Children’s Medical Dispatch Priorities

- Jeff J. Clawson, M.D., Board of Certification Chair
- Robert L. Martin, M.P.C., Executive Director

Children’s needs and priorities have always ranked very high on the list of ongoing concerns within the Academy’s standards groups. Indeed, we are currently in the process of examining the entire content of the MPDS protocols to take into consideration any specific children’s care issues that might benefit from enhancement or modification. We are also considering literally hundreds of other specific “Proposals for Change” that we have received from various licensed MPDS users.

The approval and release of MPDS version 10.3 in September was one more step in our continuing effort to provide quality care for all medical emergency callers and to maintain these protocols as state-of-the-art in dispatch science. This update reflects only a partial review and improvement effecting issues the Council of Standards selected to be of most immediate concern. A formal announcement will be made sometime during 1999 about the release of another, more comprehensive, MPDS release.

As part of our continuing research, the Academy had the honor this past June to be invited to Washington D.C. to participate in a (continued on page 4)

MPDS Q&A...

Diabetic Problems: Protocol 13 and the EMD Perspective

- Brian A. Dale, EMT-P, EMD Instructor

Diabetic Problems is a chief complaint that EMDS will come in contact with quite frequently. It also represents situations in which the patient can deteriorate rapidly prior to EMS arrival. In Salt Lake City alone during 1997, our EMS system responded to 386 diabetic emergencies—more than one a day on average. In Cleveland for the same year there were nearly 2,000 cases responded to. In the Miami City/Dade County area there were over 4,500 cases!

Public awareness about Diabetes Mellitus is very low, despite the fact that the disease is one of the leading causes of death and disability in the United States—afflicting an estimated 16 million Americans, with at least one new person diagnosed approximately every 40 seconds (source: CDC, NIH). Diabetes is the 7th leading cause of death in the United States and the Centers for Disease Control and Prevention (CDC) has established an ongoing surveillance system that collects, analyzes, and disseminates national data on diabetes and its complications.

Diabetes is a condition that affects the way the body uses food. (continued on page 5)
From the President’s Desk...

What Does the Public Expect from Us?

• Alexander Kuehl, MD, MPH, FACS, FACEP

Most people know whom they can call upon in the event of an emergency. After all, making everyone aware of what 9-1-1 stands for has been one of the most successful public awareness campaigns of recent U.S. history. Similarly successful “emergency number” campaigns are now in place throughout the world. A phone survey study abstract published in the May 1998 issue of Academic Emergency Medicine found that 97% of the people sampled said they would call 9-1-1 (85%) or 9-11 (12%) for an emergency.

While this statistic might not come as much of a surprise, especially to those of us working in the public safety industry every day, it is interesting to note that this same survey found also that the public overwhelmingly expects to receive Prearrival Instructions (PAIs) when they call. In fact, when asked specifically if they would expect to receive telephone instructions for a close relative who was choking, not breathing, bleeding, or giving birth, nearly 80% said “YES” to all four medical conditions.

For each individual situation, PAIs were reportedly expected by: 87.6% for choking, 87.0% for not breathing, 88.5% for bleeding, and 88.4% for childbirth. Even for those surveyed from areas where PAIs were not currently being provided, 81% still said they expected them.

The conclusion of this abstract is simply that, “The lay public expects PAIs when calling 911 even though they may not currently receive this service.” That is a powerful statement.

Consider for yourself the duty and obligation that we who practice in this field have taken upon ourselves. Your service as a certified and practicing EMD is desperately needed.

Public education is a central component in each of our communities. With such heightened levels of expectation about 9-1-1, it is up to each individual communication center to either ignore the facts, or to take advantage of them. Most centers have their own standard, preferred ways for public education. These may involve special programs in the schools or in the business community. Some may choose direct mail campaigns, billboards, or street signs. The media can also help spread your messages. Some radio or television stations will give free airtime as a public service. Sometimes a little creativity can provide us with new and different ways to get ourselves heard.

