



<u>Times are Eastern</u>	Thursday, January 14 GENERAL SESSIONS	
12:00 p.m. – 12:10 p.m.	Welcome & President’s Address	David Tan, MD
12:10 p.m. – 12:40 p.m.	<p>KEYNOTE: Compassion in Action – Resilient Leadership in Uncertain Times</p> <p>We believe “humans are more important than hardware.” We hear the words “leadership,” “compassion,” “resiliency,” so often that those words don’t even register anymore. What can we do when our very humanity feels like a source of weakness? Are these soft skills soft on delivering results? Can we protect ourselves from the onslaught of the physical and emotional strain of frontline public service in uncertain times? In this presentation, hear from a well-known EMS and military medical thought leader who believes that “Compassion in Action” provides both prevention and treatment for the challenges we face in uncertain times. Dr. Kharod is back to share perspectives on compassion, leadership, performance optimization, and foundational solutions you can apply in your organization and your life.</p>	Chetan Kharod, MD, MPH
12:40 p.m. – 1:10 p.m.	<p>The Fire Department Pharmacy: Navigating Drug Shortages, Improving Patient Safety, and Reducing Waste</p> <p>Unlike hospitals, in which pharmaceutical handling is delegated to pharmacists, in the EMS world, it is handled by clinicians without training or expertise in this field. In order to comply with a County order for controlled drug ordering and storage, in 2016, the Los Angeles County Fire Department developed an internal, federally and state-licensed, distributing pharmacy supervised by a Chief Pharmacist. Once in the organization, she applied her expertise to help navigate drug shortages, medication safety issues, and she revised department practices around medication distribution, reverse distribution, storage, and treatment protocols. We believe that the Fire Department Pharmacy is a scalable model within reach of many EMS provider agencies and will greatly benefit the patients and communities you serve.</p>	Clayton Kazan, MD, MS, FACEP, FAEMS

1:10 p.m. – 1:40 p.m.	<p>Peer Review for the Medical Literature: How to Help Our Journal Grow and Thrive</p> <p>The medical literature depends on the volunteer efforts of a cadre of skilled peer reviewers, who assist the journal editors in assessing the scientific, ethical, and social worthiness of manuscripts that have been submitted for publication. Editors call upon reviewers to provide useful, constructive, and timely assessments, which are then used to help authors improve their written work, and help editors determine which manuscripts to accept for publication. Serving as a peer reviewer garners academic recognition, and is an excellent introduction to the academic publishing enterprise. Most peer reviewers also find that reviewing makes them better authors, researchers, and readers of the literature. This session will describe how the peer-review process helps ensure the quality of NAEMSP’s journal Prehospital Emergency Care, and will teach a template-based approach to manuscript review that attendees can use when reviewing for PEC or other journals. NAEMSP members wishing to serve as reviewers or as editorial board members for PEC will find this a practical first step, and those who are already reviewing will gain additional insight into creating a high-quality manuscript review.</p>	David Cone, MD
1:40 p.m. – 1:55 p.m.	BREAK	
1:55 p.m. – 2:25 p.m.	<p>Building a relationship with the Medics: The Medical Director Belongs in the Field</p> <p>Buy-in from the field Medics is vital to the success of any change the Medical Director wishes to make. A strong partnership with employees at every level will increase trust, engagement, and contribution to the mission of the organization. It is impossible to build that trust from behind a desk. Written memos only get you so far. The Deputy Medical Director and the union President discuss how to build a solid relationship with the Medics, how they can inform the Medical Director on how to be successful, and how two-way communication through non-standard channels will move the organization forward.</p>	Jason Pickett, MD, FACEP FAEMS
2:25 p.m. – 2:55 p.m.	<p>Learning in Place: Overcoming the Obsolescence of Our Initial Education</p> <p>EMS Providers at all levels receive initial education in order to qualify for and be credentialed to work in their roles. Unfortunately, many of these individuals (and their organizations) presume that this completion certificate has adequately prepared them to meet the evolving needs of the communities they serve, as well as positioning them for career growth. The presenter will use several case studies to demonstrate that initial education is obsolete on the first day of work, and will identify strategies and tools Medical Directors and EMS leaders can use to enable their teams to grow their career and improve the quality of service they provide to patients and communities.</p>	Scott Bourn, PhD, RN, FACHE
2:55 p.m. – 3:25 p.m.	<p>Community Response and Drone Technology to Improve Outcomes from Rural and Remote Cardiac Arrest: The Future Is Now!</p> <p>While it has been shown that bystander interventions can improve survival from OHCA, rates of bystander CPR and AED usage remain depressingly low in many communities. Most reported rates of bystander CPR are below 40% and have been reported to be as low as 10% in some places. Many communities continue to focus on increasing the number of people trained in CPR and the placement of more AEDs, hoping this will translate into higher rates of bystander CPR and AED use. However, for the most part, this has not been the case. As rates of bystander intervention remain low, it appears these strategies, in isolation, may not be as effective as previously thought. One shortcoming with increasing the number of public AEDs, is that three quarters of cardiac arrests occur in private locations where public access AEDs are unavailable. Novel strategies are required to improve bystander intervention and decrease the time to defibrillation in private locations. The presenter will highlight the impact of new, cutting-edge use of community responders and</p>	Sheldon Cheskes, MD, CCFP(EM), FCFP Paul Snobelon

	drone technology to improve time to first shock in not only rural and remote communities but also in private locations illustrating the concept of private access defibrillation.	
