — AND PROMOTE YOUR COMPANY NAME — TRY ROLLING DOWN THE ROAD IN A VINTAGE AMBULANCE.

BOTH ACADIAN AMBULANCE IN LAFAYETTE, LOUISIANA, AND TORONTO EMS IN TORONTO, ONTARIO, USE RESTORED VINTAGE VEHICLES AS EYE-CATCHING WAYS TO PROMOTE THEIR SERVICES.

RESTORED VEHICLES

ARE AN EYE-CATCHING WAY TO MARKET YOUR EMS AGENCY

Acadian's 1923 Model T

Acadian Ambulance acquired its 1923 Model T Ford after responding to a classified advertisement 17 years ago. Sure, the vehicle needed cleaning, polishing, engine work and a transmission overhaul, but within two weeks the company's service department had it ready to go. Signage, incorporating Acadian's logo with the Red Cross symbol, was added to the vehicle to make it look more official and to help promote Acadian's name.

Although it now resembles an ambulance, the Model T lacks lights and sirens — though a "cat whistle" makes a tweet-tweet sound when a lever is pulled — and it's certainly not easy to drive.

"There is no power steering, and it has three pedals — the clutch, reverse and brake," explained Acadian Vice President Bill Vidacovich. The throttle is on the steering column, and of course, like all Model Ts of the period, it must be hand-cranked to start.

Still, Acadian has used its vintage vehicle in a number of community events, including parades, local festivals, expositions and at least one Mardi Gras. Its greatest impact, however, was on a group of nursing home residents who were given rides.

"It jogged their memories of their own experiences in Model Ts, and they related incredible stories to us," Vidacovich said.

Although the vehicle is now in "semi-retirement" because of the expense of maintaining and operating it, Acadian Vice President Keith Simon said it's been a real attention-getter for the company.

Toronto's 1954 Henney Packard Deluxe

The 1954 Henney Packard Deluxe ambulance, which Toronto EMS purchased from a private sale about 30 years ago, also grabs the attention of everyone who sees it.

The Packard was originally commissioned for military service, then it became an ambulance for the community of Oakville, Ontario.

The vintage ambulance has been restored twice by Toronto EMS — once in the late 1970s, then again in 2000 and 2001 and, unlike Acadian's Model T, Toronto's vehicle is equipped with a stretcher and two seats that can be removed and laid end-to-end for an additional patient. The Packard also has a working, wind-up electric siren and suicide doors (thought to describe the driver's unfortunate outcome if the side door was to become unlatched and fly open).

Toronto EMS paramedic Garry Boyer said the ambulance has been used for fairs, festivals and expositions — but rides are only given to the chief, "or anyone who helps with the restoration funds."

"We don't publicize that we have it," he said. But, then, they don't have to. All of the Packard's promotional use has come about by word of mouth.

Why go to all the trouble and expense of restoring old ambulances? There's the promotional factor, of course — all that head turning. But there are other advantages as well.

"It's important not to lose track of one's history," Boyer said. "And restoring old vehicles is the best way to hold onto that. Pictures are just not the same."

Acadian's Simon added that the restored Model T not only helps rekindle an era — "It shows just how far ambulances and emergency medical services have progressed."

PROMOTIONAL GIVEAWAYS

EMS1 Stethoscope ID Tag
Simple, inexpensive way to promote EMS stethoscopes, or any item that needs a personal touch. Back side has space for writing contact information.
1-99: $0.79; 100-249: $0.75; 250-499: $0.72; 500-999: $0.69; 1000+ $0.66.
Logo Personalization Minimum: 500, $40 setup

EMS2 ID Holder
24" auto-retract cord makes it a cinch to display your ID. Guaranteed for 100,000 pulls.
1-99: $2.99; 100-249: $2.49; 250-499 $2.39; 500-999 $2.25; 1000+ $2.19
Logo Personalization Minimum: 250, $40 setup

EMS3 Bandage Dispenser
Refillable plastic bandage dispenser holds five adhesive, standard bandages (included).
1-99: $0.99; 100-249: $0.95; 250-499 $0.89; 500-999: $0.77; 1000+ $0.75
Logo Personalization Minimum: 500, $40 setup

EMS5 ID Kit
This attractive record-keeper folder includes an ink strip for fingerprinting and moist towelettes for easy clean-up. Space for photo and identification notes on back. Designed for children or adults.
1-99 $1.49; 100-249 $1.39; 250-499 $1.29; 500-999 $1.19; 1000+ $1.10
Logo Personalization Minimum: 500, $40 setup

EMS4 KeyPoints First Aid Guide
This handy KEYPoints™ guide provides you with valuable first aid information on a variety of medical emergencies. Keep the guide with you at all times so that you will be prepared to treat an injury or attend to a victim until emergency assistance arrives.
1-99: $0.39; 100-249: $0.37; 250-499: $0.36; 500-999: $0.35; 1000+ $0.34
Logo Personalization Minimum: 500, $40 setup

EMS6 Lapel Sticker
2" lapel stickers featuring two-color EMS Week logo are specially coated for durability. Hand out to staff and public.
$9.99/package of 100;
No Personalization

EMS7 Ambulance-Shaped Stress Reliever
Need stress relief? These foam ambulances relieve stress with a squeeze.
1-99 $3.99; 100-249 $3.75; 250-499 $3.59; 500-999 $3.35; 1000+ $3.25
Logo Personalization Minimum: 250, $40 setup

Ordering Information on Page 36

EMS8 Ambulance Key Tag
This low-cost giveaway will be just right for your pocket(book)! Flexible plastic vinyl in the shape of an ambulance.
1-99: $0.79; 100-249: $0.75; 250-499 $0.72; 500-999: $0.69; 1000+ $0.66
Logo Personalization Minimum: 500, $40 setup

EMS9 Button
This button is a wonderful way to promote the EMS Week theme: EMS: Serving on Health Care's Front Line.
$5.99/package of 10
Logo Personalization Minimum: 100 packages, $40 setup

EMS10 New! **Star of Life Key Tag**
Unique-shaped plastic key tag with one-piece ring attachment.
1-99: $0.89; 100-249: $0.79; 250-499 $0.69; 500-999: $0.67; 1000+ $0.66
Logo Personalization Minimum: 500, $40 setup

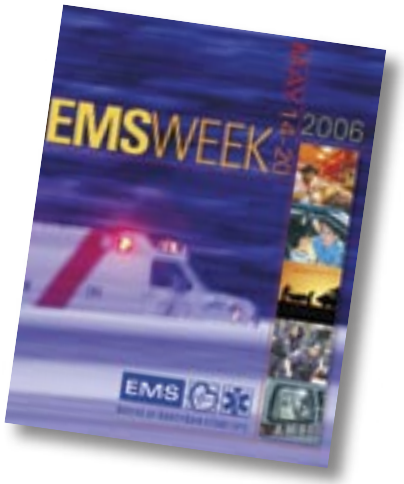
EMS11 New! **Stethoscope Key Tag**
Stethoscope-shaped plastic key tag with one-piece ring attachment.
1-99: $0.89; 100-249: $0.79; 250-499 $0.69; 500-999: $0.67; 1000+ $0.66.
Logo Personalization Minimum: 500, $40 setup

PROMOTIONAL DISPLAY ITEMS

EMS12 Bookmark/ID Card
Everyone should have a plan, and these handy bookmarks contain a valuable reminder about the importance of creating a family communication plan. Cut along dotted line to make an ID card. 2"x 6 3/4". Perfect for any age.
Package of 50 $9.99
No Personalization

EMS13 Family Preparedness Brochure
Tri-fold, full-color brochure contains detailed preparation material, including steps to create a survival kit for your family, disaster-specific information as well as many other tips and information.
Package of 25 $8.99
No Personalization

EMS14 Balloons
Combination of red and blue pearlized 11" latex balloons.
$14.99/package of 50
No Personalization