One such creative effort was unveiled earlier this year in Palm Beach County, Florida. In an effort to better inform the public about the proper use of 9-1-1, an old rescue vehicle was refurbished and converted into a public “9-1-1 Demonstrator.” The demonstrator is a mobile and visual representation of Palm Beach County Fire-Rescue’s Communication Center. Posters explaining how 9-1-1 works and sample sets of the MPDS cards used by the Communication Center are on display. The Automatic Vehicle Locators (AVLs) and Global Positioning System (GPS) used by the county are explained through a computer slide presentation and a phone system is available for children and adults to learn, hands on, the proper way to dial 9-1-1 and what to expect.

The idea for the 9-1-1 Demonstrator was developed by EMD Michael Richman, who had the volunteer assistance of Stephen Sabo, Eugene Hul, John Dunbar, and other Palm Beach County personnel.

The Academy congratulates Palm Beach County for their ingenuity and commitment to the public they proudly serve. We would encourage other centers to come up with their own ongoing public education program. It is up to each of us to find new ways that we can better meet the high expectations placed upon us by our communities.

Dr. Kuehl can be reached through the Academy, or directly at 518-562-7371 or via email: skuehl@cvph.org.

Reference:

Survey Tells Interests, Concerns of EMDs and their Managers

According to a survey recently completed by the Academy, EMDs and their managers face tough challenges, with tight budgets and stressful jobs, as they attempt to promote professionalism and training.

The Academy undertook a major survey of communication centers this past Summer to better understand its members’ interests, attitudes and professional challenges. The wide-ranging survey included respondents from every state and represented all sizes and types of centers. Telephone or in-person interviews were conducted with 104 respondents selected randomly. Another 50 Navigator conference participants filled out written surveys. The survey also included managers and dispatchers who are not currently Academy members. Here are some of the highlights:

- The respondents were divided equally among male and females and had an ave. age of 41.
- On a scale of 1 to 4, with 4 being the most valuable, respondents rated this newsletter a 3.2. You strongly suggested more dispatcher-focused articles written in plain language. Other frequent suggestion were to increase the frequency, share more information from other agencies and include CDE articles.
- The most frequently cited professional challenges included maintaining effective training and continuing education programs, multi-tasking, turnover and retention of staff, and lack of budget resources. (“Professionalism on a shoe-string”, as one respondent put it.)
- Other challenges included promoting and managing quality improvement, implementing new technology, public education programs and general management of staff. Some good representative comments included: “maximizing training on a limited budget,” “doing more with less,” “increasing professionalism, reducing turnover, better customer service,” “getting top management to recognize the importance of the communications center and give it support.”
- Beginning hourly wages for most dispatchers averaged $11, with a range of $6 to $30 (with the top wage in Alaska, where else?). The top range averaged $15 per hour. It is noteworthy that there were significant regional and service differences in pay rates.
- Those trained in MPDS indicated greater general satisfaction with their MPDS training and protocols than those trained in other systems.
- The benefits of Academy membership most frequently cited included general promotion of dispatcher professionalism, improvements to the EMS system and patient care, increased job satisfaction and lower stress (with use of the MPDS), and the use of the Academy as an information resource.

Based on this survey data and other sources, the Academy will announce several new initiatives in the coming year. This is just the first step in an overall effort to gather relevant data about the industry, to monitor trends, maintain databases, and conduct original research.

In response to member requests, we will begin to facilitate better information flow between our Accredited centers and the general membership. We have appointed a publications committee to decide how this journal can best meet our members’ needs and we will begin to offer CDE beginning with our next issue. Our website will also be used to a much greater extent to provide current information and interaction, as well as offer formal CDE. The annual Navigator conference will have a new look as well, with a simplified structure and a greater variety of offerings (see page 7).