3:25 p.m. – 3:55 p.m.	<p>Development of a Sustainable Payment Model for Alternative Destination</p> <p>The concept and practice of prehospital telehealth has continued to grow substantially over the last several years with the goal to reduce costs, unnecessary transports, reduce ED volumes, and improve the healthcare experience for patients. While ET3 and projects like ETHAN have continued to develop new government funding for prehospital telehealth, very few programs have developed sustained payer sources with private insurance programs. Dr. Medoro will discuss his four-year journey developing an EMS telehealth program that incorporates private payer sources, and provides sustainable funding and continued cost reduction in the healthcare system.</p>	Ian Medoro, MD Scott Kasper Anita Smith
3:55 p.m. – 4:55 p.m.	<p>Research Oral Abstracts (1-6)</p> <ol style="list-style-type: none"> 1. Bougie-Assisted Endotracheal Intubation in the Pragmatic Airway Resuscitation Trial 2. Effect of Airway Strategy Upon Chest Compression Quality in the Pragmatic Airway Resuscitation Trial 3. Measuring the Overuse of Helicopter Air Ambulances for Transport of Trauma Patients 4. Incidence and Factors Associated with Post-intubation Cardiac Arrest in the Prehospital Setting 5. Applying a Set of Termination of Resuscitation Criteria to Pediatric Out-of-hospital Cardiac Arrest 6. Bougie through i-gel® Technique for Endotracheal Intubation on Cadavers 	<ol style="list-style-type: none"> 1. Henry Wang 2. Henry Wang 3. Ernesto Rodriguez 4. Brian Lin 5. Matthew Harris 6. Shannon Thompson
<u>Times are Eastern</u>	<p>Friday, January 15</p> <p>GENERAL SESSIONS</p>	
12:00 p.m. – 12:30 p.m.	<p>Infectious Disease Outbreaks and COVID-19: Implications for EMS</p> <p>The novel Coronavirus (COVID-19) has disrupted normal life and stress tested our healthcare systems and society at large. It exposed vulnerabilities of our current approaches in addressing large scale threats posed by infectious organisms. The presenter will give a brief update on select COVID-19-related research with relevance to EMS, outline the spectrum of bio threats, and suggest ways of building resilience to the current and future pandemics and other bio threats, with implications for EMS.</p>	Milana Boukhman Trounce, MD
12:30 p.m. – 1:00 p.m.	<p>Operational Medical and Public Health Intelligence: Why Now?</p> <p>The presenter will provide an overview of the principles of public health intelligence with a dedicated integrative case study of the deployment of the first Dominican Epidemiology Intelligence Fusion Center in response to the COVID-19 Pandemic.</p>	Amado Alejandro Baez, MD, MPH, PhD, FACEP, FCCM
1:00 p.m. – 1:30 p.m.	<p>ALS to BLS Downgrades: Tools and Data to Assist in the Safety of BLS Transports after ALS Dispatch</p> <p>Every day in America, two-tiered EMS systems are dispatched to calls risk stratified as ALS, leading to an assessment by paramedics, with or without transportation capabilities. In many systems, ALS resources are relatively scarce compared to BLS transportation units, and can be rapidly depleted. They count on options to assess those patients who are non-critical and be able to “downgrade” them to BLS crews to complete the</p>	Roger Stone, MD, MS, FAAEM, FAEMS Alan Butsch, NRP, MA

	transportation and release them to service for the next ALS call. Many of them might rely on clinical judgment alone, leading to variable outcomes. The speakers from a large diverse system will present a tool they created and validated in their system, and data from a pilot study that utilized this tool. They will show why having some guidelines in a system enhances the safety of downgrade practices.	