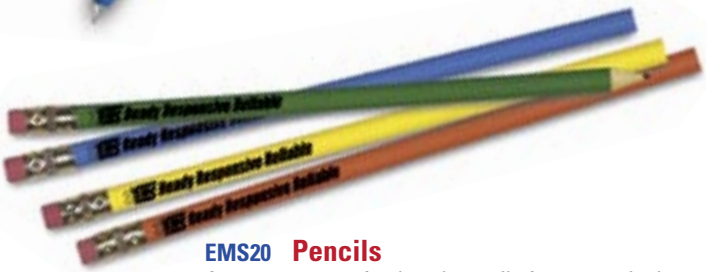
EMS15 Poster
Based on the cover for this year's EMS Week Planning Kit, this 15" x 20" poster will help promote EMS Week to your facility and community.
$4.99 each
No Personalization

PENS

EMS16 Syringe Pen
Inject some oomph! into note-taking and report reviews! Useful writing tool designed like a 5cc medical syringe. Great idea for the whole department, and for party door prizes!
1-99: $1.49; 100-249: $1.45; 250-499: $1.39; 500-999: $1.35; 1000+ $1.25
Logo Personalization Minimum: 350, $40 setup

EMS17 Syringe Highlighter
When you want to make a point, give this unique, liquid-filled syringe highlighter.
1-99: $1.75; 100-249: $1.55; 250-499 $1.45; 500-999: $1.35; 1000+ $1.25
Logo Personalization Minimum: 350, $40 setup

EMS18 New! Gel Roller Pen
The revolutionary oil-based gel ink retractable gel roller pen will change the way people write forever! With three times the write-out of traditional water-based gel ink rollers, the bright, intense, instant-drying ink is waterproof, fade resistant, permanent and archival, producing writing results that common gel inks could never hope to deliver. Every ink drop is usable. Even leaving its point exposed will not cause the ink to dry out, which ensures continuous writing and value. Soft rubber grip provides cushioned writing comfort and control.
1-99: $1.99; 100-249: $1.89; 250-499: $1.85; 500-999: $1.75; 1000+ $1.50
Logo Personalization Minimum: 300, $40 setup



EMS20 Pencils
An assortment of colored pencils features vinyl erasers and black imprint. Packaged in bags of 100.
1-9 packages: $34.99; 10+ packages: $29.95
Logo Personalization Minimum: 10 packages of 100, $40 setup

EMS19 New! Pen Light
Unique light and pen combination design features high-quality, super-bright white LED light source that will never burn out. Continuous use for more than 100 hours on one set of batteries. Brass construction, lifetime guarantee.
1-99: $6.99; 100-249: $6.75; 250-499: $5.99; 500-999: $5.49; 1000+ $5.39
Logo Personalization Minimum: 50, $50 setup

EMS21 Executive Ballpoint Pen
This pen has the weight and feel of a pen 10 times the price. Features ComfortHold grip, solid brass construction, push-action. Writes in black ink. Satin chrome with black imprint. Accepts Parker style refills.
1-99: $2.99; 100-249: $2.75; 250-499: $2.49; 500-999: $2.39; 1000+ $2.25
Logo Personalization Minimum: 150, $40 setup

EMS22 Deluxe Nite Writer Pen
This upgraded pen includes two LR 41 replaceable, alkaline button cell batteries, push-button on/off switch for convenient one-hand operation. Soft rubber grip for comfortable writing, subtle green LED with diffuser lens for less eyestrain. Perfect for writing in dimly lit or darkened areas.
1-99: $3.75; 100-249: $3.49; 250-499: $2.99; 500+ $2.89
Logo Personalization Minimum: 150, $40 setup

EMS23 Writing Pen
This unique pen features the full-color graphic wrapped around the entire pen. Writes in black ink.
1-99: $0.79; 100-249 $0.75; 250-499 $0.69; 500-999: $0.65; 1000+ $0.62
Logo Personalization Minimum: 300, $40 setup

Ordering Information on Page 36

DRINKWARE

EMS24 New! **Tool Box Travel Mug**
Stainless steel 14 oz. travel mug with insulated plastic liner. This is one tough mug.
1-99: $5.49; 100-249: $4.75; 250-499: $4.49; 500+ $4.25
Logo Personalization Minimum: 72, $40 setup

EMS25 New! **Elite Tumbler**
Versatile insulated 16 oz. tumbler features full-color wrap-around imprint, twin wall insulation, and stainless steel slide 'n sip lid. Fits in most car cup holders.
1-99: $5.49; 100-249: $4.75;
250-499: $4.49; 500+ $4.25
Logo Personalization Minimum: 72, $40 setup

EMS26 **Ceramic Mug**
This mug is a perfect way to start your day! Just add your favorite beverage to start your morning off right! Large 16 oz. mug will make that first beverage in the morning even more enjoyable!
1-35: $4.99; 36-71: $3.99;
72-143: $3.25; 144+ $2.99
Logo Personalization Minimum: 72, $40 setup

EMS27 New Style! **Autocup**
Translucent 16 oz. high-quality, value-priced autocup features large, closed handle with four-finger comfort fit, double-wall insulation for optimum temperature retention, spill-resistant, press fit, thumb-slide lid.
1-99: $3.99; 100-249: $3.25;
250-499: $2.99; 500-999: $2.75;
1000+ $2.69
Logo Personalization Minimum: 72, $40 setup

EMS28 **Collapsible Koozie**
This insulator will keep 12-ounce cans cool. Folds flat.
1-99: $1.49; 100-249: $1.39; 250-499: $1.29;
500-999: $1.19; 1000+ $1.15
Logo Personalization Minimum: 300, $40 setup

EMS29 **Sport Bottle**
18 oz. sport bottle with push/pull lid, features EMS logo along with "Dial 911 for Emergency" on other side. The perfect item for any age group.
1-99: $1.99; 100-249: $1.75;
250-499: $1.49; 500-999: $1.39;
1000+ $1.35
Logo Personalization Minimum: 100, $40 setup

EMS30 **Acrylic/Steel Mug**
This sleek mug keeps coffee hot and iced tea cold. For the clumsy among us, there's a spill-resistant stainless steel lid with thumb-slide closure. Bold stainless trim and translucent acrylic construction, double-wall insulation with inner liner for temperature retention, non-skid bottom. 16 oz. capacity.
1-99: $8.99; 100-249: $7.99;
250-499: $7.49; 500-999: $6.99;
1000+ $6.75
Logo Personalization Minimum: 72, $40 setup

EMS31 **Stadium Cup**
16 oz. plastic cup will hold your favorite cold beverage. Features CPR instructions on back.
1-99: $0.99; 100-249: $0.79;
250-499: $0.59; 500-999: $0.55;
1000+ $0.52
Logo Personalization Minimum: 250, $40 setup

GIFTS AND RECOGNITION ITEMS

EMS32 Watch
Unisex design sport watch with high accuracy quartz movement, features metallic sunray dial comfort. Canvas band.
1-99: $12.99; 100-249: $11.99; 250-499: $10.99; 500-999: $9.99; 1000+ $9.49
Logo Personalization Minimum: 100, $50 setup

EMS33 New! **Multi-Function Mini Tool**
Premium quality multi-function mini-tool with strong LED light, has implements including needle nose pliers, saw, knife, bottle opener, screwdriver, knife, and others. Comes with nylon belt pouch. Metallic blue metal. 2 3/4" closed.
1-99 $9.99; 100-249 $8.99; 250-499 $8.49; 500-999 $8.25; 1000+ $7.99
Logo Personalization Minimum: 100, $40 setup

EMS34 New! **Level Tool**
Bright white LED can be used alone or with tools. Includes 2 reversible screwdriver bits, cold forged and surface hardened to 35 Rockwell: slotted: 1/8", 3/16"; Phillips: #0, #2. Features level, rubber sure grip, magnetized chuck holds screw-driver bits in place during use. LED will continuously burn for over 100 hours on one set of batteries. Gift boxed, batteries included.
1-99: $9.99; 100-249: $8.99; 250-499: $8.49; 500-999: $7.99; 1000+ $6.99
Logo Personalization Minimum: 75, $40 setup