PRINCIPLES OF EMD: The Second Edition

The new hardbound 2nd Edition of the Principles of Emergency Medical Dispatch textbook is shipping! It is more than double the size and full of the most comprehensive information available anywhere about EMD— incl. MPDS version 10.3. For ordering details contact Medical Priority Consultants at: (800) 363-9127, or see <http://www.medicalpriority.com>.
Children's Medical Dispatch Priorities...

(continued from page 1)

fact-finding group to consider “EMS for Children” issues as they pertain to EMD. This first meeting was chaired by Ej Dalley, a Public Health Program Consultant and Project Coordinator for the Georgia EMS for Children National Project. The objective of this project is to ensure that appropriate pediatric considerations have been included in EMD prearrival instructions and to increase the number of emergency communication centers that have access to pediatric-consistent protocols for dispatch decisions and pre-arrival care.

The Academy is pleased to be involved with this important project. We believe that funding for credible research into special pediatric issues needs to be provided by appropriate governmental divisions, managed care organizations, or obtained from other related funding sources to carefully examine preemptively the current potential issues facing children as prehospital patients.

We also believe the greatest threat to our children (and indeed to all 9-1-1 and emergency callers) is the failure of communications centers to not only implement but to correctly utilize medically approved, standardized protocols that clearly delineate the evaluative dispatch information and pre-arrival instructions which are provided to callers. This means that compliance to protocol must be required. To best serve all our emergency callers we need total quality management programs as outlined in ASTM F 1560-94. This should be mandated and enforced.

The content of the MPDS protocols can only be assayed when they are correctly used and when such cases are carefully listened to and evaluated by qualified medical personnel. This information is vital to determine whether their current content meets the needs of our children who represent approximately 5-10% of all 9-1-1 medical patients. Only with continuous evaluative case review of EMD performance in dealing with children both as callers and patients will definitive issues regarding children’s treatment be better understood and dealt with through medical dispatch training standards and protocol updates.

The current, ongoing, extensive examination of the MPDS is being done by expertly staffed standards groups that contain medical dispatch-literate physicians and public safety experts. This examination also involves formal research programs such as the EMS for Children National Project. We are mindful that by involving many groups of people in the review process, some significant time is spent before approved changes can be properly evaluated and implemented; however, we feel this is time well spent. The end result is better quality protocols that are more widely endorsed and legally-defensible. Local and untested modification of dispatch protocols needs to be discouraged as the complexity and dramatic influence of these protocols is often significantly underestimated.

The fact of the matter is that public safety communications has long been understood to be a special hybrid between the medical community and the public safety establishment. The control of medical dispatch systems is predominantly within the public safety arena, while the medical control responsibility within EMD systems has been clearly identified as residing within the medical physician’s realm. This dichotomy embodies many of the traditional roadblocks in assuring that individual EMD programs are functioning in a safe, efficient, and effective manner. To ensure that these roadblocks don’t become insurmountable obstacles, public safety management and medical oversight physicians groups must embrace total quality management practices with adequate numbers of quality assurance case reviews as the core of their performance evaluation system.

Until vigorously applied quality control case reviews document that our emergency medical dispatch programs are functioning correctly, the success of EMD in meeting the needs of our children will remain unclear. We appreciate your dedication as certified Academy members in continuing to do your part to optimize the care delivered to all emergency callers—especially our children.
Diabetic Problems...

(continued from page 1)

During the normal digestion process, the body converts food into glucose (sugar) to be used by the body’s cells as a source of energy. In order for glucose to get into the body’s cells, the body needs insulin, a hormone produced by the pancreas gland. In people with diabetes, insulin is either absent or lacking, or the body doesn’t respond to the insulin that is produced. As a result, the body cannot use glucose for energy and it begins to build up in the blood, creating high sugar levels.