1:30 p.m. – 2:00 p.m.	<p>Just Culture and Error Prevention</p> <p>Medical errors are a major preventable source of morbidity and mortality, yet healthcare systems continue to promote punitive measures to correct behavior. Instead, we can take a page from the culture of safety found in aviation and look at how using concepts of Just Culture can help provide guidelines for decision-making, reduce medical errors, and improve our systems.</p>	<p>Matthew Streger, Esq., MPA, NRP</p> <p>Matthew Levy, DO, MSc, FAEMS</p>
2:00 p.m. – 2:15 p.m.	BREAK	
2:15 p.m. – 2:45 p.m.	<p>Medical Legal Liability Update</p> <p>This presentation is intended to update the audience on the most recent trends related to EMS Medical Director liability from a clinical, operational, and administrative perspective. We will look at case trends and important specific cases, as well as issues related to those cases and insurance and indemnification of Medical Directors.</p>	<p>Michael Levy, MD, FACEP, FAEMS</p> <p>Tom James</p> <p>Matthew Streger, Esq., MPA NRP</p>
2:45 p.m. – 3:15 p.m.	<p>Pearls for Management of the Pregnant or Peri-partum Patient</p> <p>In the U.S., the maternal mortality rate has risen over the last decade. To reverse this trend, there has been a move from major medical societies centered in obstetrics to regionalize care and designate centers by level of care, analogous to trauma and neonatal centers. Up to 50% of rural counties have no obstetrical provider at all (not even advanced practice nurses or midwives). As a result of these trends, there will come increasing demand on EMS services to care for and transport patients to the right place at the right time.</p>	Karin Fox, MD, MEEd
3:15 p.m. – 3:45 p.m.	<p>Vasopressor Intravenous Push to Enhance Resuscitation (VIPER) Study Final Outcomes: The Final Piece of The Triad</p> <p>The presenter will discuss the current research on push-dose pressors and what we are doing to bridge the gap for peri-intubation arrests. He will review what we've used in the past for adjuncts and discuss the outcomes of the VIPER study, a two-year evaluation of the use of phenylephrine and vasopressin as push-dose pressors for peri-intubation arrest. Additionally, the presenter will discuss how we determined the appropriate time to give a push-dose pressor and the clinical outcomes of the research.</p>	David Olvera, NRP, FP-C, CMTE
3:45 p.m. – 4:15 p.m.	<p>Machine Learning and EMS Data: What Are the Possibilities and Where Do I Start?</p> <p>Machine learning approaches to data are standard in many industries, but not widely applied to EMS data and prehospital research. Presenters Dr. Jennifer Fishe, Director of the UF Center for Data Solutions, EMS physician and researcher, and Guillaume Labilloy, ME, MBA, a computer scientist and machine learning expert, will demystify AI and machine learning for attendees. The presentation will begin with an introduction to machine learning's unique terminology and various techniques. Then we will provide EMS-specific examples of how machine learning can mine data to identify novel trends and create powerful prediction algorithms that improve prehospital care. We also will cover how AI can be used to implement findings and advance prehospital clinical practice.</p>	<p>Jennifer Fishe, MD</p> <p>Guillaume Labilloy, ME MBA</p>

4:15 p.m. – 5:15 p.m.	<p>Research Oral Abstracts (7-12)</p> <ol style="list-style-type: none"> 7. Comparing OHCA Treatment and Outcomes of Males and Females 8. International Multi-Center Controlled Interventional Trial to Increase OHCA Survival by Implementation of a Dispatcher-Assisted CPR Package (Pan-Asian Resuscitation Outcomes Study Phase 2) 9. Community Disparities in Out-of-Hospital Cardiac Arrest Care and Outcomes in Texas 10. Real-time Feedback Devices Associated with Improved Outcomes in Cardiac Arrest 11. Priorities for Prehospital Evidence-Based Guideline Development: A Modified Delphi Analysis 12. Feasibility and Psychometric Validity of Spanish Language Basic and Advanced EMS Certification Exams 	<ol style="list-style-type: none"> 7. Erin Gramm 8. Marcus Eng Hock Ong 9. Ryan Huebinger 10. Stephen Taylor 11. Christopher Richards 12. Jaime Flores
<u>Times are Eastern</u>	<p>Saturday, January 16</p> <p>GENERAL SESSIONS</p>	
