EMS STRONG
EMS WEEK 2020
MAY 17–23

PRESENTED BY
IN PARTNERSHIP WITH

READY TODAY.
PREPARING FOR TOMORROW.
1960s
1966 – Accidental Death and Disability: The Neglected Disease of Modern Society published by the National Academy of Sciences
1969 – President Lyndon Johnson's Committee on Highway Traffic Safety recommended the creation of a national certification agency for ambulance personnel in the U.S.

1970s
1970 – The AMA's Committee on EMS Taskforce organized and formed the National Registry of EMTs
1971 – The first NREMT-Ambulance examination administered to 1,520 candidates
1973 – First recertification period for certified NREMT-Ambulance personnel
1975 – National Registry requested the AMA to recognize EMT-Paramedics as an allied health profession
1978 – First Paramedic exam is administered in Minneapolis
1979 – Accreditation standards for paramedic programs implemented

1980s
1983 – EMT – Intermediate is established as a certification level
1984 – National Registry mandatory in 24 states, optional in 15 states
1986 – U.S. Department of Defense required all personnel working on ambulances to be certified by the National Registry
1990s
1992 – National Registry adopted a process to ensure compliance with the ADA
1995 – National Registry conducted the first Practice Analysis to inform key areas required for EMS practice
1996 – National Registry started certification of First Responders
1999 – The revised EMT-Intermediate (I/99) replaced the I/85 Curriculum.

2000s
2003 – The National Registry established a full-time research team
2007 – Computer based examinations replaced paper examinations; the Mark King Initiative was approved by the National Registry Board
2009 – LEADS 10-year report published, the first longitudinal study of EMS personnel

2010s
2010 – NASEMSO recognizes the National Registry as the Nation's EMS Certification
2012 – EMR replaces First Responder
– EMT replaced EMT-Basic
– AEMT replaced EMT-Intermediate
– Paramedic replaced EMT-Paramedic

2020 & Beyond
50 years of the National Registry of EMTs
- Protecting the public by aligning with certification industry best practices
- Delivering fair, reliable and legally defensible certification examinations
- Supporting a Systems Approach to EMS and EMS education
- Advocating for EMS research, professional standards, and recognition

Examinations
- Measures competency more precisely, using technology - including Computer Based Simulation

Continued Competency
- More meaningful measure of competency throughout EMS professionals careers using data and technology
50 years of the National Registry of EMTs

- Protecting the public by aligning with certification industry best practices
- Delivering fair, reliable and legally defensible certification examinations
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- Advocating for EMS research, professional standards, and recognition

• Examinations
  - Measures competency more precisely, using technology - including Computer Based Simulation

• Continued Competency
  - More meaningful measure of competency throughout EMS professionals careers using data and technology
When it comes to stroke, be fast. Call 911.

Any one of these sudden signs could mean a stroke:

- Balance: Watch for sudden loss of balance
- Eyes: Check for vision loss
- Face: Look for an uneven smile
- Arm: Check if one arm is weak
- Speech: Listen for slurred speech
- Time: Call 911 right away

Learn all 10 symptoms of stroke @ StrokeAwareness.com
On behalf of the American College of Emergency Physicians and the National Association of Emergency Medical Technicians, we are excited to present the 2020 EMS Week Planning Guide. We created this guide as a resource when planning your events to celebrate National EMS Week 2020, which is May 17th through 23rd.

The EMS Week 2020 theme is Ready Today. Preparing for Tomorrow. Those words reflect what individual EMS professionals and organizations do every day as they respond to calls for help at any time and in any place. They also represent a more global meaning that encompasses the entire profession. As we enter a new decade, we also look ahead to the future of prehospital care—a future that includes dramatic improvements in patient care, thanks to advances in research, information sharing and life-changing technology. As the future unfolds, though, EMS will continue to be mostly about people. In 2020, we honor the young and enthusiastic EMS clinicians who are the future of the profession, and whose commitment to their education is preparing them to be tomorrow’s leaders. We also recognize the dedicated EMS veterans who have spent years serving their communities but continue to work hard to ensure they’re ready for what today and tomorrow might bring.

This year’s guide includes information and resources on how to make the most of EMS Week for our EMS colleagues and your community. We share ideas on how you can celebrate, honor and educate clinicians and explain how to use EMS Week as an opportunity to inform your community about the future of EMS.

Together, ACEP and NAEMT would like to thank our strategic partners and sponsors, as well as our federal, association and media partners, for their support of the EMS Strong campaign and the 2020 EMS Week Planning Guide.

Above all, we’d like to recognize all EMS professionals for your outstanding service and care. Thanks for being ready today and preparing for tomorrow.

Please visit emsstrong.org for more resources, stories and ideas, including a digital version of this guide.
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EMS STRONG

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ON THE COVER
Paramedic and EMT students with the UCLA Center for Preshospital Care in Los Angeles took a short break from their studies to help us celebrate EMS Week. Their dedication and commitment to education and training is just one example of how EMS clinicians embrace this year’s EMS Week theme: Ready Today. Preparing for Tomorrow.
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READY, SET, GO
Planning your EMS WEEK Celebrations
MAY 17-23, 2020

How can you recognize and honor EMS in your own community?
Here are some ideas.

ASK LOCAL LEADERS TO ISSUE A PROCLAMATION
A proclamation is a formal public statement that can be an effective way to gain attention for EMS Week and acknowledge the contributions of EMS clinicians. Encourage local, regional and state government officials to issue a proclamation for EMS Week. It reminds public officials and the entire community about the vital role of EMS. Some steps to getting officials to issue a proclamation include: Planning ahead, identifying the right person in government (having an inside contact is helpful), finding out if your

Take the time to educate the public about how their system works—its governance, funding, EMS professionals and services.
States Accepting for EMS Licensing/Credentialing Requirements

Alabama  Louisiana  Ohio
Alaska    Maine     Oklahoma
Arizona   Maryland  Oregon
Arkansas  Massachusetts Pennsylvania
California Michigan Rhode Island
Colorado  Minnesota South Carolina
Connecticut Mississippi South Dakota
Delaware  Missouri Tennessee
Florida   Montana Texas
Georgia   Nebraska Utah
Idaho     Nevada Vermont
Illinois  New Hampshire Virginia
Indiana   New Jersey Washington
Iowa      New Mexico West Virginia
Kansas    North Carolina Wisconsin
Kentucky  North Dakota Wyoming

States with Approval Pending

Hawaii
New York

Medical Associations Accepting for Accreditation and Continuing Education

Commission on Accreditation of Medical Transport Systems
Commission on Accreditation for Prehospital Continuing Education
National Registry of Emergency Medical Technicians

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50% reduction in cot-related injuries

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— Shane Cohea
Director of Safety and Security for Norman Regional Health System

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² Subject to the terms and conditions of EMS Proven to Save.
³ https://www.ohsas.gov/etscsm/business/safetyprograms/estimator.html. As of August 1, 2018 with a 3% profit margin for strain.

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government contact has a standard proclamation that you can use (or if you need to draft one yourself) and arranging a formal signing ceremony. When officials sign and promote a proclamation, the local news media has a photo or video opportunity upon which to build an EMS Week story.

**ALERT THE LOCAL NEWS MEDIA**

Make sure to tell local newspaper, television, internet and radio outlets about EMS Week. In addition to a proclamation, a press release is an effective way to draw attention to EMS Week happenings. Even better, take advantage of pre-existing relationships with reporters or other contacts to personally talk to them about EMS Week and invite them to do a ride-along, attend a training session or cover an event.

The following EMS Week-related events are all worthy of media coverage:

- Proclamation signings
- Ceremonies involving public officials
- Ride-alongs
- Community education events
- Survivor celebrations
- Recreational activities
- Hospital-sponsored events

EMS Week is an ideal time to explain how EMS services operate in your community, as many people don’t understand the various roles of different organizations, or might assume EMS in their town works just like EMS on their favorite TV show.
COORDINATE WITH STAKEHOLDERS

Make a plan with hospitals, fire departments, EMS agencies and associations. Make sure to start early to coordinate special events where EMS team members have an opportunity to bond with co-workers, hospital staff or other stakeholders. Put a schedule together that includes a mix of fun, education, recognition and community outreach. Make sure your EMTs and paramedics are not saddled with too much extra work surrounding these events—especially without recognition or compensation.

MAKE COMMUNITY CONNECTIONS

One of the most important goals of EMS Week is educating communities about prehospital medicine and the services provided by EMS. EMS Week is an ideal time to explain how EMS services operate in your community, as many people don’t understand the various roles of different organizations, or might assume EMS in their town works just like EMS on their favorite TV show. Take the time to educate the public about how their system works—its governance, funding, EMS professionals and services. Focus on the people as well, explaining how every individual—from bystanders and initial responders to paramedics and clinicians in the hospital—play a key role in achieving optimal outcomes.

EMS Week is also about making community connections through valuable outreach programs such as stroke and chest pain awareness, CPR training, injury prevention or bicycle and water safety. You can take advantage of the many programs that are fully established and ready to implement. It’s also a time to educate citizens about the use of emergency medical dispatch at 911 centers; the ongoing efforts to train, recruit and retain EMTs and paramedics, and the various tools and technologies used to treat patients.