The two major types of diabetes are Type I, known as insulin-dependent diabetes mellitus (IDDM), and Type II, known as non-insulin-dependent diabetes mellitus (NIDDM). A third type, called gestational diabetes, occurs during pregnancy and usually disappears after pregnancy. Approx. 90% of all diabetics have Type II diabetes. Type II most often occurs in older adults (over 40) and approximately 80% of them are also overweight.

Type I diabetics account for approximately 10 percent of all diabetes cases. Although the disease can begin at any age, it is usually diagnosed during childhood or young adulthood, which is why it is also sometimes called “juvenile diabetes.” Patients with Type I diabetes will comprise the majority of 9-1-1 calls requesting assistance. This is probably due to the rapid onset of problems they experience relating to their disease process (insulin shock or hypoglycemia). Patients with Type I also have a marked decrease in their level of consciousness which, again, can change quickly. The situation can be more problematic since the patient’s condition can be commonly confused with alcoholic intoxication.

The primary assessment key for EMDs is evaluating the level of consciousness for these patients.

outside our scope of practice and advising the caller to do something that they are not trained to do, or may have little or no medical benefit to the patient. Glucagon is a hormone, like insulin, and it’s produced in the pancreas. Unlike insulin, which lowers blood glucose, glucagon raises blood glucose levels. It does this by causing the breakdown of glucose stored in the liver as glycogen. Glucose is then released into the bloodstream. Glucagon, like insulin, must be injected. (If it were taken by mouth, stomach acids would destroy it.) Glucagon is of no value to the person with diabetes unless someone close by can recognize severe hypoglycemia, has glucagon available, and knows how to give it.

We are likely to see an increase in the number of patients with an implanted diabetic pump, which allows them to more effectively control their insulin levels on a day to day basis. If these devices are successful in that task, we may actually see a decrease in the numbers of diabetic patients who require EMS assistance. If the caller indicates that the patient has a pump, there should be no change in our response or treatment processes. Never have the caller manipulate the pump or change internal settings on the device. You can certainly update response crews to this condition, but nothing else changes from a dispatch perspective.

The last thing to remember is there are times when a caller tells you that the patient has a low blood sugar, but they do not know if the patient is a diabetic (i.e., if the patient is at a clinic or late-night care facility). In these cases, the proper protocol to work from is Sick Person (#26), as this evaluates for the presence of a decreased level of consciousness and does not make a specific diagnosis. There is significant evidence that communication centers would be safe in responding with even paramedics in a COLD mode (non-lights-and-siren) to a diabetic patient who is conscious but not alert (13-C-1), as they do very well for prolonged time periods without neurological compromise, but this is always a decision of local medical control.

Brian Dale is a certified EMD Instructor and a Senior National Faculty member of the Academy. He is the Fire Captain responsible for the QIU at Salt Lake City Fire Department, an Accredited Center of Excellence.

To aid in your study about diabetes, we’ve included in this newsletter a short self-study assessment (see page 8). Take some time to read through the questions and test your knowledge about this disease. This is good for one hour of CDE if reported as “protocol review” as part of your Academy EMD recertification. Next year in this journal, the Academy will begin offering formal Continuing Dispatch Education (CDE) for this type of regular EMD review.

For more information on diabetes we encourage you to visit the CDC at <http://www.cdc.gov/nccdphp/dtt/ddthome.htm> as well as the NIH at <http://www.niddk.nih.gov/>.
Managers of 9-1-1 Centers, Emergency Medical Dispatchers, Instructors, Training/QI Coordinators, and Medical Directors from throughout the U.S. and the world converged on the beautiful Snowbird, Utah, mountain resort September 1-5 for five full days of seminars, certifying classes, exhibits, special events, and dialogue about the future of the profession.

The Leader Summit, a centerpiece of the conference, identified the emerging role of the 9-1-1 center in “pathway management” as one of the key challenges facing managers.