12:00 p.m. – 12:30 p.m.	<p>ETCO2 in EMS: Questioning the Status Quo</p> <p>The presenters will explain how Seattle Medic One has created the first of its kind ETCO2 database using raw waveform files. They will share ongoing research projects relating to the novel application of ETCO2 and its possible clinical relevance around conditions including out-of-hospital-cardiac arrest, traumatic injuries, and advanced airway management. Finally, they will propose how these findings can improve current prehospital practices.</p>	<p>Catherine Counts, PhD, MHA, FAEMS, Natalie Bulger Andrew, Latimer, MD</p>
12:30 p.m. – 1:00 p.m.	<p>Re-Thinking Systems of Care for Time-Sensitive Emergencies</p> <p>The performance of regional systems of care for time-sensitive emergencies, such as STEMI, cardiac arrest, trauma, and stroke have strong influence on patient outcomes. Yet, there is very limited reporting or accountability for the performance of the multiple EMS providers and hospitals as a system. In some communities, there may be systems of care for time-sensitive conditions, but they are siloed, despite the many commonalities that exist between condition-specific systems of care. The presenter will outline the challenges in establishing regional systems of care and make recommendations for the design, implementation, and accountabilities for a multi-condition systems of care model.</p>	<p>Mic Gunderson, EMT-P (Ret.), FAEMS</p>
1:00 p.m. – 1:30 p.m.	<p>Pseudo PEA: “To PEA or Not to PEA”</p> <p>The presenters will describe the concept of pseudo PEA and how it changes the way we manage this subgroup of out-of-hospital cardiac arrest (OHCA) patients. PEA is defined as pulseless electrical activity. Yet a subset of these PEA patients will have cardiac wall motion using ultrasound or elevated ETCO2 when using waveform capnography, and thus pseudo PEA. The presenters will describe how to identify pseudo PEA and, more importantly, discuss whether pseudo PEA should be treated differently than standard true PEA. In addition, the presenters will also describe how waveform capnography can be used to identify true PEA immediately when it occurs, not only every two-to-five minutes when doing a BP or pulse check.</p>	<p>Juan March, MD, FAEMS Brian Kitch, MD</p>
1:30 p.m. – 2:00 p.m.	<p>Stories from the Frontlines: Advancing Prehospital Care in Low-resource Environments</p> <p>Emergency physicians and EMS physicians are uniquely equipped to manage difficult situations, and many feel drawn to practicing in the international setting in low- and middle-income countries. ABEM-certified EMS</p>	<p>Torben Becker, MD, PhD Ben Abo, MD FAWM</p>

	<p>physicians have gone through more dedicated prehospital training than physicians almost anywhere else, domestically and internationally. They are uniquely prepared to assist international partners as they design, develop, and realign their prehospital care systems. The presenters have a combined experience of more than 35 years in international EMS, both in systems development, education, and actual work in the field in both paramedic and EMS physician roles. They will focus on the challenges to prehospital care in LMICs, both clinically and administratively. They will share important experiences and make recommendations on how to best get involved with EMS development in LMICs in a collaborative fashion. Disease patterns and challenges to prehospital practice will be reviewed on the basis of real-world cases that the presenters were involved in.</p>	
2:00 p.m. – 2:15 p.m.	BREAK	
2:15 p.m. – 2:45 p.m.	<p>Pediatric Termination of Resuscitation by EMS: Creating a Compassionate and Useful Protocol</p> <p>While field termination of resuscitation is widely accepted for adult patients without ROSC after OHCA, pediatric TOR by EMS has not been adopted in large scale. The presenter will review a state-wide protocol for EMS TOR for pediatric patients; including exploration of stakeholder views in focus groups, evidence defining futility pediatric OHCA, and needs of EMS clinicians during and after this emotionally distressing call.</p>	<p>Jennifer Anders, MD Cyndy Wright-Johnson, RN</p>
2:45 p.m. – 3:15 p.m.	<p>When a Child Dies: Formalizing the Bereavement Process in EMS</p> <p>The data on pediatric out-of-hospital cardiac arrest suggest that neuro intact survival is less than 10%. Said differently, 90% of all POHCA will result in a poor outcome, yet there is little to no training on how to handle these cases. While many have focused on HP-CPR and ALS skills, very few have attempted to completely describe or understand the true value or importance of pediatric bereavement. This type of program provides great benefit to both the family and the prehospital professional.</p>	Peter Antevy, MD