EMS35 Mini Flashlight
Lightweight stylistic design with black rubber grip handle. Features include cool translucent body, rubber lanyard, quality incandescent light, rubberized on/off switch, and 2 AAA batteries, at economy pricing. 6"x 1.75".
1-99: $2.99; 100-249: $2.79; 250-499: $2.75; 500-999: $2.69; 1000+ $2.59
Logo Personalization Minimum: 250, $40 setup

EMS36 New! **Steel Beam® Flashlight**
Philips® Xenon Bulb 200% brighter (M1, M2, M3 T-1 bulb), patented battery holder included, spare Krypton bulb in M5 and M8 (located in head of light). Gift box and alkaline batteries included, black velour draw string pouch.
1-99: $8.99; 100-249: $7.99; 250-499: $7.49; 500-999: $6.99; 1000+ $6.75
Logo Personalization Minimum: 100, $40 setup

EMS37 Utility Trauma Shear
Hardened surgical 410 stainless steel 7" blades with one serrated edge. Handle is polypropylene, which allows it to be autoclaved. Features EMS Week logo engraved on blade.
1-99 $5.99; 100-249 $4.99; 250-499 $4.79; 500-999 $4.49; 1000+ $4.45
Logo Personalization Minimum: 100, $50 setup

EMS38 Swiss Tech® Micro-Plus Multi-Tool
Patent pending, premium quality! The Micro-Plus is small and light enough to fit comfortably in your pocket with the rest of your keys. You will hardly even notice that you have it, until you need it. It measures 1 7/8" x 1" x 1/4" and weighs just 1.6 ounces. This great multi-tool is made entirely of 4650 hardened tool steel. Includes precision pliers with Posi-Grip Jaws, lock to key ring when not in use, #1 and #2 Phillips screwdriver, #1 and #2 flat screwdriver, wire cutter, wire stripper, shears, 1/8" rule markings. Lifetime warranty.
1-99: $12.99; 100-249: $11.99; 250-499: $10.99; 500-999: $9.99; 1000+ $9.49
Logo Personalization Minimum: 100, $50 setup

Ordering Information on Page 36

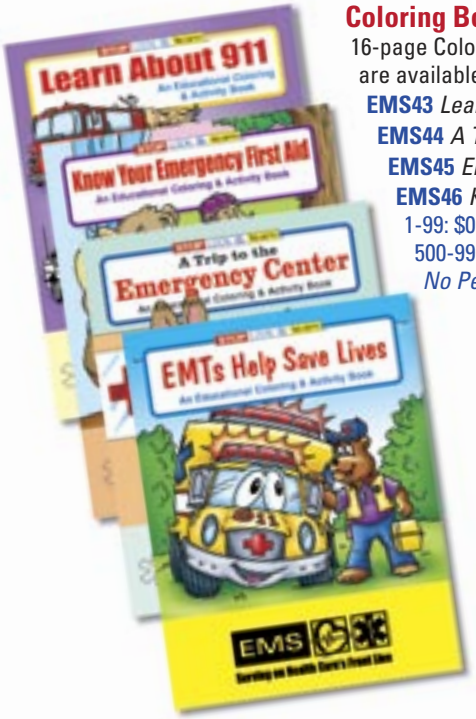
EMS39 Pocket Light
Nickel-plated pocket clip and trim, includes two AAA replaceable, mercury-free, heavy-duty batteries with patented conductor tube. Extra-bright, prefocused, high-intensity bulb. Exclusive, staked v-spring clip/switch secures each light in the pocket. Satin-finish case. Crafted with pride in the USA.
1-99: $2.99; 100-249: $2.79; 250-499: $2.59; 500-999: $2.49; 1000+ $2.44
Logo Personalization Minimum: 250, $40 setup

EMS41 Star of Life Acrylic Award
Use as a paperweight, desk accessory or award, this clear acrylic Star of Life is 3/4" thick and is 4" in diameter.
1-99: $12.49; 100-249: $11.99; 250-499: $11.75; 500-999: $11.50; 1000+ $10.99
Logo Personalization Minimum: 100, $40 setup

EMS40 Jotter
You won't believe it's not leather! Impressive leatherette case includes pad and has pockets for business cards and elastic pen loop. Perfect for the car, purse, or around the house. Pen not included. 3 1/2" x 5".
1-99: $2.75; 100-249: $2.49; 250-499: $2.25; 500-999: $2.15; 1000+ $2.10
Logo Personalization Minimum: 144, $40 setup

EMS42 New! **Money Clip Wallet**
Black- bonded leather money clip wallet with two credit card slots, card storage sleeve, spring-loaded money clip, and edge stitching. Compact, ultra-slim, efficient and secure.
1-99: $4.49; 100-249: $4.25; 250-499: $3.99; 500-999: $3.89; 1000+ $3.79
Logo Personalization Minimum: 100, $40 setup

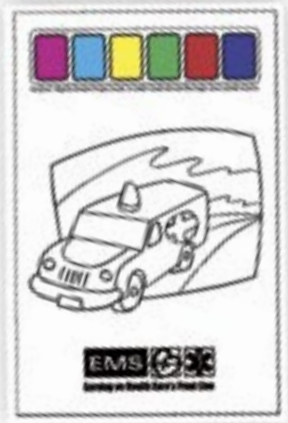
JUST FOR KIDS



Coloring Books
16-page Coloring and Activity Books are available in 4 different titles.
EMS43 *Learn About 911*
EMS44 *A Trip to the Emergency Center*
EMS45 *EMTs Help Save Lives*
EMS46 *Know Your Emergency First Aid*
1-99: $0.99; 100-249: $0.95; 250-499: $0.65; 500-999: $0.55; 1000+ $0.49.
No Personalization

EMS48 Lolly-Pops
Promote the 911 message and EMS Week in a very tasty way.
$14.99/package of 100

EMS47 Crayons
Package of 4 crayons will be the perfect partner when handing out coloring books.
1-99: $0.75; 100-249: $0.65; 250-499: $0.45; 500-999: $0.39; 1000+ $0.35
No Personalization



EMS49 New! **Paint Sheets**
Kids love to paint and all you need is a cotton swab and water to start this project.
$12.95/package of 50
Logo Personalization Minimum: 50 packages, $40 setup

WEARABLES

EMS50 White T-Shirt
This preshrunk, heavyweight 6.1-oz. 100% cotton shirt holds up over time and feels great. Built with seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear. Features two-color EMS Week logo. M, L, XL, XXL (add $2 for XXL), XXXL (add $4 for XXXL).
1-35: $9.99; 36-71: $8.99; 72-144: $7.99; 145+ $6.99
Logo Personalization Minimum: 36, $40 setup

EMS52 Navy T-Shirt
This preshrunk 100% heavyweight cotton t-shirt features a subtle screen-printed logo. Built with seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear.
M, L, XL, XXL (add $2 for XXL), and XXXL (add $4 for XXXL).
1-35: $10.99; 36-71: $9.99; 72-144: $8.99; 145+ $8.50
Logo Personalization Minimum: 36, $40 setup

EMS53 Baseball Style Shirt
Tired of that white tee? Promote a team effort with this baseball style shirt. Preshrunk 100% heavyweight cotton baseball t-shirt with contrasting three-quarter length navy raglan sleeves. Double-needle stitched sleeves and hemmed bottom. M, L, XL, XXL (add $2 for XXL), XXXL, (add $4 for XXXL).
1-35: $11.99; 36-71: $10.75; 72-144: $10.49; 145+ $9.99
Logo Personalization Minimum: 36, $40 setup

EMS51 Sport Shirt
Preshrunk 100% cotton shirt is comfortable and long-lasting. Features EMS Week logo screen printed. M, L, XL, XXL (add $2 for XXL).
1-35: $15.99; 36-71: $14.99; 72-144: $14.49; 145+ $13.99
Logo Personalization Minimum: 36, $40 setup