CELEBRATE YOUR OWN EMS CLINICIANS

Remember that honoring EMS personnel means more than just serving up a tray of donuts! EMS Week is about leaders taking extra steps to recognize employees, volunteers and partners. It’s also your chance to celebrate with thousands of your peers in communities across the country. And it’s your time to promote camaraderie and provide staff recognition—which leads to improved productivity and morale. During EMS Week, organizations across the country celebrate and honor EMS personnel with pancake breakfasts, BBQs, parties, gifts and award ceremonies. These events give team members an opportunity to relax and bond with co-workers, hospital staff and executives. Using EMS Week as a time to reunite clinicians with patients who survived cardiac arrest, major trauma or other serious events is another way to remind members of the community and your organization why we do what we do.

Celebrations can also mean special meals and events, educational opportunities, gifts and giveaways (see page 46 for official EMS Week gear). Perks can include rewarding professionals with a trip to a state or national association meeting (see the calendar of upcoming events on page 45).
HANDS-ON WITH THE COMMUNITY
The Alexandria Fire Department in Virginia organizes many community education events during EMS Week every year. In 2019, the department provided free, hands-only CPR training and stroke awareness information at public locations throughout the city. Other outreach initiatives, such as a blood drive at a local hospital, give the department an opportunity to celebrate EMS, collaborate with partners and serve the community.

No matter how your organization chooses to commemorate the week, what’s important is seizing the opportunity to celebrate.

Remember that each day of EMS Week has a theme, which can help inspire ideas. Planning a special event for each day helps to structure the week, get everyone involved and ensure you are celebrating all aspects of the profession (see “5 THEME DAYS FOR 5 WAYS TO CELEBRATE,” page 44).
NHTSA’s Office of EMS salutes the work you do every day to be ready now and to prepare for whatever tomorrow will bring.

We stand with you, honoring your commitment and supporting efforts to keep our communities safe and healthy now and in the future.

**EMS Agenda 2050**
This compelling vision for the future of EMS provides a framework to plan not just for the next day or month ahead, but years or even generations ahead.

**Harnessing the Power of EMS Data**
Every day, population health benefits from EMS-collected data. Today and in the future, National EMS Information System standard data will help communities address public health issues like the opioid crisis, traffic fatalities and more.

**Evidence-Based Guidelines**
Clinical care today includes some data-driven procedures and protocols. Research and additional evidence-based guidelines mean better, more consistent care today, tomorrow and into the future.

**State EMS Assessments**
The Office of EMS's 25-year-old program convenes peer experts to help state officials prepare for the future by identifying successes and areas for growth.

*For more information about these and other initiatives underway, please visit ems.gov.*
READY TODAY. PREPARING FOR TOMORROW.
In our profession, we take pride in always being ready. Ready to go at any time. Ready to help whoever needs us. Ready to face whatever situation awaits us on the scene. Being ready means preparing for the next emergency, the next call from a member of our community in distress.

At the beginning of a new decade, we are also preparing for a future that may look much different than our present. For our profession, 2020 presents a chance to use the lessons of the past to focus our sights on the future. Preparing for tomorrow is more than getting ready for the next call. Tomorrow may bring a new epidemic, new technologies and new expectations for EMS in an evolving healthcare system.

This year, we salute EMS professionals for being ready every day and for preparing for tomorrow and the many tomorrows to follow.
THE NEXT GENERATION

Today’s new EMS clinicians open up about why they entered the profession, what they’ve learned so far and how they’re preparing for tomorrow

We interviewed new EMS clinicians (some in their first year on the job) from across the country to explore what drew them to the profession. We asked what they’ve found surprising and what they love—and don’t love—about what they do. Here’s what they had to say about the career they’ve chosen in EMS.

DANIEL CHENG

Q: Why did you become an EMT?
A: I’m a bit of a wandering soul. I’ve spent the better part of half of my life studying music (classical vocal and opera). I’ve had multiple careers in different avenues: I’ve been a paid performer, server, voice teacher, classroom teacher, ESL instructor in the Peace Corps in Mongolia and a summer music program manager—among other careers. After serving as a de facto medic/translator in a summer music program that I used to work for in Italy, and [with] a growing interest in public health and first aid after serving in the Peace Corps, I decided to try out EMS and see if it would be a good fit.

Q: What were you doing before you became certified in EMS?
A: I was teaching a high school class in opera as well as private voice lessons.

Q: What were the biggest challenges of the EMT course?
A: The volume of information you’re initially required to absorb can be a challenge. The real challenge for me was understanding how to transition the information I was learning in the classroom to actual usage in the field.

Q: What has surprised you about EMS so far?
A: The people involved in EMS have been the most surprising. We come from all walks of life. You get a real cross-section of society in both the patients and the care providers.

Q: What’s the most interesting thing you’ve seen in EMS?
A: I work a 911 ambulance in the L.A. area. Honestly, every day is interesting. We get trauma calls all the time. I’ve worked full arrests on boats and traversed overflowing ravines for patient extrication. I’ve seen some very serious calls. But, at the moment, what sticks out as the most memorable is keeping a patient calm by singing Christmas carols with him while we transported him to the hospital. He was on the autism spectrum and was triggered into a violent episode from loud noises while riding a bus. It might not be the most glamorous call; yet, being able to combine my past expertise in music with patient care really made my day.

Q: Do you know where you want your EMS career to take you?
A: I’m currently enrolled in prerequisites for nursing school and plan to apply for entry-level masters’ programs. I’m planning a career as a nurse practitioner. I might do travel nursing for a while. L.A. County Fire just started a pilot program for field responding nurse practitioners and that interests me greatly.

Q: What does your family think about you pursuing EMS?
A: The response I’ve normally received is that they’re not at all surprised and that they think it suits my personality and abilities perfectly.
“The real challenge for me was understanding how to transition the information I was learning in the classroom to actual usage in the field.”

Q: What are your biggest fears about working in EMS?
A: I think all of us are aware of the risks to which we expose ourselves on a daily basis. That said, we’re still allowed to be wary of infectious diseases, workplace violence, etc. EMTs are infamously underpaid. During a staging post for a possible riot, we were handed bulletproof vests. I remember thinking we’re probably the lowest paid professionals to ever don bulletproof vests and wondering if it was worth it. But my biggest fear would be the toll that this job takes on us, not just physically, but mentally. It’s something we won’t really be able to quantify until we’re experiencing the effects of it all, after the fact.

Q: What in your past experiences will help you in your EMS career?
A: There’s a huge element of performance involved in patient care and bedside manner. Being able to connect with your patients and to help them understand what you’re doing to care for them is an element of teaching that surely comes in handy, as well.

Q: What’s one interesting thing about you that people should know?
A: I performed Mongolian throat singing and folk songs on the Mongolian National Opera stage for the U.S. Ambassador to Mongolia and members of the Mongolian consulate during my swearing in ceremony as a Peace Corps volunteer.

Q: What’s the best part of EMS so far?
A: The people. Don’t get me wrong: There are plenty of unsavory characters in all aspects of the job. For every one of those, I find a gem of a person trying to do right by themselves, their family and their community. The worst? Unsurprisingly, it’s the pay.
MYLES DOUGLASS AND ERICA DOUGLASS

Q: What’s your full-time job and how did you become a volunteer EMT?
Erica: My husband, Myles, and I became volunteers at the same time when we came across an EMT night class being offered in our town. I work in the medical field, but my job is more behind-the-scenes. I’m a medical laboratory scientist and I analyze blood and bodily fluids to help providers understand what’s going on internally with their patients. While I love my job, I still enjoy patient interaction as a volunteer EMT. Being an EMT makes it possible for me to see patients and apply my knowledge on diagnostic medicine.

Q: What have you done in the past to prepare you?
Erica: My past experience in the military and my current full-time job help me. Having a medical background was very beneficial going through the EMT course, and having combat lifesaver training in the military helped prepare me for trauma cases.

Myles: I had the opportunity to take a course with the Iowa Army National Guard called Combat Lifesaver. It focuses on field expedient treatment of trauma and associated wounds and basic lifesaving skills. I was able to look back at that training while taking the EMT course.

Q: What has surprised you about the EMS field?
Erica: It’s surprising how friendly and grateful the residents in my town are to the service. Even on some of these people’s worst days, they are still super kind. I say this because I’ve worked in a number of emergency departments where that is not the case.

Myles: The amount of training involved and the amount of continuing education that is required.

Ambulances are much more than glorified taxis to take you to the hospital. The EMTs and paramedics that staff them are highly trained and capable of some pretty extraordinary things in the back of a moving box. On one of our calls, we had to perform CPR on a patient. I had been trained in CPR for quite a while but nothing prepares you for what it is like on an actual human. It was a very surreal experience.

Q: What do you like the most and least about EMS?
Erica: The best part of EMS is helping people, whether it is medical interventions or just giving our patients someone to talk to and listening. The most interesting thing I’ve done so far is working motor vehicle related traumas. I love working in fast-paced, adrenaline-fueled situations. I hope to stay volunteering for as long as I live in Dysart. Also, having this opportunity fueled my idea for potentially going to [physician assistant] school in the future. The worst part of EMS is witnessing the terror and heartbreak of family members over their loved ones when given bad news. My biggest fear about being an EMT in a small town is having to respond to a bad call for someone close to me.