3:15 p.m. – 3:45 p.m.	<p>A Focus on Clinical Decision Making: Lessons Learned from a Regional RSI Credentialing Program</p> <p>The practice of prehospital rapid sequence intubation (RSI) is controversial given the variability of evidence to support the practice in terms of patient outcome. The reason for this is likely multifactorial, but in some part is due to a combination of EMS provider experience and appropriate patient selection. In the Monroe-Livingston region in upstate New York, where care is provided by > 10 EMS agencies, the ability to perform RSI is a separate regional level credential earned by a select group of paramedics who then are available regionally to respond to RSI requests. To earn the credential, paramedics enter a rigorous credentialing process that includes a qualifying written exam and high-stakes simulation scenarios which are run by regional EMS physicians. The focus of this process is on comprehensive airway management and clinical decision making, including appropriate patient selection, medication choice, and post-intubation management. Regionally, only ~ ¼ of all RSI requests result in prehospital RSI, but there is a significant improvement in patient SpO2 from RSI provider arrival on scene to drop off at the destination facility. The presenter will describe the credentialing process, regional program, and review lessons learned from ongoing quality review.</p>	<p>Maia Dorsett, MD, PhD, FAEMS, FACEP Christopher Galton, MD</p>
3:45 p.m. – 4:15 p.m.	<p>Critical Care Transport: Why We Are NOT Doing It Right</p> <p>Critical care transport deals with the sickest of the sick, and unfortunately is currently the weakest link in prehospital care systems. A lack of national standards has resulted in a dangerous, great variability in care rendered. In 2017 the Society for Critical Care Medicine (SCCM) and NAEMSP developed a liaison relationship to address opportunities in CCT. This presentation will focus on recent important national developments.</p>	Amado Alejandro Baez, MD, MPH, PhD, FACEP, FCCM
4:15 p.m. – 5:15 p.m.	Awards Ceremony & Closing Comments	

ON-DEMAND SESSIONS		
	<p>Special Needs Tracking and Awareness Response System (STARS): Improving Emergency Care for Pediatric Patients with Special Health Care Needs</p> <p>Special needs Tracking and Awareness Response System or “STARS” takes a proactive approach by identifying children who are at high-risk prior to discharge and including their local emergency medical system for their transition home. The program is a multifaceted system that not only creates emergency medical plans for children, but also provides education, and sets out to introduce paramedics to the high-risk children in their communities. The STARS system operates with the belief that the emergency services system should be considered an extension of the child’s care team. The presenter will provide an overview of the program.</p>	<p>Patricia Casey, EMT-P Nicole Bain Jeffrey Siegler, MD</p>
	<p>National EMS Education Standards Revisions Update</p> <p>The National EMS Education Standards are being revised because of the 2019 adjustments in the National EMS Scope of Practice Model. A team of educators has undertaken the task of updating the existing standards to reflect the new scope of practice document, EMS Agenda 2050, evidence-based medicine, new technologies, and known best practices. The presenter will provide an update of the team's progress.</p>	<p>Paul Rosenberger, EdD, NRP Bryan Ericson, MA, RN, NRP Kate Remick, MD Josh Stilley, MD</p>
	<p>Using Social Media to Reach Your EMS Clinicians</p> <p>Have you ever had a question from your EMS clinicians about something they saw posted on social media? Have you ever wondered why your EMS clinicians seem to respond better to outside experts than they do to you? This presentation will provide an overview of different platforms and types of social media, the benefits and limitations of social media, and most importantly, how you can utilize social media as a tool to benefit your EMS clinicians, your patients, and your service.</p>	<p>Joshua Stilley, MD Phil Moy, MD Maia Dorsett, MD, PhD</p>