EMS54 Gray T-Shirt
This heavyweight 6.1-oz. preshrunk 100% cotton shirt holds up over time and feels great. Built with seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear. Features two-color EMS Week logo. M, L, XL, XXL (add $2 for XXL), XXXL, (add $4 for XXXL).
1-35: $10.99; 36-71: $9.99; 72-144: $8.99; 145+ $8.50
Logo Personalization Minimum: 36, $40 setup

PINS

EMS55 EMS Pin
Special diecut design pin crafted with pride and precision.
1-99: $2.99; 100-249: $2.89; 250-499: $2.75; 500+ $2.69
No Personalization

EMS57 Deluxe Star of Life Pin
Star of Life pin with caduceus design and clutch back, 1".
1-99: $3.49; 100-249: $2.99; 250-499: $2.75; 500+ $2.69
No Personalization

EMS56 Ribbon Lapel Pin
1" brass ribbon pin in red, white and blue with epoxy dome, military clutch backing and individually polybagged.
1-24: $1.25 each, 25+ $0.99 each
No Personalization

EMS58 EMS Ribbon Lapel Pin
1" brass ribbon pin in red, white and blue with epoxy dome, military clutch backing and individually polybagged. Features EMS Star of Life.
1-24: $1.95 each, 25+ $1.75 each
No Personalization

Ordering Information on Page 36

KEY TAG LIGHTS

EMS59 Flashlight Key Ring
Features metal casing and split ring, blue light, push button, and laser engraved logo. Individually gift boxed.
1-99: $4.49; 100-249: $4.10; 250-499: $3.99; 500-999: $3.89; 1000+ $3.85
Logo Personalization Minimum: 150, $40 setup

EMS61 New! **Key Tag Light**
Translucent blue 'ice' colored mini light comes equipped with high-quality, bright red LED light source for long life, includes two LR 54 replaceable, alkaline button cells. Features sliding on/off switch, black anodized split-ring. 1-3/4" x 1-1/2".
1-99: $1.99; 100-249: $1.79; 250-499: $1.69; 500-999: $1.65; 1000+ $1.59
Logo Personalization Minimum: 300, $40 setup

EMS60 New! **Clip Light**
Bright white LED light with matching carabiner, features extended continuous use for more than 75 hours on one set of batteries. Twist-action light switch for convenient operation. Water resistant design includes four LR41 replaceable alkaline button cell batteries.
1-99 $3.99; 100-249 $3.89; 250-499 $3.75; 500-999 $3.49; 1000+ $3.39
Logo Personalization Minimum: 100, $50 setup

EMS62 Carabiner Flashlight
Forged aluminum casing with large carabiner, LED light, batteries included.
1-99: $4.25; 100-249: $4.10; 250-499: $3.99; 500-999: $3.89; 1000+ $3.85
Logo Personalization Minimum: 250, $40 setup

BAGS

EMS63 New! **Contractor Tool Bag**
Two-tone khaki junior contractor bag made of durable and water-resistant 600D nylon. Stable gate mouth design with heavy-duty zipper and wire reinforced rim. Padded construction to protect tools with 6 padded outer pockets and 15 inner pockets. 8 1/2" x 12 1/2" wide. Tools not included.
1-99: $14.99; 100-249: $13.99; 250-499: $12.99; 500-999: $11.99; 1000+ $10.99
Logo Personalization Minimum: 50, $40 setup

EMS65 New Style! **Deluxe Gym Bag**
You will find many uses for the extra pockets on this large and versatile gym bag. Stow your water bottle in the easy-to-reach mesh holder and keep valuables easily accessible in the front or side pockets. Dual zippered end compartments, sweep zippered top, mesh elastic water bottle holder, front pocket with key clip and organizer pockets, adjustable and detachable shoulder strap. 20" x 12" x 9-1/2" Made of durable 600D polyester. (Water bottle not included.)
1-99: $13.99; 100-249: $13.75; 250-499: $12.99; 500-999: $11.99; 1000+ $10.99
Logo Personalization Minimum: 50, $40 setup

EMS64 Lunch Cooler
Fully insulated, 6-pack cooler features zippered front pocket, open mesh back pocket, adjustable shoulder length carrying handle, reinforced bottom.
1-99: $6.99; 100-249: $6.79; 250-499: $6.49; 500-999: $5.99; 1000+ $5.49
Logo Personalization Minimum: 100, $40 setup

EMS66 New! **Standard Gym Bag**
This bag has enough space to hold plenty and is a great value! It's made of durable 600D polyester with fabric-wrapped handle grips, adjustable shoulder strap, full front slip pocket and front water bottle pocket. 18" x 9" x 8" (Water bottle not included.)
1-99: $7.99; 100-249: $7.49; 250-499: $7.25; 500-999: $6.99; 1000+ $6.89
Logo Personalization Minimum: 50, $40 setup

EMS67 EMS Pack
This 13 3/4" x 5" x 1 1/2" gusset bag is made of 420D nylon with PVC backing. Features include loops scissors and pens, elastic 6" pocket for ba ndages, two web loops with Velcro for attaching tape, loop for safety goggles. Belt loop can also fit car seat as first aid kit. Belt fits to 46" waist. (First-aid items not included.)
1-99: $5.99; 100-249: $5.75; 250-499: $5.49; 500-999: $4.99; 1000+ $4.75
Logo Personalization Minimum: 500, $40 setup

EMS WEEK 2006 CATALOG ORDER FORM

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Visa/MasterCard Orders:
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www.JimColemanLtd.com/acep
Jim Coleman, Ltd. Customer Service: 847-963-8100

Three Ways to Order

1. Pre-Payment by mail:
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Jim Coleman, Ltd.
267 East Helen Road
Dept. EMS-2006
Palatine, IL 60067

2. Visa/MasterCard: Internet:
www.JimColemanLtd.com/acep or call 1-877-EMS-2003 (1-877-367-2003) 24 hours a day

3. Company purchase order by fax or mail (over $100):
FAX TO: 1-847-963-8200
NO PHONE ORDERS for Purchase Orders
a. The vendor on your purchase order must be Jim Coleman, Ltd.
b. PURCHASE ORDERS MUST BE FAXED OR MAILED. Submit a copy of the actual purchase order document with completed order. Purchase requisitions are not acceptable.
*** c. Purchase orders under $100 will incur a $5 invoicing fee. Please include this charge as a line item.

Facility Personalization:

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

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$100.01-$149.99:	$14.95
$150.00 and above:	add 10% of subtotal

Orders outside the continental US: Double shipping charges.

Allow 3-4 weeks for delivery. Order by April 27, 2006 to guarantee delivery by EMS Week. For rush delivery information, call customer service at 847-963-8100.

	Qty.	Price	Total
EMS1 Stethoscope ID Tag			
EMS2 ID Holder			
EMS3 Bandage Dispenser			
EMS4 KeyPts First Aid Guide			
EMS5 ID Kit			
EMS6 Lapel Sticker (pk/100)		$9.99	
EMS7 Amb. Stress Reliever			
EMS8 Ambulance Key Tag			
EMS9 Button (pk/10)			
EMS10 Star of Life Key Tag			
EMS11 Stethoscope Key Tag			
EMS12 Bkmk/ID Card (pk/50)		$9.99	
EMS13 Fam. Prep. Broch. (pk/25)		$8.99	
EMS14 Balloons (pk/50)		$14.99	
EMS15 Poster		$4.99	
EMS16 Syringe Pen			
EMS17 Syringe Highlighter			
EMS18 Gel Roller Pen			
EMS19 Pen Light			
EMS20 Pencils (pk/100)			
EMS21 Executive Ballpoint Pen			
EMS22 Deluxe Nite Writer Pen			
EMS23 Writing Pen			
EMS24 Tool Box Travel Mug			
EMS25 Elite Tumbler			
EMS26 Ceramic Mug			
EMS27 Autocup			
EMS28 Collapsible Koozie			
EMS29 Sport Bottle			
EMS30 Acrylic/Steel Mug			
EMS31 Stadium Cup			
EMS32 Watch			
EMS33 Multi-Func. Mini Tool			
EMS34 Level Tool			
EMS35 Mini Flashlight			
EMS36 Steel Beam Flashlight			
EMS37 Utility Trauma Shear			
EMS38 Micro-Plus Multi-Tool			
EMS39 Pocket Light			