Myles: Being in EMS, you occasionally get to see people when they’re at one of the high points of their life, like transporting a pregnant woman in labor to the hospital for the birth of her child. On the flip side—and much more often—you see people when they’re having one of the worst days of their lives, whether it be from illness or injury. Being in such a small town, many of the times you get paged out, you’re responding to help people you know personally. It can be scary knowing that, at some point, you may be responding to a friend or loved one’s emergency.

Q: What were the biggest challenges of the EMT course?
Erica: The biggest challenge of the EMT course was the hands-on practical! I was so nervous going into that, making sure I hit every single point!

Myles: For me, one of the biggest challenges was balancing my time between my job and the class. I had some late nights and early mornings. As far as the course material, I didn’t come from any kind of medical background so everything that I was learning was new for me. I had very little past experiences or knowledge to connect the new material to.
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JONATHAN AIKEN

Q: Where do you live and what career were you pursuing before you became certified in EMS?
A: I live in Washington, D.C., and I was doing software development before I joined the Prince George’s Fire Department.

Q: What’s something about your personality that helps you to be good at your job?
A: I realize that I enjoy dealing with people. EMS is all about making people feel comfortable and safe.

Q: What’s one thing that has surprised you about EMS in the past five years?
A: I’ve been surprised by the number of people who use the 911 system on a daily basis.

Q: Do you have any idea where you want your EMS career to take you?
A: I would like to be a captain in the Fire Department by the end of my career.

Q: How does your family feel about your EMS career?
A: My family is happy that I’m doing what I love.

ACIE RIST

Q: Why did you become a paramedic and what was the training like?
A: I wanted a career that tangibly helped people. The biggest challenge with the training was sacrificing time with my family. Paramedic school required a lot of work outside of the classroom, and I had to say no to a lot of things that I wanted to do.

Q: What has surprised you about the job so far?
A: I am most surprised by how many people use EMS and the [emergency room] as a primary health care service. I was unaware that I would be educating patients to help their overall condition.

Q: Do you know where you want your EMS career to take you?
A: I have no intent on leaving my department. At this point, I want to be the best I can be in all aspects of my job. Right now, my focus is on delivering the best care to each individual patient.

Q: What are your biggest concerns about working in EMS and what are some negative parts about the job?
A: My biggest fear is getting exposed to a disease that drastically alters my life. I also don’t want to bring a disease home to my family. The worst part of the job is seeing a grieving family during a loss of life.

Q: What’s the best part about EMS?
A: The best part of EMS is helping someone that is sick or hurt get back to living a good life again. I get to help people on what is possibly the worst day of their life and help fix the problem.

MEAGAN HUNTER

Q: Why did you become an EMT and what did you do before that?
A: I became an EMT because I want to make a difference in people’s lives, even if it’s just for five or 10 minutes. You never know the impact you can make in such a short amount of time. Before becoming an EMT, I worked as a patient care technician on the pediatric floor for Mission Hospital.

Q: Do you know where you want your career to take you?
A: Whew, that’s a deep question. I feel like I am impacted by a different situation every day. My heart will always lead me to help those in a time of crisis. Wherever the Lord sees fit for me to make a difference is where I will be.

Q: What is your biggest fear about working in EMS?
A: The failure of not being good enough hits close to home.

Q: What do you like about being in EMS?
A: Every day in EMS is interesting; you never have the same day twice. Hands down the best thing is just being there for others. You don’t have to perform some life-saving miracle to make a huge impact in someone’s life. A smile, a listening ear and some reassurance might just be all the miracle someone needs that day.
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A LOOK BACK

These veteran EMS clinicians share why they joined the profession, what they’ve learned and how things have changed

RANDALL FEASTER
Age 65
Ada County Paramedics
Boise, Idaho
Years in EMS: 35

Q: Why did you become a paramedic?
A: I got into EMS purely by accident. I had an established career with an international electronics distributorship and EMS was never on my radar as a possible career path change. Then one day, a friend and I had pulled into the church parking lot and the pastor came out and told my friend that her aunt was inside not doing well. As we went inside, indeed she wasn’t. Parishioners were holding her up in a chair; she was unconscious, with what I later found out to be agonal breathing. So there I stood, just like everyone else, not knowing what to do. After a few minutes that felt like an eternity, the first responding fire engine showed up, moved her to the ground and began CPR. The medic unit showed up next and defibrillated, intubated, established an IV and gave medications. They obtained [a pulse] and transported her to the hospital. I couldn’t shake the feeling of being utterly useless in an emergency and guilty that I provided no help. So I went to the local college and took CPR, First Aid and EMT-Basic. Not to change my career, but just for general knowledge and because I enjoy learning new things. Once in the EMT-Basic course, I found even the minimal anatomy and physiology presented to be fascinating and exciting. I applied for a part-time position at a local private provider. Once on the ambulance, I found it to be my passion and it continues to be—35 years later.

Q: What are some of the interesting things you’ve done in EMS?
A: I worked about six years for a flight service with both rotor-wing and fixed-wing aircraft. Flying was fun and challenging and I enjoyed it immensely. However, I lost two good friends in a helicopter crash: a paramedic and a nurse, flying for our service. They were two of the most wonderful and caring people I’ve ever had the pleasure to know. I decided to stop flying shortly after that.

Q: What’s the worst part about EMS?
A: How can anyone not be severely emotionally taxed when we encounter the horrible, grief-ridden cries and screams of agony of a suffering parent at the unexpected loss of a child. To this day, I can’t imagine what they are going through and the level of grief they must feel. While we like to say, pretend—or even believe—that we are impervious to such things, we are not...ever...nor should we be. We are human, after all. These are the most difficult calls for me to recover from. They hurt...a lot.

Q: What’s the best part?
A: We are afforded the rare opportunity to touch the lives of so many people in such a relevant way as to improve their current circumstance. When we are involved in this manner, we leave our respective fingerprint on the lives of our patients. The calls that we go on today will not be remembered by us tomorrow. But what we have to remember always is that the people we help today, as well as families and bystanders, will remember us; our compassion, our care and our professionalism for the rest of their lives. What an amazing privilege we have in that we can touch so many lives in a positive way.
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Darryl Richardson
Age 61
City of New Orleans
Emergency Medical Services
New Orleans, Louisiana
Years in EMS: 35

Q: Why did you become an EMT almost 36 years ago?
A: The answer to that question is kind of tragic, actually. I was working as a lab technician in a hospital biology lab. I have a degree in biology and I thought that was my career path. Then one day, there was a house fire in my neighborhood. I was the one who called the fire department. This was a horrible fire with injuries and fatalities and I felt so useless watching the scene. If I had known how to help, I could have saved people. I even talked to the EMTs on site and asked if this was something I could do. One guy was a volunteer firefighter and had gone to EMT school. He told me right then and there that it’s something that required a lot of dedication. I ended up going to my college biology professor who told me about schools in the area and I enrolled.

Q: What do you know now that you didn’t realize when you started?
A: I knew that I was going to help people. That’s why I did it in the first place. But I never realized the magnitude of injury and illness I would see. I never realized how many lives I would change. I honestly feel like God has gotten me into this, like He has gotten me to do this job.

Q: What was Katrina like and how did it impact your career?
A: We had no idea about the magnitude of the storm and the effects on the city. We couldn’t have imagined; there was no way to fathom what happened. The day of the storm, our service was completely depleted. The city was underwater and we were trapped in our building with most of our equipment and supplies ruined and no way to get to anyone. After the National Guard came in boats, we traveled around and tried to help people. People were just walking around homeless—just devastated. They were literally dying for help. We would stop the boats and help where we could—a woman in labor, a diabetic out of insulin, a man who just had a heart attack, extremity injuries. In the meantime, I had my family scattered around the state. I was worried about them and they were worried about me so there was also that personal impact that was really wearing on me. We ended up setting up a sort of MASH hospital in the city and operated there as best we could. After Katrina, with the help of the federal government, we were eventually able to rebuild our service, rebuild our building and salvage some of our equipment or replace what we had to. Definitely a career changer.

Q: What do you want people to know about you?
A: How much I care about my job. That I’m a passionate person who really cares about patients’ well being.

Q: What’s the most challenging part of EMS?
A: I would have to say it’s the lack of resources, although that’s an issue that challenges all first responders around the country. It’s tough to not have things that you need readily available. It’s not the administration’s fault. They are doing the best they can. It’s just about money and budgets. Everything is a process and that can be a challenge when your needs are so immediate. Lack of personnel is also an issue, and again, you hear that across the country. It’s related and it’s been an issue for as long as I’ve been on the job. People often ask me what’s the worst call I have ever been on and I can’t even answer that question. I might have a call that’s very memorable but then the next year there’s something far worse. I hate to see children injured or children that have been traumatized. I would say I have a special compassion for children. It just feels so hopeless when a young life slips away. They haven’t even had a chance.