“9-1-1 centers are evolving rapidly,” said Dr. Sandy Kuehl. “Case studies at this meeting and new technology introduced here and elsewhere demonstrate how seamless and effective the process must be to match people in need with the appropriate resource—which might not always be an ambulance.”

World-Class Speakers

Dr. Norm Dinerman from Bangor, Maine, and Dr. Jeff Michael from the National Highway Traffic Safety Administration (NHTSA) were keynote speakers. Dr. Dinerman presented a storybook look at EMS and the Fire Service with “A Tale of Two Tribes.” Dr. Michael spoke about the federal government’s “EMS Agenda for the Future” and the expected role for EMD. Copies of the Agenda were later distributed to all conference attendees as part of the Academy’s role in collecting, participating in, and sharing helpful information.

Focus-track conference breakout session speakers included: Geoff Cady, Phil Coco, Chip Darius, Kate Dernocoeur, Steve Forry, Gwyn Pritchard, and Doug Wolfberg. The Academy is committed to continue bringing together top-quality speakers such as these.

Public Access Defibrillation

One well-attended session dealt with the efforts of the Academy to develop a new protocol in anticipation of emerging public access defibrillation programs. Following discussions with manufacturers and the American Heart Association, the Academy established a pilot program in Naples, Florida to begin testing a protocol in which EMDs will support users of automated external defibrillators.

Accreditation Top Honors

Representatives from Layton (UT) and San Diego (CA) were honored at the conference as their organizations were the latest to receive Academy Accreditation as a “Center of Excellence.” Thus far, 27 centers have achieved this level of recognition, documenting their compliance with 20 rigorous standards established by the Academy’s Board of Accreditation.

NAEMT & NAEKD Alliance

In an historic first, Academy President Dr. Sandy Kuehl and Jim Allen, President of the National Association of EMTs, signed a document detailing a joint alliance between the two organizations. As part of this alliance, the NAEMT recognized the Academy as “the lead membership organization in representing certified EMDs in North America and various other regions throughout the world.” The NAEMT also agreed to recognize and support the Academy’s system of standard-setting and its unified protocol methodology, such as the Medical Priority Dispatch Protocols and encouraged “all its members who practice as emergency medical dispatchers to become members of the Academy.” (The entire text can be viewed at http://www.naemd.org.)

Marc Gay, Academy Board of Accreditation Chair (far right), stands with representatives from Layton as they receive their award. L to R: City Manager Alex Jensen, Police Chief Doyle Talbot, Asst. Fire Chief Scott Adams, Dean Hunt, Capt. Dave Nance, CQI Paramedic Doug Robison, and Dispatch Supervisor Carlyn Garcia.
Thank you for helping make Navigator '98 at Snowbird Resort a great success. At our Navigator conference each year we try to incorporate those key issues which mean the most to you in maintaining top-quality medical dispatch operations. We are always pleased to have our Academy membership participate with us in shaping the future of EMD throughout the world. We are also humbled to spend time with our industry leaders and international EMS and EMD experts.

"Thank You!" to our SPONSORS
We appreciate the following corporate sponsors for helping make Navigator '98 a great success:

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- Survivalink
- TriTech Software Systems
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September 1-3, 1999
Come help us do it all again—BIGGER and BETTER next year—in San Antonio! The dates are September 1-3, 1999 at the Marriott Hotel on the Riverwalk. The prices will remain about the same but the core conference will be expanded into a full 3-day world-class event, Wednesday through Friday (with pre-conference workshops Aug. 29-31). More details will follow.

We will start each day with a plenary session, followed by four expanded breakout tracks:
- Research and Technology,
- Call Center Operations,
- EMD Issues, and
- EMS Manager/Leader Issues.

There will also be pre-conference certification courses for EMDs, EMD-Qs, Instructors, and Executives. We will also be celebrating the 20th Anniversary of the MPDS protocol so mark your planning calendar now! This is an event you won’t want to miss. Further details about Navigator can be found on our updated website: <http://www.naem迭.org>.