	<p>Clinical Consideration for High-Risk Procedures in Prehospital Setting Throughout the Spectrum of Biological Outbreak</p> <p>This presentation will explore the inherent risk to paramedics as a result of biological outbreak. We will present the potential biological agents, their mode of transmissions, and the risk of cross infection within healthcare workers. We will also discuss the various spectrum of pandemic, ranging from the baseline to the peak, with unique clinical approach at each phase. Finally, we will dissect the possible options to safely approach high risk procedures such as airways management, ventilation, and cardio-pulmonary resuscitation (CPR).</p>	<p>Yuen Chin Leong, MD</p>
	<p>COVID-19: EMS Lessons from the Frontlines of the U.S. Quarantine Operations</p> <p>The early phase of the U.S. COVID-19 response involved repatriation of U.S. citizens from China to several federal quarantines stations across the U.S. This panel-based lecture will facilitate discussion between EMS physicians who worked to coordinate these efforts among federal, state, regional, and local EMS and other healthcare assets and present lessons learned at the various levels of response.</p>	<p>John Lyng, MD, FAEMS, FACEP, NRP Dave Duncan Kristi Koenig</p>

	<p>COVID-19 Response by a Frontier Tribal Community Paramedicine Program in Laguna Pueblo, New Mexico</p> <p>Since 2015, Laguna Fire Rescue (LFR) and Laguna Community Health and Wellness Department have operated a unique form of Community EMS on the Pueblo of Laguna Indian Reservation in New Mexico. The program now operates as a collaborative effort between LFR, the Laguna Community Health Representatives (LCHRs) and Public Health Nurse, and the University of New Mexico Center for Rural and Tribal EMS. As COVID-19 entered New Mexico, this team approach became a flexible platform for response to the COVID-19 threat. Early efforts involved development of an EMS-initiated non-transport protocol for patients, which included provision for in-home follow-up with patients who were not transported. Mass community testing and contact tracing were soon added, and additional community health support continues. Since the situation is still dynamic, this presentation will discuss the latest COVID-19 approaches in the Pueblo of Laguna and other tribal areas in New Mexico.</p>	<p>Chelsea White, MD, NRP, FAEMS, FACEP</p>
	<p>Automated CQI for Dummies</p> <p>Leading efforts aimed at continuous quality improvement is a core function of any effective EMS medical director. Until recently, the process was unavoidably time consuming, and patterns in the data were difficult to identify. With the development of some cheap, readily accessible and very user-friendly tools, any medical director can create a customized CQI platform which reduces individual effort and increases useful output.</p>	<p>Amir Louka, MD</p>
	<p>Modern EMS Clinical Quality Systems</p> <p>Dr. Williams started as an EMS internal affairs investigator and evolved into a leader in healthcare improvement and an expert on leading quality across a system. He led Improvement Science and Methods for the Institute for Healthcare Improvement and is lead faculty for IHI's Chief Quality Officer program. In this session, learn how a modern clinical quality system should focus on what matters to your patients and community, improve the system, and enhance results while removing the tampering and fear common to outdated EMS quality practices.</p>	<p>David Williams, PhD</p>
	<p>10 Ways to Die on a Farm</p> <p>Rural agriculture settings (farms) pose many unique and dangerous situations. The presenter will provide education on these topics and provide attendees with the information and insight to begin to synthesize response options for these events.</p>	<p>Ashley Huff, MD</p>
	<p>Prehospital Care of Exertional Heat Stroke: Cool First, Transport Second</p> <p>With temperatures rising from climate change, athletes, laborers, and military members who are exposed to the heat are at increased risk for exertional heat illnesses, including exertional heat stroke (EHS). Cold water immersion is the gold standard for treatment of EHS. There should be a new paradigm for EMS to treat these patients on-scene before initiating transport, a "cool first, transport second" paradigm. We have published this paradigm in <i>Prehospital Emergency Care</i> in 2018. Using an extensive data set from a warm weather road race, as well as other examples from military and</p>	<p>John Jardine, MD</p>

	athletic settings, it will be shown that this paradigm will decrease morbidity and mortality for patients suffering EHS.	