	Qty.	Price	Total
EMS40 Jotter			
EMS41 Star of Life Award			
EMS42 Money Clip Wallet			
EMS43 Clr. Book-Learn			
EMS44 Clr. Book-Trip			
EMS45 Clr. Book-EMTs Help			
EMS46 Clr. Book-Know			
EMS47 Crayons (pk/4)			
EMS48 Lolly-Pops (pk/100)		$14.99	
EMS49 Paint Sheets (pk/50)		$12.95	
EMS50 White T-Shirt*			
EMS51 Sport Shirt*			
EMS52 Navy T-Shirt*			
EMS53 Baseball Style Shirt*			
EMS54 Gray T-Shirt*			
EMS55 EMS Pin			
EMS56 Ribbon Lapel Pin			
EMS57 Deluxe Star of Life Pin			
EMS58 EMS Ribbon Lapel Pin			
EMS59 Flashlight Key Ring			
EMS60 Clip Light			
EMS61 Key Tag Light			
EMS62 Carabiner Flashlight			
EMS63 Contractor Tool Bag			
EMS64 Lunch Cooler			
EMS65 Deluxe Gym Bag			
EMS66 Standard Gym Bag			
EMS67 EMS Pack			

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Daytime Phone

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EMS50 White					
EMS51 Sport					N/A
EMS52 Navy					
EMS53 Basebl					
EMS54 Gray					

Home Safety Tips from

First Alert®

HOW TO PREVENT CARBON MONOXIDE EMERGENCIES

A public service message brought to you by BRK Brands, Inc., makers of First Alert® home safety products.

Maintaining the safety of your home is an important task, and one that must receive constant attention to protect you and the ones you love. **The good news is that with a little bit of planning and preparation, you can avoid one of the deadliest and most common household emergencies: carbon monoxide poisoning.**

Carbon monoxide, also called CO, is an invisible, odorless gas. It is a common by-product of incomplete combustion, produced when fossil fuels like wood, coal, charcoal, gasoline, kerosene, natural gas or oil burn.

Carbon monoxide can be produced by gas or oil appliances, like a furnace, gas-powered generator, clothes dryer, range, oven, water heater or space heater. When appliances and vents work properly, and there is enough fresh air in your home to allow complete combustion, the trace amounts of CO produced are typically not dangerous.

However, conditions such as the ones listed below can cause CO gas levels to grow, potentially creating a dangerous condition.

- ***Appliance malfunction, like a cracked heat exchanger on your furnace.***
- ***Gas-powered generator used indoors or near home without proper ventilation.***
- ***Vent, flue or chimney that is blocked by debris or even snow.***
- ***Fireplace, wood-burning stove or charcoal grill that is not vented properly.***
- ***Vehicle that is left running in an attached garage with the door open or shut.***
- ***Several appliances running at the same time, competing for limited fresh air, potentially causing incomplete combustion and producing dangerous levels of CO, even if all appliances are in good working order.***

Potential Sources of Carbon Monoxide in the Home

For more home-safety information, visit www.homesafetychallenge.com

CO POISONING

Everyone is at risk from carbon monoxide poisoning, but some people are more vulnerable. **Unborn babies, infants, children, seniors, and people with heart or lung problems are at higher risk from CO poisoning.**

Carbon monoxide is dangerous because it robs your blood of oxygen. Over time, exposure to CO can make you sick. Victims exposed to enough carbon monoxide can suffer brain damage, or even die in as little as 15 minutes. The Centers for Disease Control and Prevention report that about 500 people die from accidental CO poisoning each year and another 15,000 get sick. For this reason, it's important to outfit your home with CO alarms.

INSTALL A CO ALARM

When choosing an alarm, consider the following:

What power source is needed? Determine where you wish to mount the product. Is there an outlet available? If not, the battery-operated products are easily mounted. Weigh the benefits of battery vs. plug-in/battery vs. hardwire, as well as digital display vs. none.

New **First Alert® ONE**LINK™ alarms allow homeowners to wirelessly interconnect their alarms so when one alarm sounds, all alarms sound, giving homeowners an early warning.

How do you maintain CO alarms? To ensure the proper functioning of your alarms over time, implement the following basic maintenance procedures:

- ***Replace CO alarms every five years.***
- ***Replace batteries at least once every six months.***
- ***Test alarms at least once a month by pressing and holding the Test/Silence button until the alarm sounds (takes up to 20 seconds for alarm to respond).***
- ***Never remove the battery or unplug the unit to silence the alarm.***

If the alarm signals a malfunction, first check to see if the battery is installed properly in battery-operated and battery-backup units. If this does not fix the malfunction, replace the alarm.

To learn more about protecting your family from carbon monoxide, visit

www.firstalert.com

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FAMILY GUIDE TO DISASTER PREPAREDNESS

THERE ARE SIX BASICS YOU SHOULD STOCK FOR YOUR HOME: WATER, FOOD, FIRST AID SUPPLIES, CLOTHING AND BEDDING, TOOLS AND EMERGENCY SUPPLIES, AND SPECIAL ITEMS. KEEP THE ITEMS THAT YOU WOULD MOST LIKELY NEED DURING AN EVACUATION IN AN EASY-TO-CARRY CONTAINER, SUCH AS A LARGE COVERED TRASH CONTAINER, A CAMPING BACKPACK OR A DUFFLE BAG.

WATER

Store water in plastic containers, such as soft drink bottles. **Avoid using containers that will decompose or break, such as milk cartons or glass bottles.** A normally active person needs to drink at least two quarts of water each day. Hot environments and intense physical activity can double that amount. Children, nursing mothers and ill people will need more. Store one gallon of water per person per day. **Keep at least a three-day supply of water per person (two quarts for drinking, two quarts for each person in your household for food preparation/sanitation).**

FOOD

Store at least a three-day supply of non-perishable food. Select foods that require no refrigeration, preparation or cooking, and little or no water. If you must heat food, pack a can of sterno. Select food items that are compact and lightweight. Good choices include ready-to-eat canned meats, fruits and vegetables; canned juices; staples (salt, sugar, pepper, spices, etc.); high-energy foods; vitamins; food for infants and comfort/stress foods.

FIRST AID SUPPLIES

Assemble a first aid kit for your home and one for each car.

- Sterile adhesive bandages in assorted sizes
- Assorted sizes of safety pins
- Cleansing agent/soap
- Latex gloves (2 pairs)
- Sunscreen
- 2-inch sterile gauze pads (4-6)
- 4-inch sterile gauze pads (4-6)
- Triangular bandages (3)
- 2-inch sterile roller bandages (3 rolls)
- 3-inch sterile roller bandages (3 rolls)
- Scissors
- Tweezers
- Needle
- Moistened towelettes and/or antiseptic wipes
- Antiseptic
- Thermometer
- Tongue blades (2)
- Tube of petroleum jelly or other lubricant
- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication
- Antacid (for stomach upset)
- Laxative
- Activated charcoal (use if advised by the Poison Control Center)
- Surgical or N95 masks

This handout is brought to you by Moore Medical Corporation.

Moore medical
The Supply Experts

CLOTHING AND BEDDING

Include at least one complete change of clothing and footwear per person, including sturdy shoes or work boots, rain gear, blankets or sleeping bags, hat and gloves, thermal underwear and sunglasses.