Call for Presentations
In a change from previous years, the Academy will be reviewing and accepting research abstracts for presentations at the conference. As part of the new "Research and Technology" track, we are now officially calling for posters and research abstracts to be submitted. Any experience-based project related to EMD is eligible. Topics could include public education, professional instruction, clinical outcomes, program implementation, operational innovations, or ethics. Call us for information on how you could participate in this new track!

Paseo del Rio (River Walk)
The Paseo del Rio, in the heart of downtown, is the pride of San Antonio. Lush green subtropical foliage lines the banks of this peaceful jade-green historic river. Cobblestone walkways lead visitors through gardens of flowering ornamental plants to meditative retreats, unique retail shops, river-level restaurants, and nightclubs—all with the warm atmosphere only found in San Antonio. The Paseo del Rio was first called Yanaguara by the Payaya Indians, meaning "place of refreshing waters." The 21 blocks of the Riverwalk today are the focal point of many city activities. One of the highlights of visiting the river are the cruising tours. Boats are also available for private charter.

MPDS" Version 10.3 OFFICIALLY RELEASED
The Academy is pleased to announce the release and approval of MPDS Version 10.3. After formal study, consideration, and voting, the changes incorporated in this new protocol update are hereby formally approved and endorsed. Earlier versions are no longer supported nor endorsed by the Academy. We encourage installation of these new protocols ASAP.

As part of our ongoing MPDS update process, the Academy has to date sponsored or participated in the following planning meetings:

- Readers of the Council of Standards: Oct. 15-19, 1997 (Snowbird, UT)
- Readers of the Council of Standards: Feb. 12-14, 1998 (Salt Lake City, UT)
- Council of Research: Mar. 9-10, 1998 (Snowbird, UT)
- Readers of the Council of Standards: Jun. 11-13, 1998 (Salt Lake City, UT)
- EMS for Children Task Force: Jun. 16-17, 1998 (Washington, DC)
- AUS/NZ Subcommittee: Jul. 30, 1998 (Rozelle, NSW, Australia)
- AED Task Force: Aug. 13, 1998 (Salt Lake City, UT)
- College of Fellows: Sep. 3, 1998 (Snowbird, UT)
- Council of Standards: Sep. 4, 1998 (Snowbird, UT)

The Academy recommends that each dispatch agency conduct their own Continuing Dispatch Education (CDE) before online implementation of the 10.3 update. Personnel should become thoroughly familiar with the update and ensure that both card file and software versions are updated.
Diabetes Self Assessment
(continued from page 5)

1. Diabetes is best defined as:
   A. A disease which causes the body to not produce any insulin.
   B. A condition where there is not enough sugar in the bloodstream.
   C. A disease that alters the way in which the body consumes energy.
   D. All of the above are adequate definitions.

2. What is the importance of insulin?
   A. It feeds the pancreas.
   B. It enables the body to store fat.
   C. It enables glucose to enter the cells.
   D. A and B are both correct.

3. There are only two types of Diabetes.
   A. True
   B. False

4. Which type of diabetes occurs primarily in patients over the age of 40?
   A. Gestational
   B. Type I (IDDM)
   C. Type II (NIDDM)
   D. Type III (PID)

5. Exercise can effectively lower blood sugar.
   A. True
   B. False

6. A common complication for patients with Type I Diabetes is known as:
   A. Insulin Coma
   B. Diabetic Shock
   C. Diabetic Coma
   D. Insulin Shock

7. The EMD's primary assessment of the diabetic patient revolves around which of the following?
   A. Status of last meal and insulin.
   B. Evaluating patients L.O.C.
   C. If patient has a cardiac history.
   D. If the patient is breathing normally.

8. For a non-diabetic, what is a potential bystander treatment problem that the EMD should guard against?
   A. Someone placing them into a recovery position.
   B. Family members putting them into a cold shower to revive them.
   C. Someone trying to give the patient sugar when they have a decreased L.O.C.
   D. The patient being violent or harming themselves.

