

NAEMSP Conference Update

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Director | Medical Director
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Medical Director: Charles Burnell, M.D.

Dr. Charles Burnell, M.D., is a graduate of Louisiana State University School of Medicine and is board certified by the American Board of Emergency Medicine. He serves as lead over other associate medical directors across Acadian's service areas. Dr. Burnell reviews on-scene medical procedures and procedures between medics and emergency room physicians. He oversees training and continuing education programs at NEMSA, as well as Acadian's wellness and quality enhancement programs.

Dr. Burnell spent 13 years at Lady of Lourdes Regional Medical Center in Lafayette, Louisiana, where he was the emergency department director. Before becoming medical director in 2010, Dr. Burnell worked closely with Acadian for 16 years, including during the aftermath of Hurricane Katrina where he served as the director of air transports of patients from the Superdome.

Dr. Burnell graduated *summa cum laude* with degree in Bio Chemistry at Louisiana State University. He was involved in the formation and certification of Stroke Center of Excellence at Our Lady of Lourdes RMC as the ED Stroke Team Director and was instrumental in the formation of Emergency Department (ED) staffing corporation. He served as the ED Director at Acadiana Acute Care Associates, LLC. He is part-owner and medical director of a private maritime security company, OSS GLOBAL (Oceanic Security and Salvage Global) with security operatives throughout the Gulf of Mexico, Caribbean, and East African Coast.



Who's Bed Have Your Boots Been Under?



All of These Abstracts

PREHOSPITAL EMERGENCY CARE 2015;19:140–177

3. THE IMPACT OF CHEST COMPRESSION FRACTION ON CLINICAL OUTCOMES FROM SHOCKABLE OUT-OF-HOSPITAL CARDIAC ARREST DURING THE RESUSCITATION OUTCOMES CONSORTIUM (ROC) PRIMED TRIAL

utes of EMS resuscitation. **Results:** Among the 2,558 eligible patients, median (IQR) age was 65 (54, 76) years, 76.9% were male, and mean (SD) CCF was 0.70 (0.15). Compared to the reference group (CCF < 0.60), the odds ratio (OR) for survival was 0.57 (95%CI: 0.42, 0.78) for CCF 0.60-0.79 and 0.32 (95%CI: 0.22, 0.48) for CCF \geq 0.80. Results were similar for outcomes of ROSC and neurologically intact survival. Conversely, when restricted to the cohort who did not achieve ROSC during the first 10 minutes (n = 1,660), the relationship between CCF and survival was no longer significant. Compared to the reference group (CCF < 0.60), the OR for survival was 0.85 (95%CI: 0.58, 1.26) for CCF 0.60-0.79 and OR 0.87 (95%CI: 0.58, 1.36) for CCF \geq 0.80. **Conclusions:** In

**8. PREHOSPITAL AND EMERGENCY DEPARTMENT
OUTCOMES OF PATIENTS RECEIVING
INTRANASAL NALOXONE BY FIRE DEPARTMENT
FIRST RESPONDERS**

**Jeffrey C. Moon, Jeremy Cushman, *University
of Rochester***

tration). No patients died. **Conclusion:** A single dose of INN provided successful reversal of 83% of patients. There were very few adverse events. Patients receiving INN in this system often have ED visits for concomitant opiate or other substance abuse, and not all patients receive addiction counseling. Inpatient admission is rare in this population, however ED length of stay is longer than national average.

16. A STRETCHER MATTRESS, WITHOUT THE LONG SPINE BOARD, SIGNIFICANTLY REDUCES LATERAL MOVEMENT OF THE HEAD, TORSO, AND HIP DURING EMS TRANSPORT

David Wampler, Craig Cooley, Chloe Pineda, Joan Polk, Emily Kidd, Dale Leboeuf, Marti Flores, Mike Shown, *University of Texas Health Science Center at San Antonio*

direct correlation. **Conclusions:** The stretcher mattress alone allows 82% less lateral patient movement at the chest 57% less lateral movement at the hip than the LSB does in the “immobilized” patient, and the chest moves more than the head.

**90. EXPIRED ATROPINE MAINTAINS CHEMICAL
PURITY AND STERILITY**

**William B. Weir, Linda Fred, Douglas A.
Mitchell, Joel Melby, Ike Uzoaru, Ann Fred-
erick, Carle Foundation Hospital, University of
Illinois Urbana-Champaign**

**91. EXPIRED EPINEPHRINE MAINTAINS
CHEMICAL PURITY AND STERILITY**

**William B. Weir, Linda Fred, Stanislav
Rubakhin, Lin Wang, Linyang Zhu, Jonathan
V. Sweedler, Ike Uzoaru, Ann Frederick, Carle
*Foundation Hospital, University of Illinois
Urbana-Champaign***

**157. ACTIVE THREAT RESPONSE: OBJECTIVE
EVALUATION OF AN INTEGRATED RESCUE TASK
FORCE MODEL**

**Michael W. Bachman, James E. Preddy, Bren-
dan C. Anzalone, Mallory B. DeLuca, Don-
ald G. Garner, Jefferson G. Williams, J. Brent
Myers, *Wake County Emergency Medical Ser-
vices***

Results

Task (from Dispatch)	Mean	90 th Percential
Unified Command	4.1	5.5
Rescue Task Force Assembled	9.4	13.5
First Victim Contact	11.9	16.5
First Victim to CCP	16.6	20.8
All Patients Read for Evac	21.6	26.0

Tourniquet Correctly Placed 96% (92-99%)
Law Enforcement Placed 88% (79-94%)

Come to San Diego

Annual Meeting

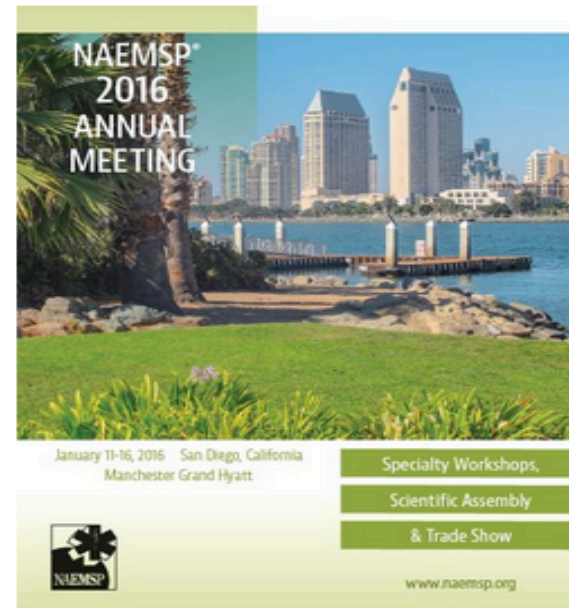
2016 NAEMSP® Annual Meeting

January 14-16, 2016

Manchester Grand Hyatt

San Diego, California

[Click here](#) to view the 2015 program as a reference for the 2016 meeting.



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The graphic features a scenic view of the San Diego skyline across a body of water, with a green lawn and palm trees in the foreground. The NAEMSP logo is in the bottom left corner.