TOOLS AND EMERGENCY SUPPLIES

- Mess kits, or paper cups, plates and plastic utensils
- Emergency preparedness manual
- Battery-operated radio and extra batteries
- Flashlight and extra batteries
- Cash or traveler's checks, change
- Non-electric can opener, utility knife
- Fire extinguisher: Small canister ABC type
- Tube tent
- Pliers
- Tape
- Compass
- Matches in a waterproof container
- Aluminum foil
- Plastic storage containers
- Signal flare
- Paper, pencil
- Needles, thread
- Medicine dropper
- Shut-off wrench to turn off household gas and water
- Whistle
- Plastic sheeting
- Map of the area (for locating shelters)
- Toilet paper, towelettes
- Soap, liquid detergent
- Feminine supplies
- Personal hygiene items
- Plastic garbage bags, ties (for personal sanitation uses)
- Plastic bucket with tight lid
- Disinfectant
- Household chlorine bleach

SPECIAL ITEMS

Remember family members with special requirements, such as infants and elderly or disabled persons. Special items for an infant might include formula, diapers, bottles, powdered milk and medications. Special items for adults with medical needs might include heart and high blood pressure medication, insulin, prescription drugs, denture needs, contact lenses and supplies and extra eyeglasses. Ask your physician or pharmacist about storing prescription medications.

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KEEP TEENAGERS **SAFE BEHIND THE WHEEL**

GETTING A CELL PHONE AND LEARNING TO DRIVE ARE RITES OF PASSAGE FOR TODAY'S TEENAGERS. BUT LIKE DRINKING AND DRIVING, TEENS WHO TALK ON THE PHONE WHILE DRIVING RISK HARMING THEMSELVES AND OTHERS.

Research shows that driving while using a cell phone can pose a serious cognitive distraction and degrade driver performance. This holds true whether the cell phone is hand-held or hands-free. Although the data are insufficient to quantify crashes caused by cell phone use specifically, the National Highway Traffic Safety Administration estimates that driver distraction from all sources contributes to 25 percent of all police-reported traffic crashes.

As a general rule, drivers should make every effort to move to a safe place off the road before using a cell phone. However, in emergency situations, drivers must use their judgment regarding the urgency of the situation and the necessity to use a cell phone while driving.

Drowsy Driving Also Poses a Risk

Cell phones are not the only cause of driver distraction. Drowsiness, particularly when combined with alcohol, results in significant decreases in alertness and performance. Young people ages 16 to 29, especially males, are at particular risk.

Generally speaking, any activity that draws a driver's attention from the primary task of driving can increase the risk of automobile accidents. Manipulating the radio or CD player, reaching for objects inside the vehicle and eating and drinking also have been implicated in crashes. Because teen drivers are particularly vulnerable to accidents caused by distraction, they should be very careful to avoid doing anything other than driving when behind the wheel.

Keep Teen Drivers Safe

Strategy One: *Wear Safety Belts*

Most teens support primary enforcement of safety belt laws, which allow law enforcement officers to stop a vehicle and issue a citation when the officer observes an unbelted driver or passenger. In a nationwide survey conducted in 2003, 64% of young people aged 16 to 20 voiced their support for primary enforcement laws.

Strategy Two: *Graduated Licensing*

Many jurisdictions in the United States have adopted Graduated Driver Licensing (GDL), a system designed to delay full licensure while beginners obtain their initial experience under lower-risk conditions. Graduated licensing has three stages:

1) a minimum supervised learner's period;
2) an intermediate license; and
3) a full-privilege driver's license after successful completion of the first two stages.

The intermediate license stage generally includes:

- passing a behind-the-wheel road test;
- zero alcohol while driving;
- all occupants must wear seat belts;
- supervised night driving;
- remaining violation and crash free at least 12 months;
- completing advanced driver education;
- license distinctive from a regular license; and
- supervised practice.

For more information on safety belts and graduated licensing, visit **www.nhtsa.dot.gov/people/injury/newdriver/TeenBeltUse/index.htm**

Teenage Driving Fatality Facts

- *In 2003, young drivers between the ages of 15 and 20 accounted for 6.3 percent (12.4 million) of the total number of licensed drivers in the United States.*
- *Motor vehicle crashes are the leading cause of death for 15- to 20-year-olds (based on 2002 figures, which are the latest mortality data currently available from the National Center for Health Statistics).*
- *In 2004, 7,898 15- to 20-year-old drivers were involved in fatal crashes.*
- *In 2004, 3,620 drivers aged 15 to 20 were killed, and an additional 303,000 injured, in motor vehicle crashes.*
- *Driver fatalities for this age group increased by 5 percent between 1994 and 2004.*
- *For young males, driver fatalities rose by 1 percent, compared with a 15 percent increase for young females.*

This handout is brought to you by the National Highway Traffic Safety Administration.

HAND HYGIENE

CLEANING AND DECONTAMINATING HANDS IN THE PREHOSPITAL SETTING

Proper hand hygiene in healthcare is the single most important means for prevention of infection transmission. For decades, improving compliance with hand hygiene practices has been a challenge for infection control professionals whether in the hospital or in the prehospital setting.

The availability and use of alcohol-based hand sanitizing products as recommended by the Centers for Disease Control and Prevention (CDC), *Guideline for Hand Hygiene in Health-Care Settings* has stimulated interest in improving hand hygiene practices in health care settings. The guideline recommends the use of alcohol-based rub-in handwashes (gels, rinses, and foams) for routine hand decontamination in most clinical situations. [1]

Researchers report that alcohol-based hand rubs are not appropriate for use when hands are visibly dirty or contaminated with proteinaceous materials.[1,2,3] In these situations, it is recommended that hands should be washed with plain soap and water or antimicrobial soap and water. Based on these guidelines, EMS and first responder personnel are at a disadvantage since handwashing facilities are usually not available when hands become contaminated with organic matter or visible soil.

A CALL TO ACTION

To remedy this situation, Sani-Dex ALC Antimicrobial Alcohol Gel Wipes were developed to provide both the ability to clean hands if contaminated with organic matter or visible soil; and to kill 99.99% of germs that may cause cross-contamination and infection transmission. Sani-Dex ALC provides the mechanical friction to physically remove soil and bacteria from hands, an important function that rub-in alcohol handwashes cannot accomplish. Gels, foams, and rinses kill germs, but leave debris and soil behind.

The technique used for applying alcohol-based hand products also contributes to the efficacy of the product. Frequently, the user of alcohol-based handrubs applies an inadequate volume of product to the hands, thus not covering all surfaces and repeated applications may be necessary to ensure efficacy. A study conducted with trained infection control professionals resulted in 63% of the participants having detectable bacteria after hand antisepsis. [4] However, users of alcohol gel hand wipes have a greater tendency to reach those frequently missed areas. Sani-Dex ALC Antimicrobial Alcohol Gel Hand Wipes are presaturated with the sufficient volume of alcohol to cover all areas of hands and using the wiping motion enhances proper technique.

PDI, Professional Disposables International, is dedicated to developing infection control products for the many situations encountered in the prehospital setting. Sani-Dex ALC is our latest contribution to the advancement in hand hygiene. To learn more, visit **www.pdipdi.com** or call **800-999-6423.**

Notes:

[1] Boyce JM, Pittet D. Guideline for hand hygiene in healthcare-settings: recommendations of the Healthcare Infection Control Practices Advisory Committee and the HIPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002.

[2] McDonald LC. Hand hygiene in the new millennium: drawing the distinction between efficacy and effectiveness. Infect Control Hosp Epidemiol 2003; 24:157-59.

[3] Larson EL, APIC Guidelines Committee. APIC guideline for handwashing and hand antisepsis in health care settings. Am J Infect Control 1995; 23:251-69.

[4] Widmer AF, Dangel, M. Alcohol-based handrub: evaluation of technique and microbiological efficacy with international infection control professionals. Infect Control Hosp Epidemiol 2004; 25:207-209.

Proper Hand Sanitizing Technique

When Using A Sani-Dex® ALC Antimicrobial Hand Wipe

Pull wipe up and tear to one side at perforation. Close lid tightly.

Wipe fingertips and nails individually.

Wipe between all fingers of both hands.

Wipe both thumbs.

Wipe palms of both hands thoroughly.

Wipe backs of hands.

Wipe both wrists and forearms.

Discard wipe in appropriate container.