	<p>Psychological Stress Injuries and Stress Resiliency: It's Not Just PTSD</p> <p>EMS providers are continuously exposed to stressful situations. Historically, we have been taught to power through the emotional challenges. With the incidence of suicide among EMS providers on the rise, integration of a stress resiliency mindset can improve the health and well-being of providers and patients. The presenter will introduce attendees to the psychological stress continuum, how it can be integrated into daily operations, and lessons learned from this medical director.</p>	Jennifer Dow, MD, MHA, FACEP, FAWM, DiMM
	<p>Reform of Air vs Ground Transport: Is Air Really Faster? To Fly or Not to Fly, That is the Question – Air Medical Utilization</p> <p>Whether to fly a patient or travel by ground is a question asked on a daily bases by most EMS personnel, and the answers are not always easy or clear cut. The presenters will endeavor to give some guidance as to when and for what it might be appropriate to call an aircraft. The presenters will also cover the delicate topic of when it might be appropriate to not call the “closest” aircraft. These topics involve balancing the needs of the patient (both immediate and time critical) with the time, distance, and cost of air medical. Air medical allows for getting the right care to the right patient in the right manner. By shrinking time and distance air medical can allow for faster definitive/specialty care. This however comes with a cost both in risk (maybe) and dollars. The media has been filled with stories of bankruptcies caused by air medical bills, in addition air medical is a limited resource that should be used wisely for our patients. By exploring some of these issues the presenters hope to give useful guidance to the providers faced with these difficult choices.</p>	<p>Frank Guyette, MD, MPH, FAEMS</p> <p>Charles Sheppard, MD, FACEP</p>
	<p>Lessons Learned from Surviving a Helicopter Air Ambulance Crash</p> <p>The presenter is a former flight nurse and helicopter crash survivor who will share her story and the lessons learned. These lessons are relevant to incident/accident preparation, response, personal and professional recovery, and industry risk mitigation. Additionally, the use of a combined high reliability, human factors, crew resource management, just culture, and personal accountability model will be discussed to provide a framework for retrospective learning as well as predictive risk management in both the transport and clinical realms.</p>	Krista Haugen, MN, RN, CMTE
	<p>Pediatric Emergency Care Coordinators in EMS</p> <p>A panel of pediatric EMS physicians will discuss the rationale for, implementation of, and assessment of pediatric emergency care coordinators (PECCs) in EMS agencies.</p>	<p>Mark Cicero, MD</p> <p>Samuel Vance</p> <p>Kathleen Adelgais</p>
	<p>EMS Involvement with the 2019-20 Australian Bushfires</p> <p>Due to increasing temperatures worldwide we can expect to see more and more wildfires, including in some geographical areas that were not previously at risk. The presenter will describe initial response to the wildfires in Australia with deployment of personnel and resources. Describe effects of wildfires</p>	Bruce Paix, MBBS, FACNZA

	on the EMS systems, on infrastructure, and especially on transportation. The presenter will describe effects of wildfires on EMS and hospital systems and describe use of air medical services during a wildfire and the recovery process.	
	<p>Prehospital Care at the San Diego (USA)-Tijuana (Mexico) International Border Crossing</p> <p>Activity at the United States (U.S.)-Mexico border has become a daily news story. In San Diego, at one of the busiest land crossings in all of the world, this continuous, mass gathering of people creates a concentration of Emergency Medical Services (EMS) activity. Included in these EMS interactions are also challenges, such as unstable patients arriving unannounced, medications in progress not labeled in English, and patients attached to critical instrumentation that cannot be transferred into the U.S. ambulance. The presenter will explore how San Diego has combated this international problem at the local level. In sharing these experiences, other EMS professionals will likely identify with their own system's difficulties in translating patient care across different EMS agencies and/or regions and learn strategies for success.</p>	Jennifer Farah, MD
	<p>High Flow Diesel Fixes Everything (and Other Lies They Taught Us in Paramedic School)</p> <p>Prehospital providers are experts at making quick decisions with limited information. Load and go versus stay and play is one that's made within moments of arrival on every critical call. Traditional EMS education ingrains the concept that sick patients need to go to the hospital immediately, but rapid extrication and transport can lead to missed opportunities to prevent cardiac arrest, or even precipitate it. We know that rapid transport is the answer for trauma, and we know that stay and play is the new cardiac arrest paradigm. What support do our providers need to find the middle ground of stay and stabilize, and then transport? How do we train them out of what's essentially become an instinct? Can new continuing education and protocols undo years of experience and instinct?</p>	Johanna Innes, MD