Q: What’s been the best part of your career?
A: I like it when someone comes up to me on the street or at an event and thanks me for helping them or a family member. I can’t always remember them, but strangers remembering me and thanking me—that’s rewarding. One woman came up to me a while ago and said, “Do you remember me? You delivered my son. He’s 26 years old.”

Q: Have you delivered a lot of babies?
A: 72 of them, including breech and twins and limb presentations. I think I’ve seen every OB emergency! They are interesting calls. You know, you can go from laughter to crying to laughter again all in the same day. It’s New Orleans so sometimes our patients started out having a fun night out on the town and we can have a hilarious time laughing and joking with them, and then the next call can be totally devastating, something that absolutely brings tears to my eyes.
"There are some things you learn best in calm, and some in storm."

— Willa Cather

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MORE THAN JUST A PATCH

The National Registry of EMTs celebrates 50 years of helping ensure EMS clinicians are ready today and preparing for tomorrow

The National Registry of Emergency Medical Technicians patch on your sleeve—you know, the one you earned last year, five years ago, or 30 years ago? The one with the distinct colors, threads and star of life? That patch is more than just a patch: it represents your experience, education, competence and commitment to the EMS profession. It is a reminder of your hard work and dedication, from your EMS education to your success with the National Registry exam; your commitment to further the profession; and your pledge to maintain currency and competency with the knowledge, skills and abilities needed as an EMS professional. The patch symbolizes your role in something bigger—a national EMS system.

“The National Registry has set a standard for EMS in our nation,” says Joseph Schmider, Texas’s state EMS director. “When an individual holds a National Registry certification, you know what education standard they were educated to, you also know that the person demonstrated their abilities to successfully complete the examinations for their certification level.”

Wearing the National Registry patch signifies successful completion of an educational program aligned with national EMS standards. That education and your dedication to studying and participating in the classroom, labs and clinicals were the first steps in preparing you to become the EMS professional you aspired to be.

The patch also means that after completing the rigorous coursework, you successfully completed the National Registry’s examination process. State EMS offices rely on these examinations to help ensure competency of EMS professionals. Best practices within the testing and certification industry, such as computer adaptive testing, are utilized by the National Registry to help protect the public. Exam questions are evaluated and tested to ensure that only competent candidates pass. The National Registry has the expertise and resources to ensure that the EMS certification examinations adhere to testing and certification industry standards and align with current EMS practice. Whether you completed the former pencil-and-paper written examination or...
The National Registry patch is worn proudly by clinicians who take their training and education to the next level by maintaining certification and keeping up to date with ever-changing medical evidence, technology and standards.

The more modern, computer-based examination, you demonstrated that you have the required knowledge to be an EMS professional.

“The goal of the examinations team is to protect the public and to provide a fair and unbiased opportunity for each potential EMS provider to demonstrate their knowledge, skills, and abilities related to EMS practice,” says Greg Applegate, Ph.D, National Registry’s chief science officer. “We do this by following industry standards and involving EMS professionals in every aspect of the examinations program.”

But the exam was just the beginning of your commitment to preparing to help others. As a dedicated EMS professional, you remain devoted to life-long learning and keeping up to date with safe and effective EMS practices through the recertification process, known as the National Continued Competency Program. The National Registry patch is worn proudly by clinicians who take their training and education to the next level by maintaining certification and keeping up to date with ever-changing medical evidence, technology and standards.

You also play a role in making sure that the patch on your sleeve continues to stand for professionalism and commitment to your patients for the next 50 years and beyond. Every time you complete a patient care report, the data collected is compiled in local and state databases and also in the National EMS Database. Those data are analyzed to determine the frequency, nature and types of calls we as EMS professionals run across the country and transformed into information for research and for EMS systems analysis and ultimately improving patient care. These data points give insight into response times, patient outcomes, ambulance deployment and staffing, disaster or large-scale incident response—even the health and wellness of EMTs and paramedics. The data are also a major component of the National Registry’s practice analysis, during which hundreds of EMS experts help create a clear picture of the current practice of EMS professionals in order to ensure exams and continuing education matches the needs of clinicians, patients and communities.

Most important, your direct participation and feedback can help influence the future of the National Registry and its continued positive impact on the profession. For example, the National Registry examinations are written by you: active EMS providers, EMS medical directors, state EMS officials and EMS educators from across the United States. Your experience, stories and education ensure the patch represents everything it should—most notably, the protection of patients and the public.

The National Registry is in constant communication with registered EMS professionals, state EMS officials, Federal and military EMS officials and other EMS stakeholders to ensure that the EMS certification services we provide are fully meeting the needs of the profession we serve. The National Registry takes its commitment to its mission of protecting the public seriously and we take all steps necessary to uphold the integrity and pride behind the patch.

Success, as they say, doesn’t happen overnight. And it doesn’t happen alone. As the National Registry turns 50, celebrating a golden anniversary would not be possible without collaboration, input and assistance from the individuals and organizations along the way.

The National Registry looks forward to serving you and the EMS profession as the Nation’s EMS certification organization for the next 50 years and more. We are honored to serve the EMS community and committed to ensuring you can wear the National Registry patch with pride.
Thank You

In more than three decades of public safety consulting, we’ve worked with hundreds of agencies in North America and around the world. Today, we salute the dedication of EMS professionals and volunteers everywhere. From the smallest rural agency to the largest metropolitan system, you’re the ones who make EMS STRONG.

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/health-ee-verse/ noun

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Hey Dr. Vi, I am on EMS 5.

Al Volare

Ok.

I have a 66 y/o male with chest pain, vitals are stable. I have done a 12 lead but can't figure out if it is a STEMI or not. There is a lot of LVH. I will send you a picture.

If you think it is a STEMI, I will activate the ccth team.

Ok I agree.
The morning of October 15, 2019, had been a typical Tuesday at the headquarters of the Entrepreneurs’ Organization in Alexandria, Virginia. Stefan Jaeger, a vice president for the nonprofit, had spent the morning working at home before coming in at around 11 a.m. After exiting the elevator into the seventh floor lobby, he stopped into the restroom just outside the glass doors leading to the office. There he ran into Russell Garvey, who worked in the Entrepreneurs’ Organization finance division.

**Stefan:** I was asking Russell an accounting question and he collapsed into the corner. I first wondered whether he had fainted, but I soon realized that didn’t seem to be the case. My first instinct was to call 911 on my cell phone, but I decided to run out to the lobby and ask Rebecca [Rosario, the receptionist] to call 911, because she could better manage any questions regarding access [to the office]. Then I went back, still a bit in shock. I don’t have [first aid] training, and my initial thought was wondering...
whether moving a person is going to cause more harm than not. Not long afterward, Nick Canfield came in, and I told him what had happened.

**Nick:** I was going to the bathroom. Stefan’s my boss; he was in there coming toward the door, and he told me Russell passed out.

A former Peace Corps volunteer, Nick had given Stefan his two-weeks’ notice just days earlier: He was starting his own nonprofit and moving to Thailand. An adventurer, Nick had taken a National Outdoor Leadership School (NOLS) wilderness advanced first aid course in 2015, but he had never had to use most of his training.

**Nick:** I was so glad that I had that training because I wouldn’t have known what steps to take. I would’ve been a lot more flustered. Russell was basically tucked up behind a urinal; he had collapsed mid-sentence with Stefan. The original assumption was that he passed out. My first step was to lay him down on the floor so he wasn’t crumpled up in a weird position against the wall. I couldn’t feel any pulse but at the same time he’s kind of sort of breathing. I didn’t start CPR at that moment, I remembered that if someone’s breathing then at least their heart’s flowing somewhat. We just were like freaking out, at the same time it was very calm.

Meanwhile, Rebecca had dialed 911. “He’s breathing but he’s not responding,” she told Joanne Watson, the call-taker with the Alexandria Department of Emergency Communications. Still in the bathroom, Nick realized Russell wasn’t breathing adequately and he still couldn’t feel a pulse. He started chest compressions.

Just a few blocks away, the crew of Alexandria Fire Department’s Engine 205 was in the station. Within a minute of Rebecca’s 911 call, the alarm sounded and they were dispatched for an unconscious person. They immediately began responding, with Medic 209 and an EMS supervisor not far behind. The crew, led by Lt. Rachel Grayson, arrived at the building and took the elevator to the seventh floor.

**Rachel:** We got up to the floor and were told the person was actually breathing. We walked in [the bathroom] and turned the corner and saw CPR was being performed.

**Nick:** That five to 10 minutes we were in there [before the fire department arrived], was the longest time. When they got there, I stuffed myself back in the stall just to get out of the way because there’s like 80 people packed in the bathroom, and at that point that’s where it became real; I realized he’s in trouble.

Firefighter/Paramedic Tyler Fredericks was also on Engine 205. The crew immediately initiated high-performance CPR and placed Russell on the cardiac monitor.

**Tyler:** The first five rhythm checks at the two-minute marks were shockable rhythms. We shocked at 360 [joules] for the first one, and 720 thereafter.

The medic unit and EMS supervisor arrived, with the operational medical director who happened to be riding along. Karen Lopez, one of the paramedics on the ambulance, had recently submitted her paperwork to retire after nearly 20 years with the department. She had about a month left.