Professional Disposables International
PDI, The Healthcare Division of
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An ISO 9001:2000 Certified Company
Two Nice-Pak Park
Orangeburg, NY 10962-1376
Phone: (845) 365-1700
Fax: (845) 365-1729
1-800-999-6423 in USA
1-800-263-7067 in Canada
+44 (0) 1352-736700 in Europe
www.pdipdi.com

Wet wipes are the best choice for infection control.

IMPORTANT NOTE: Be sure to use every portion of the wipe.

HOW YOU CAN HELP IN A MEDICAL EMERGENCY

MAKING THE CALL

1 Is This a Medical Emergency?

Call an ambulance if the patient has the following problems:

- Choking or trouble breathing
- A seizure/attack
- Won't respond or move when you talk to him/her
- Sudden or intense pain
- Heavy bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting up blood
- Chest pain or pressure
- Neck or back injury
- Confusion or mental change
- Fainting
- Sudden dizziness, weakness or change in vision
- Patient is suicidal or homicidal

*If it's **life-threatening, CALL 911** or your emergency number*

*If you're **not sure** whether it's an emergency, **CALL 911** or your emergency number*

2 What to Tell the Emergency Dispatcher

When you call 911, your local emergency number or "O" for the operator:

- Describe the emergency; speak slowly and calmly
- Give your name and phone number
- Give exact location/address and nearby landmarks
- Give name, age and number of patient(s), if known
- Follow the dispatcher's instructions and answer his/her questions
- Don't hang up until you are told to
- Don't leave the scene until help arrives

3 What to Do While Waiting for the Ambulance to Arrive

What to do for the patient:

- Stay calm, keep patient calm
- Keep patient awake and warm
- Do not give the patient anything to eat or drink
- Do not move a victim who has been in a car accident, had a serious fall or has been found unconscious, unless he/she is in immediate danger
- Perform first aid if you are willing and able

What to do for the emergency responders:

- Light your location with a porch light, flare or bright cloth
- If possible, send someone to the street to flag down the ambulance
- Clear a route to the patient; move cars, furniture, plants, etc. if needed
- Close off pets from rescuers/put pets in another part of the house
- Gather or write down all the patient's medications and allergy information to give to first responders
- Gather the patient's medical history form
- Note the time:
  - -When did you last talk to the patient?
  - -How long has he/she had this medical problem?
  - -If unconscious, how long has he/she been unconscious?
- Check if the patient has any advance directives (such as Do Not Resuscitate (DNR) orders)

What to do for yourself and your family:

- Arrange for children to stay with a friend or neighbor
- Pack a small bag for yourself
- Bring insurance cards and family/friends contact information
- Lock up the house, turn off appliances

This handout is brought to you by the American College of Emergency Physicians.

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Where There's Smoke . . . There May Be Cyanide!

- Cyanide poisoning is an important but often underappreciated result of smoke inhalation.
- Exposure to hydrogen cyanide in fire smoke is the most common cause of acute cyanide poisoning that an Emergency Medicine professional is likely to encounter.
- Hydrogen cyanide is produced by the incomplete combustion of both natural fibers (such as wool and silk) and synthetic polymers (such as polyurethane, polyacrylonitrile, nylon and melamine) widely used in building materials and home furnishings.
- Synthetic polymers are increasingly used in very large quantities in residential and commercial buildings as well as vehicles such as cars and airplanes. Many contain nitrogen or halogen, resulting in the release of hydrogen cyanide and inorganic acids in fire smoke. In an enclosed-space fire, toxic levels of cyanide are known to contribute to death.
- Studies have shown that cyanide may play a significant role in causing death in some smoke inhalation victims.

Cyanide . . . A Deadly Combination With Carbon Monoxide

- Both carbon monoxide and cyanide in smoke act as chemical asphyxiates. A synergistic effect occurs when both are present, resulting in increased mortality.
- Toxic effects of hydrogen cyanide are most evident in the brain and heart, producing nausea, headache, dizziness, disorientation, tachycardia, arrhythmia, hypertension, seizure and cardiopulmonary arrest.
- Exposure to sublethal concentrations of hydrogen cyanide gas from smoke inhalation can result in:
  - incapacitation of a person trying to escape, resulting in greater likelihood of burn injuries
  - reduced speed of escape with prolonged exposure to toxic gases
  - disorientation—resulting in their choosing a longer escape path

  Each of the above can limit the ability to escape, to survive and to continue in good health after the fire.

Smoke Inhalation—A Threat At Home

- Up to 4,000 deaths and over 20,000 injuries occur annually in the United States from smoke inhalation—ranking the U.S. as having one of the highest fire-death rates in the industrialized world.
- Most fire deaths (75%) are not due to burns but are due to toxic gas effects and oxygen deprivation, loosely known as smoke inhalation. The mortality rate following smoke inhalation is currently estimated to be 45% to 78%.
- At least 80% of all fire deaths occur in a residence. Fire deaths in homes outnumber fire deaths in all other buildings by 20 to 1.

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- One third of fatal fires start with upholstered furniture, mattresses or bedding—all of which are highly likely to contain synthetic materials that release hydrogen cyanide when they degrade.
- Senior citizens age 65 and over and children under the age of 5 have the greatest risk of fire death. The fire death risk among seniors over age 65 is more than double; over age 75 triple; and over age 85 is 3.5 times the average population.

Could Cyanide Poisoning From Smoke Inhalation Be Treatable

- Current U.S. treatment protocols for smoke inhalation don't specifically address cyanide due to the safety issues with the currently available cyanide poisoning antidote.
- In some European countries, large doses of hydroxocobalamin have been used successfully to treat smoke inhalation victims for cyanide exposure.
- In these countries, prehospital emergency care providers are able to treat smoke inhalation-associated cyanide poisoning on an empiric basis.
- Hydroxocobalamin is currently in development for potential use in the United States.

What Saves Lives Now?

- A working smoke alarm dramatically increases a person's chance of surviving a fire. Also, residential sprinklers have become more cost effective for homes, but few homes are currently protected by them.
- Home fire escape routes should be planned and practiced. Plan for two exits from every room. All family members should be taught to leave the house immediately and meet at a predetermined point across the street and to never reenter a burning building!
- Children should be taught to stay low as they evacuate and to feel closed doors before opening them. If the door is hot, the child should use another route. If the door is not hot, the child can crawl out of the room.

www.emdpharmaceuticals.com

Much of the information in this fact sheet is based upon:

1. US Fire Administration, National Fire Data Center, Topical Fire Research Series 2004-2005
2. Sublethal Effects of Smoke on Survival and Health, Gann, Richard G. et al., National Institute of Standards and Technology.
3. Herndon, David N, Ed., Total Burn Care, Second Edition, London, England; Saunders, 2002.
4. Koschel, Mary Jo, Where There's Smoke, There May Be Cyanide, AJN, August, 2002, Vol.102, No. 8

EMD

CDC Presents Model Communities
LINKING EMS AND PUBLIC HEALTH

The Centers for Disease Control and Prevention (CDC) has selected seven communities as models of how emergency medical services can work with other safety and public health agencies in times of disaster. As part of CDC's TIIDE Project (Terrorism Injuries: Information, Dissemination and Exchange), model communities identify where relationships between the emergency care community and public health are established and operate at levels that effectively respond to events that may cause large numbers of injuries.

Community officials from across the nation recently presented model systems at a CDC conference in Atlanta.

TIIDE Project

Constructed around the interrelated activities of partnership building, learning lessons from previous terrorist events, and disseminating information, the TIIDE Project was established to address the urgent need to develop and exchange information about injuries from terrorism. That information includes community strategies to improve public safety, public health, clinical management and healthcare system preparedness in the event of mass casualty incidents.

Model Communities

Twenty communities from across the nation submitted applications. Applications were reviewed by a panel of representatives from the TIIDE Project and the National Center for Injury Prevention and Control, Division of Injury Response (proposed).