	<p>Finally! The DEA Regulations! What Do They Say?</p> <p>Three years after the Protecting Patient Access to Emergency Medications Act was signed into law, we finally have a proposed set of rules from Drug Enforcement Administration! These new rules will have a profound impact on EMS and management of controlled substances. The presenter will provide a brief overview on how and why the bill was passed followed by an overview of the proposed rule. Additionally, NAEMSP and member feedback that was provided to the DEA will be reviewed.</p>	Ritu Sahni, MD, MPH, FAEMS
	Top Position Statements or Top 5 Articles of 2020	Brian Clemency, DO, MBA, FAEMS
	Oral Abstract Sessions On-Demand	
	<p>Oral Abstracts Session 1-1.0 Hour On-Demand</p> <p>16. Heat-Related Ketamine Degradation Over Six Months of Exposure to Moderate and High Temperature Environments Presenter: Jason McMullan, University of Cincinnati</p>	CATEGORY: Operational

	<p>17. Intubation after prehospital ketamine administration for excited delirium with illicit substance coingestion Presenter: Joshua Solano, Florida Atlantic University</p> <p>18. Safety, efficacy, and cost of 0.4 mg versus 2.0 mg intranasal naloxone for treatment of prehospital opioid overdose Presenter: John Thompson, University of Michigan</p> <p>26. Initial Prehospital Rapid Emergency Medicine Score to Predict Emergency Department and Hospital Dispositions of EMS Patients Presenter: Remle Crowe, ESO</p> <p>27. Evaluation of the FAST-ED in the prehospital setting as a secondary stroke screen to identify large vessel occlusion strokes Presenter: Patricia Dowbiggin, Mecklenburg EMS Agency</p> <p>28. Real-World Performance of Los Angeles Motor Scale Evaluated by Paramedics Presenter: Travis Sharkey-Toppen, The Ohio State University Wexner Medical Center</p>	
	<p style="text-align: center;">Oral Abstracts Session 2-1.0 Hour On-Demand</p> <p>19. The Effect Of Time To Treatment With Antiarrhythmic Drugs On Outcome In Shock Refractory Out-of-Hospital Cardiac Arrest: A Secondary Analysis Of The ALPS Randomized Controlled Trial Presenter: Mahbod Rahimi, Li Ka Shing Knowledge Institute, St. Michael's Hospital</p> <p>20. A machine learning-based dispatch rule for drone-delivered defibrillators Presenter: K.H. Benjamin Leung, University of Toronto</p> <p>21. A comparison of ventricular fibrillation waveform characteristics between electrical and opioid-overdose asphyxial etiologies in swine models of out-of-hospital cardiac arrest Presenter: David Salcido, University of Pittsburgh School of Medicine</p> <p>22. The Impact of Dual Shock Timing on Ventricular Fibrillation Termination and Return of Spontaneous Circulation During Refractory Out-of-Hospital Cardiac Arrest Presenter: Mahbod Rahimi, University of Toronto, Institute of Medical Science</p> <p>23. Association of Small Adult Ventilation Bags with Return of Spontaneous Circulation in Out-of-Hospital Cardiac Arrest</p>	<p>CATEGORY: Operational</p>

	<p>Presenter: Bonnie Snyder, University of Washington School of Medicine</p> <p>24. Discordance Between Monitor-measured and EMS Documented Respiratory Rates in Major Traumatic Brain Injury: Implications for Injury Scoring Systems Presenter: Bruce Barnhart, Arizona Emergency Medicine Research Center, University of Arizona College of Medicine-Phoenix</p>	
	<p style="text-align: center;">Oral Abstracts Session 3-1.0 Hour On-Demand</p> <p>13. Evaluating the Risk of COVID-19 Illness Among EMS Providers Following Cardiopulmonary Resuscitation and Aerosol Generating Procedures</p> <p>14. National Evaluation of EMS Occupational Injuries and Exposures and Associations with Mitigation Strategies Presenter: Jonathan Powell, National Registry of Emergency Medical Technicians</p> <p>15. Emergency Responder Mental Well-being and Self-perceived Co-worker Support Presenter: Morgan Anderson, ImageTrend Clinical & Research Services</p> <p>25. A Dispatch Screening Tool to Identify Patients at High-risk for COVID-19 in the Prehospital Setting Presenter: Amy Kilzer, University of Massachusetts Medical School</p> <p>29. Evaluation of computer algorithmic indicators in predicting COVID-19 positive patients in the prehospital setting Presenter: Timothy Burns, Montgomery County (MD) Fire and Rescue Service</p> <p>30. Assessing the Effect of the COVID-19 Pandemic on EMS Transport Patterns for Patients with Suspected Acute Coronary Syndrome Presenter: Remle Crowe, ESO</p>	<p>CATEGORY: Emergency Medical Responder</p>