9. Diabetic patients are rarely labeled as drunk.
   A. True
   B. False

10. When a caller indicates the patient is having a diabetic problem, the EMD should interrogate as to why they think this is.
    A. True
    B. False

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Upcoming Courses
For more info. on these and other EMD Certification Courses call Medical Priority: (801) 363-9127:

5 Courses: Nov. 20-22, Dec. 1-3, 11-13, 14-16, & Jan. 8-10
City Champaign, IL
Champaign, IL

Nov. 20-22
Modesto, CA
City Flight of Northern California

Nov. 20-22
Telluride, CO
San Miguel County Sheriff

Nov. 25-27
Threeleands, Birkenshaw UK
Wyjmas (Yorkshire, England)

Nov. 27-29
Moose Jaw, SK CANADA
Moose Jaw & District EMS

Dec. 1-3
Tucson, AZ
City of Tucson Comm. Division

Dec. 1-3
San Jose, CA
Santa Clara County Comm.

Dec. 2-4
Sarasota, FL
Sarasota County Sheriff's Comm.

Dec. 4-6
Gallipolis, OH
Southeast Ohio EMS District

Dec. 4-6
Winchester, VA
Winchester Fire & Rescue
Emergency Comm. Center

Dec. 8-10
Chester, SC
Chester County E-911

Dec. 9-12
Concord, NH
N.H. Bureau of Emergency Comm.

Dec. 10-12
Geneva, IL
Kane County Sheriff Office

Dec. 10-12
Salt Lake City, UT
Medical Priority Consultants, Inc.

Dec. 10-12
San Jose, CA
San Jose Fire Comm.

Dec. 11-13
Ocala, FL
Munroe Reg. Healthcare System

Dec. 11-13
Pittsburgh, PA

Dec. 11-13
Wyandanch, NY
Wyandanch Wheatley Heights Amb.

Dec. 12-14
Memphis, TN
Mid-America Safety Consultants

Dec. 16-18
Port Arthur, TX
American Medical Response

Dec. 18-20
Chattanooga, TN
Memorial Hospital EMS

Jan. 6-8
Kirkville, MO
Adair County Ambulance District

Jan. 6-8
Texarkana, TX
LifeNet / Texarkana College

Jan. 15-17
Hahnville, LA
St. Charles Parish Comm. District

Jan. 18-20
St. Louis, MO
IHM Health Studies Center

Footnotes:
The following organizations offer training & services of interest to Academy EMDs.

University of Iowa-EMS Learning Resource Ctr.
Mike Hartley 319-356-2567
<www.uihc.uiowa.edu/publicinfo/EMSRC>

U. of Alabama-Huntsville
Rick Beck 205-551-4413

U. of South Alabama
Phyllis Vinson 334-639-1070

Rogers University
Larry Brewer 918-343-7635

Columbus State Comm. College (Ohio & region)
Art Giffin 614-228-1745

Palm Beach Community College (Florida & region)
Barry Duff 561-439-8213

Nash Comm. College
(Rocky Mt, NC) Joy Domeif (252) 443-4011 x312.

Phoenix College (AZ)
Dr. K. Lewis 602-285-7207

NH Bureau of Em. Com.
Bruce Cheney 603-271-6911

Memorial Hospital EMS
(Chattanooga, TN) — Bud Hathaway 423-495-4678

Mid-America Safety Cons. (Memphis, TN)
Glenn Faught 901-725-0911

Mtn. EMS (Susanville, CA)
Jeff Dietl or Aaron Himmelston (916) 257-0249.

San Jose Fire Dept. (CA)
Gary Galasso 408-277-4105

Acadian Am. (Lafayette, LA)
Todd Larpote 318-267-1523

Abbott Am. (St. Louis, MO)
John Huffman 314-768-1000

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