The selected communities include:

- **Clark County Health District, Las Vegas, Nevada,** http://www.cchd.org/ems/ems.htm
- **Erie County, New York,** http://www.erie.gov/depts/community/smart/html/about.htm
- **Livingston County, New York,** http://www.co.livingston.state.ny.us/ems.htm
- **Monroe County, New York,** http://www.monroecounty.gov/org289.asp?orgID=289&storytypeid=&storyID=&
- **Louisville, Kentucky,** http://www.loukymetro.org/Department/EMS/default.asp
- **Boston, Massachusetts,** http://www.bostonems.com/
- **Eau Claire County, Wisconsin,** Email: echealth@co.eau-claire.wi.us

Each of the communities listed above has been successful in strengthening the relationship and collaboration between public health and the emergency care community to improve routine operations and preparedness for the citizens of their communities. Many of these communities shared common features. Some of these include:

- **Strong medical oversight in both public health and emergency care;**
- **A desire and an effort to educate both emergency care and public health providers about each others' role;**
- **Recognition of the role of and a commitment toward the development of and maintenance of long term relationships between key leadership through regular meetings, teambuilding exercises, and planning;**
- **Bringing community stakeholders (businesses, clinics, universities, etc.), into the planning process;**
- **Creating disaster plans that were developed locally, involve public health and emergency care, and that are drilled repeatedly; and**
- **Aggressively pursuing and securing funding.**

Email questions and comments about CDC's TIIDE Project to dardinfo@cdc.gov.

Photos courtesy of Boston EMS, "Where Public Health Meets Public Safety"

CDC Acute Injury Care Research Agenda:
GUIDING RESEARCH FOR THE FUTURE

In 2003, the National Center for Injury Prevention and Control, CDC's Injury Center, identified gaps in the area of acute injury care and updated the CDC Injury Research Agenda (2002) to clearly state CDC's highest priorities for acute care research. That same year, the Injury Center began to update its Research Agenda by focusing on research that will ultimately make a difference in improving acute injury care systems and the care individuals receive when they are injured. After a two-year process of engaging injury care and public health experts, the revised Acute Injury Care Research Agenda was released at the National Injury Prevention and Control Conference in Denver on May 11, 2005.

Caring for the acutely injured is a public health issue that encompasses prehospital care through the provision of land- or air-based emergency medical services; emergency department assessment, treatment, and stabilization of injured patients; and in-hospital care for the surgical and medical management of acute injuries among all age groups.

Implementing this Agenda will be a challenge, but improved infrastructure among our nation's trauma systems is vital to public health. This Agenda identifies priorities and will help guide research efforts to prevent needless deaths, lessen adverse health effects from injuries, and potentially reduce the cost of medical care to the injured. The Agenda is also intended as a reference for policy makers, educators, service providers and others interested in learning more about the impact of acute injury care.

To order a free copy or download the Acute Injury Care Research Agenda, go to:
http://www.cdc.gov/ncipc/didop/didop.htm.

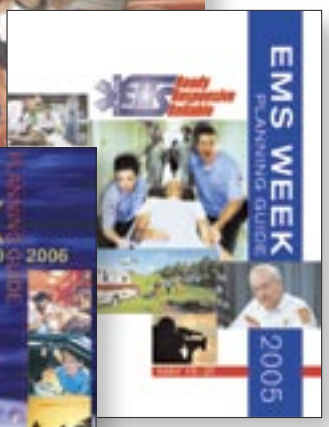
MORE **EMS** WEEK RESOURCES

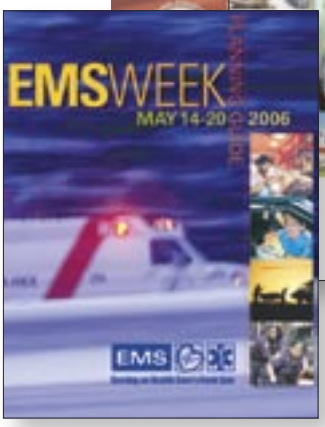
THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP) HELPS EMS WEEK PLANNERS WITH THE PUBLICATION OF THIS EMS WEEK PLANNING GUIDE, AS WELL AS WITH ADDITIONAL EMS WEEK RESOURCES THAT MAY BE DOWNLOADED FROM THE EMS WEEK WEB SITE AT **www.acep.org/emsweek** OR ORDERED ON CD.

Available resources include the following:

On CD:

- A pdf version of the 2006 EMS Week Planning Guide, including fact sheets that may be copied and distributed
- Sample EMS Week proclamation in Word format for easy customization
- Sample EMSC Day proclamation in Word format for easy customization
- Sample EMS Week press release in Word format for easy customization
- Table of Honor script
- The best of EMS Week Fact Sheets and handouts from past EMS Week planning guides. Word documents may be customized with your EMS agency name, address and logo.
- An EMS Week Activity Instruction Guide, featuring step-by-step instructions for more than a dozen EMS Week events.





On the Web:

All of the above, plus:

- Medic PSA (Windows Media Player or Real Player format)
- Medic PSA Tool Kit (word document) - tool kit gives ideas and helpful hints to get the PSA on in your local media market.
- Guide to the Media - this guide will generate a list of potential local media contacts.
- History of A Medic Video (Windows Media Player or Real Player format)

Other resources may be made available that you can use to promote your service throughout the year. Services are encouraged to submit EMS promotional material to share. E-mail to: **rmurray@acep.org.**

The CD may be ordered online, while supplies last, at www.acep.org/emsweek.

American College of Emergency Physicians®

CARBON MONOXIDE POISONING: HELP PROTECT YOUR FAMILY FROM THE SILENT KILLER

Carbon monoxide (CO) is the leading cause of accidental poisoning deaths in America. Every year more than 10,000 people die or seek medical attention due to CO poisoning from home-related products, according to the Consumer Product Safety Commission (CPSC). Often called the "Silent Killer," carbon monoxide is odorless, tasteless, and invisible. The only safe way to detect CO in your home is to install a CO alarm.

Sources of Carbon Monoxide

Know the Facts

- CO is a produced anytime a fossil fuel [like gasoline, wood, oil, or propane] is burned, and becomes lethal when a product malfunctions or is not properly ventilated. Potential sources include furnaces, water heaters, space heaters, clothes dryers, barbecue grills, fireplaces, wood-burning stoves, gas ovens, generators, and vehicle exhaust fumes.
- More than two-thirds of Americans use gas, wood, kerosene or another fuel as their home's major heat source.
- 65% of CO poisoning deaths from consumer products are due to heating systems. (CPSC)
- Only 27% of homes in America have carbon monoxide alarms, according to the Hardware/Homecenter Research Industry.

Health Risks and Symptoms

At high concentration levels, carbon monoxide can be fatal in minutes. When breathed in, CO passes through the lungs and bonds with hemoglobin in your bloodstream, displacing the oxygen that cells need to function. Because symptoms often mimic the flu, CO poisoning is easily misdiagnosed.

Minor Symptoms	**Moderate symptoms** (in addition to minor symptoms)	**Severe symptoms** (in addition to moderate symptoms)
Headache	Drowsiness	Increased Heart Rate
Nausea	Weakness	Loss of consciousness
Vomiting	Dizziness	Convulsions/Seizure
Irritability	Fainting	
Blurred Vision	Severe Headache	
	Difficulty Thinking	

Safety Tips

- Install at least one battery-powered CO alarm or AC-powered unit with battery backup on each level of your home and near sleeping areas.
- Install fuel-burning appliances properly, operate according to manufacturer's instructions, and have a licensed professional inspect them annually.
- Keep chimneys clear of animal nests, leaves and residue to ensure proper venting. Have all fireplaces cleaned and inspected annually.
- Do not block or seal the exhaust flues or ducts used by water heaters, ranges and dryers.
- Do not power an engine or use a charcoal/gas grill inside the home, in an attached garage or porch, or outdoors near a window where CO fumes could seep in through a window.
- Do not use ovens or stoves to heat your home.
- Check all carbon monoxide alarms in your home. Do they need new batteries? Like all appliances, CO alarms do not last forever, and technology advances. Replace alarms built before 2001 every five years, and alarms built after 2001 every seven years in order to benefit from the latest technology upgrades

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National Fire Protection Association ▪ National Volunteer Fire Council ▪ US Fire Administration

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