**Karen:** I can’t really remember what happened in what order. His rhythm kept changing and we were like, are you kidding us? He’s 44, he has quite a fighting chance so let’s give it to him.

The team performed CPR, defibrillated and administered epinephrine for nearly an hour. Finally, an organized heart rhythm on the monitor’s screen was matched by a palpable pulse.

**Karen:** I said, ‘Does he look like he’s biting that [oropharyngeal] airway?’ Sure enough, he’s literally fighting for his own life.

**Tyler:** We didn’t actually move him until we had a stable pulse for about 10 minutes. It wasn’t a big rush to get him to the hospital because it was more controlled where we were. We made sure everything was set. We drew up one or two extra epis just to have it ready in case we had to go back down that road.

**At this point, they had cracked open the medi-**
cation kits from the engine, the ambulance and the EMS supervisor’s vehicle and were nearly out of epinephrine. They had performed a needle decompression to relieve a possible pneumothorax, possibly caused by the CPR. And they had intubated Russell and sedated him. Even though he’d been down for a long time, they felt hopeful about his chances for recovery.

Karen: We commented several times how much this guy was fighting.

Russell’s colleagues feared the worst.

Stefan: I was definitely fearful that it would probably not end well; we didn’t know how much blood his brain was getting.

But only a few days later, Russell decided he had enough. First, he squeezed his brother’s hand. Soon after, he was yanking the tube out of his throat.

Russell: I was like, what the hell is going on here? Why am I in the hospital?

A few days after his cardiac arrest, Russell celebrated his 45th birthday in the hospital with his family, including his then seven-year-old and four-year-old sons. He was also able to enjoy watching his team, the Washington Nationals, win the World Series. Several of his colleagues came to visit, each reporting that he was right back to making the same wry jokes he’d been making the morning he collapsed.

Nick: I got the heartfelt thanks from his wife. With him, basically we just talked, messed around. I said, ‘Listen buddy, you only get one time. I ain’t gonna do this again.’ He knows how lucky he is. He knows the pieces kind of played right for him. A week ago he was purple on this bathroom floor. Now he’s back to his old self.

He came home just two weeks after he had collapsed. He was tired, and his arm was sore and in
He had Thanksgiving dinner with his family because we didn’t stop. Which is pretty cool.

Russell: I have no memory loss, no brain damage.

Although she’s run quite a few cardiac arrests in more than 20 years in EMS, this one will be memorable to Karen because it was one of her last and for a few other reasons, including the automatic urinal that kept flushing as well as Nick emerging from the stall after the crew had been on scene for several minutes without realizing he had tucked himself there to get out of the way. Getting the chance to meet Russell, his wife and his parents a few weeks later at a ceremony at his office will also be a memory Karen takes with her.

Karen: It was good to see him, great to see his family, probably did my heart some good. One of the things I wanted to make sure was that I wasn’t leaving with any bitterness. I still love my job. It’s just time for me to leave.

At the event, Russell had a chance to thank many of the people who helped him: colleagues from work, the telecommunicator who took the 911 call, the firefighters and paramedics who helped him.

Russell: It was a bit surreal. It still seems weird to me that this happened because I don’t remember it and because I thought I was healthy. When I hear the normal protocols, they work on you a half hour... and they did 90 minutes. I wouldn’t want my kids not to have a dad.

Tyler: It’s always nice to actually see your patients after, especially in a much healthier condition. It’s nice to see that what we do actually matters.

Rachel: He had Thanksgiving dinner with his family because we didn’t stop. Which is pretty cool.
EMS Week offers a chance to talk to your community about where EMS is today—and where it’s headed tomorrow

By Mark Escott, MD, MPH, FACEP, FAEMS, NRP, and Ernesto Rodriguez, MA, EMT-P

EMS Week presents a great opportunity to engage with members of our community, from hospital and healthcare leaders, to local elected officials, to members of the public. Whether in a formal way at an awards ceremony or by simply striking up a conversation with a passerby learning hands-only CPR, take advantage of these chances to connect and share your vision for the future of your organization.

One key aspect of communicating with community members is making sure they understand what EMS is—and what EMS should be in the future. This year’s EMS Week theme offers a conversation starter: your stakeholders and constituents might understand what it means to prepare for tomorrow, but do they know what that tomorrow will look like? Many still think of EMS as simply ambulances responding with lights and sirens. It’s important for the public to understand that EMS is not a ride to the hospital; it’s healthcare. Here are just a few lessons that we’ve learned to help you have that conversation.

1) TALK TO YOUR OWN ORGANIZATION FIRST

Your people are your greatest asset. That’s true when they are responding to calls and helping patients, and it’s true when you’re trying to conduct outreach and education in the community. When applying to participate in ET3 (the Center for Medicare and Medicaid Innovation’s Emergency Triage, Treatment, and Transport Model), we realized that many of the EMTs and paramedics in our own agency were unfamiliar with the program and some of the concepts behind it. The future of EMS is filled with potential, but only when the members of our own profession unite behind these exciting new ideas. Don’t assume everyone in EMS is aware of efforts to move our profession forward, and don’t underestimate their passion for helping make those ideas a reality once they learn about them. Today’s field clinicians are the ones who will be tomorrow’s leaders, and they are the ones who talk to members of the public every day. Equip them with the information they need to tell our story.

2) LISTEN BEFORE YOU SPEAK

When you do reach out to the broader community, make sure you ask them what they expect from an EMS system. Then engage them on what you can offer. You might be surprised that even without following national trends in EMS, they have come to the same conclusions you have—that EMS can do more for a community than simply drive fast and deliver people to hospital doors.

3) MAKE SURE EVERYONE UNDERSTANDS THIS ISN’T JUST YOUR CRAZY IDEA

It’s one thing for the EMS director or a fire chief to say things need to change. It’s another for that leader to come armed with examples from around the country of how EMS is innovating toward a people-centered, community health-focused model. More than once, we have quoted the vision of the original 1996 EMS Agenda for the Future, which calls for an EMS system that provides “community-based health management that is fully integrated with the overall health care system.” Then we’ll turn to EMS Agenda 2050 and the six guiding principles and its description of people-centered EMS. Finally, we find examples from other communities. When we show stakeholders there’s national momentum, it changes the conversation. Local leaders begin asking if we’re leading the way or falling behind—they want to make sure their community isn’t
Now we are showing that we can play a larger role in fixing some of the systemic problems our communities face, from homelessness to chronic illness to an overburdened emergency health system.

4) APPEAL TO HEARTS AND MINDS
People love data—they want to know the extent of the problem we’re trying to fix, and how much of a difference we can make, whether it’s improving health outcomes, making our community safer or saving money for the healthcare system or our agency. At the same time, numbers don’t evoke empathy. We usually start a conversation with a story that will touch the heart—we talk about individuals we have worked with and how we have helped make a difference in their lives.

5) WORK WITH COMMUNITY PARTNERS
It’s a lot easier for residents or your city council to get behind something that already has support from other community leaders. If you speak in unison with other public safety, social services and healthcare leaders, it will go a long way. Competing voices create confusion and build mistrust. Instead, bring key leaders and partners on board early and take advantage of those collaborations to strengthen your message.

There’s no doubt that EMS is in a transition period, much like all of healthcare. People want close, convenient, unscheduled and people-centered care. With the EMS systems’ infrastructure, communications, mobility and clinicians, we can play a significant role in transforming healthcare. We have long been part of the team that people turn to for any problem, working with our partners to find solutions every day on the street. Now we are showing that we can play a larger role in fixing some of the systemic problems our communities face, from homelessness to chronic illness to an overburdened emergency health system. To succeed, we must effectively tell the story of EMS, past, present and, most important, future. EMS Week is a great time to take that conversation to the next level.

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A DEEP BOND AND A LASTING FRIENDSHIP

Two EMTs bridge the generational divide

One of the best things about EMS is the people you meet. That’s true for Brendan Elliott and Ed Landsberg, who often ride side-by-side as partners for Ellington Volunteer Ambulance Corps in Ellington, Connecticut.

Brendan is a 19-year-old EMT, college student and the NAEMT Advocacy Coordinator for Connecticut. Ed, 62, became an EMT a couple of years ago after raising a family and spending four decades working in the printing business.

On the face of it, the younger and the older man didn’t have much in common, other than a commitment to community service and an appreciation for EMS. But through shared experiences, challenges and successes while answering calls for help, they forged a deep bond and a lasting friendship.

Ed and Brendan discussed what drew them to EMS, why they volunteer, how their intergenerational friendship has enriched both of their lives—and how Baby Boomers and Gen Z can learn to understand one another.

What got you interested in EMS?

BRENDAN: I was an Eagle Scout. I liked giving back to my community and seeing the impact of those efforts. Serving the community is what EMS is all about. I became an EMT as a senior in high school.

ED: I always had a fascination with lights and sirens. But I got a degree in industrial technology/graphic arts and went to work in the print business. Eventually I joined CERT (Community Emergency Response Team), became a volunteer for the South Windsor Fire Department and a certified fire alarm installer for the American Red Cross. As my 60th birthday approached, I figured it was now or never. I enrolled in EMT school. I was the old guy in class. The first few weeks I thought, ‘What did I get myself into?’ It was a little intimidating, because it had been so long since I had been in school. But I got into the swing of it. I became an EMT in 2017.

You hear a lot about Baby Boomers and Millennials/Gen Z having a hard time understanding one another. How did you learn to work well together?

BRENDAN: We spent a lot of time together, and we
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When I’m working with young EMTs, I appreciate their youthful energy. They haven’t gone through so many trials and tribulations in life, so I like that exuberance, the looking forward to the future.

just started talking about life and our families. Ed was easy to talk to. I learned a lot from him. Every shift, even if we had been up all night and had done 12-hour back-to-back shifts, he did a rig check. He taught me that it’s the little things that matter, and that small problems will add up to a bigger problem if you don’t deal with it. He always came to the station a half hour early to make sure he had time to check the truck and relieve the previous crew.

ED: Brendan was very enthusiastic and had a lot of energy. He wanted to learn. He was a real sponge. I saw Brendan and the other EMTs his age as people who were pursuing the same passion that I had; I just started much later. I didn’t have any preconceived notions about their generation. We are all just in it together. When I’m with them, I feel like I’m their age...then I look in the mirror.

Are there benefits to working with colleagues who are from different generations?

BRENDAN: We both believed it was important to work through each situation, go step by step, and remember to breathe. But I’m a teenager. I didn’t have a lot of experience dealing with death. DOA calls, especially when they weren’t good deaths, were difficult for me. Ed was good at lightening things up after those calls, and reminding me of all of the good things I have in my life. Emergencies involving kids were tough for him. Those were the times that I would help to calm him down, and help him get through it.

ED: There were a couple of calls involving kids where my anxiety was quite a bit higher. The adrenaline got going. Brendan saw the patient as a patient, whereas I saw the patient as a baby that could have been mine. When I’m working with young EMTs, I appreciate their youthful energy. They haven’t gone through so many trials and tribulations in life, so I like that exuberance, the looking forward to the future. If I can help them at times by telling them about my experiences, I do it. But I try not to give too much advice. I mostly listen, and gently make a suggestion. I do think exposure to older people other than their parents helps younger people see the world in a different way. We head to the scene with the same anxiety and unknowns. We rely on each other and we trust each other. They know this of me and I know it of them. We become friends.

Both of you have full schedules outside of volunteering on an ambulance. What else do you do?

BRENDAN: I just finished my freshman year at Norwich University, the military college of Vermont. I’m a criminal justice major with a Spanish minor. I plan to be a paramedic or a police officer. I also work for my college rescue squad and for Northfield Ambulance in Vermont.

ED: I still work full-time as a cost estimator for a print shop. But I volunteer as much as I can. We’re required to do about 30 hours a month, but I sign up for as much as I can. I try to put in 100 hours a month. I want to get as much experience as I can while I can still lift a patient safely. I told my wife, ‘If it ever gets to be too much, I’ll cut back.’ I’m away a lot of weekends and a lot of holidays. But so far, it’s been OK. My chief is 70 and he still goes on calls. I’ll go until my body tells me I can’t. I do realize patient safety comes first. If I can’t lift a patient safely, I will stop. I will become an instructor after my riding days are over.

You’re both NAEMT members and Brendan, you are NAEMT’s Advocacy Coordinator for Connecticut. Why is it important to be part of your professional association?

ED: You need to be aware of what’s going on at the legislative end of EMS, the governmental policies and attitudes regarding first responders. Not everybody wants to get involved with the politics, but it’s important to be aware. I joined NAEMT to keep on top of the issues.

BRENDAN: When I found out that as an Advocacy Coordinator I can be out there, talking to senators and representatives in Congress and actually having a voice in changing our EMS laws in Connecticut and nationally, I thought, ‘How many people my age get to do this, and have that responsibility?’ Now I realize how important lobbying for change is. In Connecticut, a bill
just passed to provide worker’s comp for police, firefighters and parole officers dealing with PTSD. The bill excludes EMS. That is not acceptable. We are exposed to awful things and we should be entitled to the same care for mental health as other first responders. It’s an issue I’m working on now.

What do you like best about being in EMS?

BRENDAN: You’re going to someone’s worst day and you get to be that calm voice to relieve their stress. That’s your job. You hold hands. You talk to them about their life, their kids, their work to help get their mind off of whatever is going on. You’re not just there to deliver medical care. You’re there to make the situation better. It’s also the people you meet. I never expected I would be friends with Ed. I think I’m mature for my age, hopefully as my parents would want me to be. The bonds you make with people in EMS are really strong. Ed and my chief, Peter Hany, have been mentors to me. I’ve learned a lot from the older generation and it’s definitely made me a better person.

ED: When I drive home from a shift and I know we’ve helped someone, I smile all the way home. Recently, Brendan and I had a pretty serious heart attack patient who we were able to save. That was gratifying. But we’ve also had cardiac arrests where the patient didn’t make it, so then we try to be there for the family and preserve the dignity of their loved one. When you share an emergency experience with people, you bond. I like helping my community, and the camaraderie I have with my fellow first responders.

NAEMT is the nation’s largest and most diverse EMS membership organization. To join, visit naemt.org or call 800-34-NAEMT.

ED: When I drive home from a shift and I know we’ve helped someone, I smile all the way home. Recently, Brendan and I had a pretty serious heart attack patient who we were able to save. That was gratifying. But we’ve also had cardiac arrests where the patient didn’t make it, so then we try to be there for the family and preserve the dignity of their loved one. When you share an emergency experience with people, you bond. I like helping my community, and the camaraderie I have with my fellow first responders.

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Pediatric Readiness in Emergency Medical Services Systems:

POLICY STATEMENT

Review the recently released (January 2020) joint policy statement (AAP, ACEP, ENA, NAEMSP, NAEMT). This statement provides recommendations on pediatric readiness in EMS systems.

PREPARE YOUR EMS AGENCY

PEDIATRIC GUIDELINES
Model EMS Clinical Guidelines, with pediatrics integrated, available at NASEMSO.org

APPOINT A PECC
Find an individual with the passion and desire to be a pediatric champion

COLLABORATE w/YOUR ED
Ensure high-quality care across the continuum of care (right time, right place)

EMS Agency Pediatric Readiness Checklist
Will be available for use by Fall 2020

Get Connected
alter@nasemso.org
EMSCimprovement.center/domains/prehospital-care

Less than 10% of EMS calls are for pediatric patients.

39% of EMS agencies see (on average) fewer than 13 pediatric patients a year.

Pediatric patients often provoke discomfort and anxiety among EMS personnel.


Created in collaboration with the EMSC Innovation & Improvement Center (EIIC) and the National EMSC Data Analysis Center (NEDARC)

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.
Monday: EMS Education Day
Sponsored by: Genentech, American Red Cross, Teleflex
This day is the ideal day for EMS professionals to educate members of the community about how they can prevent illness and injury. Education Day highlights community educational programs, as well as the importance of continuing education for EMS clinicians.

Tuesday: EMS Safety Day
Sponsored by: Stryker
EMS Safety Day encourages first responders to focus on risk and prevention rather than possible negative outcomes, and aims to promote the advancement of safety measures for both the community and the profession.

Wednesday: EMS for Children Day
Sponsored by: Emergency Medical Services for Children (EMSC) and Health Scholars
EMS for Children Day highlights the special physiological and psychological aspects of caring for children. It’s a great time to educate the community on child safety issues and to raise awareness about improving specialized care for children in prehospital and acute care settings.

AACN technology provides the following information immediately after the crash and all automatically; notification that a crash has occurred, exact location of the incident, direct communication with the occupants, and enhanced data regarding the crash itself.

AACN data systems use includes data elements:
- Delta V
- Principal direction of force (PDOF)
- Seatbelt usage
- Crash with multiple impacts
- Vehicle type

Find training on the website!
AACNEMS.ORG
Thursday: Save-A-Life Day (CPR & National Stop the Bleed Day)
Sponsored by: National Registry of Emergency Medical Technicians
It doesn’t matter how quickly EMS providers get to a scene, bystanders will always be there first. Save-A-Life Day empowers individuals in the community to help save their friends, family members and neighbors by learning how to save a life. Great activities for this day include community training such as the free “Until Help Arrives” training course for bystanders that includes severe bleeding control and compression-only CPR and takes an hour or less. Visit the “Until Help Arrives” training program at: https://www.acep.org/until-help-arrives/ and the CPR Challenge on the EMS Week page at https://www.acep.org/emsweek.

Friday: EMS Recognition Day
Sponsored by: NHTSA Office of EMS and DrFirst
EMS Recognition Day is the perfect time to honor local EMS clinicians and crews who regularly go above and beyond the call of duty. This is a great opportunity to thank first responders for their unwavering commitment to serve their communities today, tomorrow and in the future.

RECOGNIZE THE BEST IN THE PROFESSION
Nominate your colleague for a National EMS Award! Visit naemt.org/initiatives/national-ems-awards for more information.

MARK YOUR CALENDARS!
Reward a few special EMS clinicians or leaders by sending them to an upcoming conference.

National EMS Memorial Weekend of Honor
May 15-17, 2020
Oxon Hill, MD
http://www.national-ems-memorial.org/

NASEMSO Annual Meeting
June 15-18, 2020
Reno, NV
www.nasemso.org

Pinnacle Leadership Forum
July 27-31, 2020
Phoenix, AZ
www.pinnacle-ems.com

Fire-Rescue Med
August 17-18, 2020
Phoenix, AZ
www.iafc.org

EMS World Expo and NAEMT Annual Meeting
September 14-18, 2020
Las Vegas, NV
www.emsworldexpo.com

EMS Today/JEMS 2021
March 9-13, 2021
San Antonio, TX
www.emstoday.com

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CPR Training & AED Solutions

RECOGNIZE THE BEST IN THE PROFESSION
Nominate your colleague for a National EMS Award! Visit naemt.org/initiatives/national-ems-awards for more information.
Need a great way to motivate your staff? Recognize your hard-working team during Emergency Medical Services Week, May 17-23, 2020, with gifts and promotional items to meet any budget.

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

EMS01 Poster – Based on the cover for this year’s EMS Week Planning Kit, this 18” x 24” poster will help promote EMS Week to your facility and community.
$4.99

EMS02 Latex Balloons – Combination of navy blue and ivory 11” latex balloons. Pkg/50 (25 navy blue/25 ivory silk)
$14.99

EMS03 Mylar Balloon – Some facilities will not allow latex, so this 18” Mylar® balloon is the perfect way to announce the week. More durable than latex and will last much longer. Helium required.
1-24 $3.75, 25+ $3.49

EMS04 Top Seller! Vinyl Banner – Make a big statement with this large 6’ x 3’ colorful banner. Durable heavyweight vinyl comes complete with tough brass grommets so it can hang indoors or out. A great way to promote to the public and staff.
$69.95

EMS05 Retractable Banner – This pull-up economy retractable banner with stand packs great value into an easy-to-use durable and attractive display. Vinyl banner pulls up and retracts down into the base. The stand is aluminum alloy and the banner is made of 13 oz smooth matte vinyl. 78.7” x 33.4”
$124.99

WEARABLES

EMS06 Top Seller! EMS Flag T-Shirt – Preshrunk, heavyweight 6.1-oz. 50/50 cotton/polyester shirt holds up over time and feels great. Built with seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear. The full-color EMS flag logo shows beautifully on the heather navy shirt.
S, M, L, XL, 2XL (add $3 for each 2XL), 3XL (add $5 for each 3XL)
1-249 $10.99, 250+ $9.99
Logo personalization minimum: 36, $50 setup

EMS07 Hooded Sweatshirt – This NuBlend® pill-resistant fleece is made of 8 oz., 50/50 cotton/polyester and features a seamless body with set-in sleeves, double-needle stitching at stress points, two-ply hood with grommets and drawstring, and a front pouch pocket. Black heather.
S, M, L, XL, 2XL (add $3 for each 2XL), 3XL (add $5 for each 3XL)
Logo personalization minimum: 36, $50 setup

EMS08 Price Buster Special! Color Tee – This preshrunk, 100% ring-spun cotton tee is soft and long lasting. The 2020 EMS logo shows beautifully against the navy blue shirt.
S, M, L, XL, 2XL (add $3 for each 2XL), 3XL (add $5 for each 3XL)
1-249 $7.99, 250+ $7.49
Logo personalization minimum: 36, $50 setup

Order Online at www.jimcolemanstore.com/acep. See page 11 for ordering details.
WEARABLES

EMS01 Poster – Based on the cover for this year’s EMS Week is your chance to join thousands of your staff recognition, a proven method for improving EMS Week.

EMS02 Latex Balloons – Combination of navy blue and Olympic blue with the EMS Week logo transferred on the left chest.

EMS03 Dry Power Active Tee – This classic look that never goes out of style. It offers great performance with a breathable fabric, a wicking finish, UV protection, snag-resistance and wash-and-wear convenience. It features a five-button placket with dyed-to-match buttons as well as shaped seams and a tapered waist for a flattering fit. The shirt is Olympic blue with the EMS Week logo transferred on the left chest.

EMS04 Men’s Softshell Jacket – This lightweight softshell jacket combines a classic clean look with lightweight comfort for the transitions between seasons. The three layer construction includes a waterproof breathable membrane, with water repellent finish, snap closure pockets and brushed interior zipper flap. Articulated elbows and ergonomic sleeves offer extra mobility and comfort. Quarry grey.

EMS05 Retractable Banner – This pull-up economy retractable banner with stand packs great value into an easy-to-use able banner with stand packs great value into an easy-to-use

EMS06 EMS07 EMS08

EMS09 Classic T-shirt – This preshrunk 4.5 oz. 35/65 cotton/polyester T-shirt features a seamless collar and double-needle stitched neckline and sleeves. Heather indigo.

EMS10 Top Seller! Dry Power Active Tee – This 5.6 oz. preshrunk 47/53 cotton/polyester shirt offers advanced moisture management performance and features shoulder-to-shoulder taping, double-needle stitched sleeves, bottom hem and front neck and a 1x1 rib seamless collar. Oxford grey.

EMS11 Ladies Polo – The versatile ladies polo has a classic look that never goes out of style. It offers great performance with a breathable fabric, a wicking finish, UV protection, snag-resistance and wash-and-wear convenience. It features a three-button placket with dyed-to-match buttons. The shirt is Olympic blue with the EMS Week logo transferred on the left chest.

EMS12 Men’s Polo – The versatile men’s polo has a classic look that never goes out of style. It offers great performance with a breathable fabric, a wicking finish, UV protection, snag-resistance and wash-and-wear convenience. It features a five-button placket with dyed-to-match buttons as well as shaped seams and a tapered waist for a flattering fit. The shirt is Olympic blue with the EMS Week logo transferred on the left chest.

EMS13 Ladies Softshell Jacket – This lightweight softshell jacket combines a classic clean look with lightweight comfort for the transitions between seasons. The three layer construction includes a waterproof breathable membrane, with water repellent finish, snap closure pockets and brushed interior zipper flap. Articulated elbows and ergonomic sleeves offer extra mobility and comfort. Quarry grey.

EMS14 Men’s Softshell Jacket – This lightweight softshell jacket combines a classic clean look with lightweight comfort for the transitions between seasons. The three layer construction includes a waterproof breathable membrane, with water repellent finish, snap closure pockets and brushed interior zipper flap. Articulated elbows and ergonomic sleeves offer extra mobility and comfort. Quarry grey.

EMS15 New! Ladies Softshell Vest  – This ladies vest offers comfort and classic styling. The three-layer construction includes a waterproof breathable membrane, with water repellent finish. Vintage navy.

EMS16 New! Men’s Softshell Vest – This men’s vest offers comfort and classic styling. The three-layer construction includes a waterproof breathable membrane, with water repellent finish. Vintage navy.
EMS17 New! Large Nonwoven Grocery Bag – A great alternative to plastic bags, this cost effective and eco-friendly reusable grocery bag is made of a lightweight nonwoven material and features a large open main compartment with a supportive bottom board and double reinforced handles. 14 ½ x 13 x 10" $3.29, 50-99 $3.09, 100-249 $2.99, 250-499 $2.49, 500+ $1.99
Logo personalization minimum: 150, $50 setup

EMS18 Price Buster Special! New! Mega Cooler Bag – This large cooler bag is made of a combination of 600D polyester and ripstop nylon. It features a large zippered main compartment with a foam-lined interior, front slip pocket, and an adjustable shoulder strap. 12 ½" x 11" x 8" $12.99
Logo personalization minimum: 50, $50 setup

EMS19 Top Seller! Multi-Purpose Carryall – This multi-purpose personal carrying bag is made of 600D polyester and features a front mesh pocket for ID or cell phone, zippered compartments and carrying strap. Perfect to store tech accessories or personal items. 10" x 8" x 1 ¼" 1-24 $5.99, 25-49 $5.75, 50-99 $5.49, 100-249 $4.99, 250-499 $4.49, 500+ $3.99
Logo personalization minimum: 50, $50 setup

EMS20 Top Seller! Adventure Computer Backpack – Made of strong 600D polycanvas, this backpack holds your gear in a large zippered main compartment that can also hold up to a 17" laptop. The bungee cords on the front panel provide extra storage and security while padded and adjustable shoulder straps and a top grab carry handle make is easy when traveling. 18 ½" x 12 ½" x 7 ½" 1-24 $18.49, 25-49 $17.99, 50-99 $16.99, 100-249 $15.99, 250-499 $14.99, 500+ $13.99
Logo personalization minimum: 36, $50 setup

EMS21 Price Buster Special! Top Seller! Deluxe Duffel Bag – This bag is perfect for the gym or a weekend trip! It is made of strong 600D polycanvas and features a large, zippered main compartment, a zippered front media pocket with earbud port, front mesh pocket, front pouch with adjustable drawstring, squeeze-top bottle (bottle not imprinted), and a zippered side shoe compartment. It also has a secure bottom board for stability. For easy portability, it has double reinforced handles and a detachable/adjustable shoulder strap. Additional accessories not included. 10 ¼" x 18 ½" x 11" $16.99
Logo personalization minimum: 40, $50 setup

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FACILITY PERSONALIZATION – Most products can be personalized with your facility name or logo. See item description for minimum quantities and details.

Order Online at www.jimcolemanstore.com/acep. See page 11 for ordering details.
**DRINKWARE**

**EMS22 New! Price Buster Special! 26 oz. Tritan™ Adventure Bottle** – Large 26 oz. bottle with a flip-top spout and a built-in paracord carry handle. The large opening allows for easy cleaning and filling. The durable Tritan™ material is shatter, stain and odor resistant. BPA free. $8.99  
Logo personalization minimum: 48, $50 setup

**EMS23 Top Seller! Flip-Top Bottle** – Large 26 oz. water bottle with a twist-on, flip-top lid. It is USA made, phthalate-free, non-toxic, lead-free and meets FDA requirements. Hand-wash only and follow any included care guidelines.  
1-49 $3.99, 50-99 $3.75, 100-249 $3.49, 250-499 $2.99, 500+ $2.75  
Logo personalization minimum: 100, $50 setup

**EMS24 Stadium Cup** – 16 oz. plastic cup will hold your favorite cold beverage. Side two features CPR instructions.  
1-99 $0.99, 100-249 $0.79, 250-499 $0.59, 
500-999 $0.55, 1000+ $0.52  
Logo personalization minimum: 500, $45 setup

**EMS25 Price Buster Special! New! Copper Vacuum Insulated Tumbler** – 18 oz. travel tumbler is double-wall, copper vacuum insulated using 18/8 grade stainless steel. It keeps drinks hot for 8 hours and cold for 24 hours. It has a stainless steel, screw-on lid with flap-seal closure. $13.99  
Logo personalization minimum: 24, $50 setup

**EMS26 Top Seller! Hero Tumbler** – This insulated 16 oz. tumbler features full color wrap-around imprint and a screw-on, flip-top lid. It is BPA-free, meets FDA requirements and is hand wash only.  
1-49 $7.99, 50-99 $7.49, 100-249 $6.99, 250-499 $6.49, 
500+ $5.99

**EMS27 Top Seller! Value Tumbler** – Insulated steel outer wall with plastic liner. Stainless steel screw-on, spill-resistant lid with thumb-slide opening. 15 oz. capacity. Meets FDA requirements, hand wash recommended.  
Logo personalization minimum: 100, $50 setup

**EMS28 New! Enamel-Lined Iron Coffee Mug** – 16 oz. mug made of iron construction with a speckled enamel finish. Hand wash only. FDA certified.  
Logo personalization minimum: 50, $50 setup

**EMS29 EMS Challenge Coin** – This challenge coin featuring the Star of Life symbol is a great way to honor and recognize all emergency services personnel. The coin is double-sided and measures 1 ½”  
No personalization

**EMS30 EMS Patriotic Lapel Pin** – Show honor and respect to all emergency services personnel with this beautiful lapel pin. The pin features the Star of Life symbol along with the stars and stripes of the American flag. It is ⅞” with a military clutch back.  
1-99 $3.99, 100-249 $2.99, 250-499 $2.79, 500+ $2.49  
No personalization

**EMS31 EMS Strong Lapel Pin** – Die-struck pins have been an enduring symbol of value and prestige. This pin will project the commitment, innovation and quality of EMS professionals. Tie-tac backing. ⅛”  
1-99 $3.99, 100-249 $2.99, 250-499 $2.79, 500+ $2.49  
No personalization

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**PINS & PRIDE**

**EMS29**

**EMS30**

**EMS31**

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866-963-8100 | service@jimcolemanltd.com
1-49 $2.19, 50-99 $2.09, 100-249 $1.99, 250-499 $1.89, 500+ $1.69
Logo personalization minimum: 200, $50 setup

EMS33 EMS Flag Stylus Pen – Equipped with a stylus and suitable for touchscreens, comfort grip and the full-color EMS Flag logo. The Eversmooth® ink gives an extraordinary writing experience. Black ink.
1-99 $1.79, 100-249 $1.69, 250-499 $1.59, 500-999 $1.49, 1000+ $1.29
Logo personalization minimum: 250, $50 setup

EMS34 Stylus Pen – This ballpoint pen comes equipped with a capacitive stylus, chrome accents and the full-color EMS Week logo. The Eversmooth® ink gives an extraordinary writing experience. Black ink.
1-99 $1.79, 100-249 $1.69, 250-499 $1.59, 500-999 $1.49, 1000+ $1.29
Logo personalization minimum: 250, $50 setup

EMS35 EMTs and Emergencies Coloring/Activity Book – Emmie, the Emergency Medical Services Elephant, helps children learn about emergencies and what happens when they call 9-1-1. Paramedics, EMTs, ambulance drivers, policemen and firefighters are discussed as well as how they help in an emergency!
1-99 $0.99, 100-249 $0.95, 250-499 $0.69, 500-999 $0.65, 1000+ $0.63
Logo personalization minimum: 1,000 pieces, $50 setup

EMS36 Price Buster Special! New! Outdoor Bluetooth Speaker – This speaker's compact size makes it easy to carry on your daily adventures or it can be clipped to your favorite backpack with the included carabiner clip. With an IPX6 waterproof rating, wet conditions won’t damage the speaker. It features a 3 Watt speaker and built in microphone and music controls. Bluetooth working range is 10 meters (33 feet). Enjoy up to 2 hrs of music at max volume on a single charge. Carabiner and micro USB charging cable included. Charging time: 1 ½ hrs. 3” x 3” x 1”
$15.99
Logo personalization minimum: 36, $50 setup

EMS37 New! Squeeze Tech Pouch – PVC pouch with a spring frame that opens with a squeeze and closes securely when you let go. Store and carry your favorite tech accessories. 3 ¼” x 3 ¼”
1-49 $2.25, 50-99 $2.15, 100-249 $1.95, 250-499 $1.75, 500+ $1.55
Logo personalization minimum: 100, $50 setup

EMS38 Top Seller! Shield Badge Reel – This badge reel features a strong 24” cord with an anti-twist feature, a durable vinyl strap and a bulldog clip back. 1.5” x 3.6” x .42”
Logo personalization minimum: 150, $50 setup

EMS39 New! Auto-Open Heathered Windproof Folding Umbrella – Automatic opening and windproof design. Trendy heathered printing on pongee canopy. Two-section folding metal shaft with matte black handle with wrist strap, 15 ½” when closed, extends to 22”.
Logo personalization minimum: 24, $50 setup
EMS47 Top Seller! Clip COB Flashlight – This powerful COB light offers increased lumen output per square inch for intense light. Barrel design and clip offers easy and secure storage. The magnetic base attaches to any metal surface for use as a hands-free work light. Aluminum case is built to last. Push on/off switch at the top is powered by 1 AAA battery (included). 4 ¾” x ⅝” dia.


Logo personalization minimum: 100, $50 setup

EMS48 New! COB Flashlight w/Carabiner – Extra bright white COB light with push/pull action to extend barrel and narrow light. Carabiner can attach to backpacks, belt loops, etc. On/off push button. Replaceable AA battery included. The EMS logo is laser engraved in silver. 3 ¼”


Logo personalization minimum: 100, $50 setup

EMS49 Diagnostic Penlight – The pre-focused pinpoint lens directly illuminates eyes, ears and throat. Features a strong metal clip that will clip on to your shirt or pocket for easy access. Activate by depressing the pocket clip. Strong and durable plastic for long time daily usage. Measures ½” diameter by 5”

1-49 $2.55, 50-99 $2.25, 100-249 $1.95, 250-499 $1.85, 500+ $1.75

Logo personalization minimum: 100, $50 setup

EMS50 Super Value Kit – Surprise your high achievers with a collection of EMS Week products. This collection of gifts is perfect for door prizes during your celebration or to hand out to your staff. The value kit includes one of each of the following: Enamel-Lined Iron Coffee Mug, Value Tumbler, Hero Tumbler, Flip-Top Bottle, Large Nonwoven Grocery Bag, Adventure Computer Backpack, Multi-Purpose Carryall, Tool Stylus Pen, Stylus Pen, Squeeze Tech Pouch, Buffalo Plaid Barrel Fleece Blanket, COB Hook-Up Work Light, 11-Function Mini Multi-Tool and the Auto-Open Heathered Windproof Folding Umbrella.

Total Value is more than $108; as a kit you pay only $99.99
EM51 Celebration Kit – Everything you need to celebrate at a reduced price. Kit includes: 1 Poster, 1 Mylar Balloon, 1-Pkg/50 (25 navy blue/25 ivory silk) Latex Balloons and 50 Stadium Cups. $68.99

EM52 Mini Value Kit – The mini value kit includes one of each of the following: Enamel-Lined Iron Coffee Mug, Adventure Computer Backpack, Stylus Pen, Buffalo Plaid Barrel Fleece Blanket, 11-Function Mini Multi-Tool and the COB Hook-Up Work Light. Total Value is more than $60; as a kit you pay only $56.99

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