

Monday 8:00–9:15 am

45 Years of Helping Others (Keynote)

Chief Ken Bouvier from New Orleans, Louisiana, will deliver the 2019 Texas EMS Keynote Address. Bouvier will share the story of how he was inspired to join his local volunteer fire department in 1975 and had no idea it would be the beginning of his 45-year fire and EMS career. Bouvier will discuss the early days of his career as a young volunteer firefighter who rode on the tailboard of fire trucks to fires and started as an ambulance driver with just an American Red Cross First Aid card. Bouvier will explain how in the 1970s EMS was still very new and there was a need for the creation of standards, education, protocols and equipment. Bouvier had the privilege of knowing many of the pioneers who founded EMS and has been actively involved in the changes and challenges that has set the direction of the EMS profession. Bouvier will conclude the Keynote Address with some of his most memorable calls and stories. **Objectives:** learn about the early days of EMS / recognize why there was a need for standards and protocols / be able to relate to the challenges EMS faced / learn about how EMS has changed and continues to change / enjoy some of Bouvier's most memorable calls and stories.

CE: Preparatory

Ken Bouvier, Paramedic

Monday 9:30–10:30 am

Body Cameras in EMS: Do the Benefits Outweigh the Legal Risks?

As technology evolves, EMS agencies need to consider new devices and how they can best be used to maximize the quality of care provided to the patient, as well as the safety of the patient and EMS personnel. Careful consideration of all the pros and cons must take place and legally sound policies developed well before you place the order for body cameras at your EMS agency.

Objectives: to recognize when it is appropriate to use body cameras for quality assurance purposes / list two patient privacy considerations with the use of body cameras / discuss the legal significance of using body cameras in public areas vs. inside a patient's home / discuss how body camera imaging should or should not be incorporated into the patient care report . discuss the data security concerns that come with the use of body cameras / discuss the patient notification responsibilities when using body cameras / describe the circumstances in which body camera imaging may be shared with law enforcement and other agencies.

CE: Preparation or AOR

Steve Wirth, Esq., MS, EMT-P

Monday 9:30–10:30 am

Rural EMS: Unique Documentation and Compliance Challenges

Distance, time and resource availability plague rural providers. When a critical patient is in a small ER that does not have the physician or services the patient needs, is the trip to a better resourced facility an emergency? Or is that hospital-to-hospital trip a non-emergency transport? Often rural ground transports need to connect with air providers—we discuss what needs to be noted in trip reports for those types of trips. Documentation compliance is important whether a rural or urban provider. Good billing follows good documentation and leads to revenue integrity. This session addresses the unique issues faced by rural services and provides tips on quality documentation to maintain compliance. **Objectives:** learn the current requirements of EMS documentation and billing / discuss the unique emergency dispatch issues that occur in rural

areas / understand the compliance issues impacting hospital to hospital transports / review the issues rural ground providers face when interacting with air medical transports.

CE: Patient assessment or AOR

Maggie Adams, BBA

Monday 9:30–10:30 am

Getting It Right Matters: Sepsis and Differential Diagnosis

You are dispatched to a man down on the edge of the river at midnight on a cold snowy night. Upon arrival you see a male victim supine on the riverbank with bystanders around him. A bad feeling comes over you as you approach and find the victim has slow shallow breaths. What considerations should you have? Does weather affect what is going on with your patient? How will it affect your treatment and transport decisions? Why is this patient unconscious? Does it really matter? The simple answer to all your questions is in your ability to apply a differential diagnosis and your skill at determining if a patient is suffering from sepsis. During this session we will explore the need to recognize sepsis and using a differential diagnosis to determine treatment and transport decisions. We will talk about the effect sepsis has on the organs and tissue and what is the real threat to the good care of the patient? Ultimately Kirk and John will review the common and uncommon treatments we can do in the field for patients with sepsis. With some humor and a few case studies Kirk and John will bring the finer points that may make a difference in patient outcomes. **Objectives:** recognize and recite EMS field treatments of sepsis / list the signs and symptoms of sepsis / discuss the need for critical thinking when dealing sepsis patients / discuss the need for rapid transport to the appropriate facility / recognize the need for differential diagnosis.

CE: Medical

Kirk Mittelman, M.Ed., NRP

John Mittelman, B.S., NRP

Monday 9:30–10:30 am

How Community Health Paramedics Can Improve the Quality of Life in the Homeless

Objectives: Participants will learn about how community health paramedics can change the lives of people experiencing homelessness / discuss common challenges faced by people in various stages of homelessness and how community health paramedics can identify and address those challenges / be able to list at least two stages of homelessness / be able to identify at least one common challenge experienced by individuals in homelessness / be able to describe one collaborative service model that can be used to connect people to solutions / be able to describe how understanding the Social Determinants of Health provide a model to improve the quality of life of people experiencing homelessness.

CE: Preparation or AOR

Ernesto Rodriguez, BAAS, MA, LP

Andy Hofmeister, LP

Amber Price, EMTP, CHP, PEER

Keith Simpson, IHI Improvement Coach, Chief Strategist

Monday 9:30–10:30 am

Hidden in Plain Sight: Human Trafficking in America

Human trafficking is the fastest growing organized crime activity in the United States, averaging over \$30 billion a year. Research has revealed that up to 88% of human trafficking victims accessed healthcare while being trafficked. This means that chances are high that as an emergency responder or healthcare provider you have treated a victim of human trafficking and may not have recognized it. In this discussion learn how to recognize the signs of human trafficking, how to identify potential victims and what you should do if you identify a victim. This lecture will include key take-away points compiled from various resources including: the human trafficking victim-witness coordinator for central Texas, a human trafficking victim, Allies Against Slavery, lessons learned from social services and emergency care providers and the Institute for Family Violence Studies. **Objectives:** describe the scope of human trafficking in the United States / understand the role of emergency personnel in caring for persons at risk for human trafficking / review common characteristics and/or circumstances to help identify at risk persons / discuss available resources once a potential victim is identified and the legal rights of victims in regards to HIPPA.

CE: Special considerations

Suh Hughart, EMT-P

Monday 9:30–10:30 am

Differentiation of Hemostatic Agents: What's New and What Works

Monday, November 25, 9:30 - 10:30 am

With the focus of "Stop the Bleed" campaigns hemostatic agents have become part of the standard of care for many EMS agencies. With the variety of hemostatic agents on the market and with the addition of third generation products, which ones work best for EMS? This lecture will discuss the advances in hemostatic agents, how they work and how to evaluate to find the best product for your agency. **Objectives:** define the perfect hemostatic agent / describe how hemostatic agents work / describe how to effectively use a hemostatic agent / describe the bleeding control triad.

CE: Trauma

Steven LeCroy, Master's Degree, Paramedic, Respiratory Therapist

Monday 9:30–10:30 am

What the Heck Is a Resuscitation Center?

The STRAC Resuscitation Center project will identify facilities that have agreed to step up their game when caring for post-cardiac arrest patients. The Take Heart America bundle of care will be discussed, and we will explain the collaboration going on in San Antonio to achieve high-functioning centers. **Objectives:** learn more about the Take heart Bundle of care for cardiac arrest and principles of hypothermia and the impact upon post arrest survival / discuss capabilities of a resuscitation center / discuss the collaboration between EMS, hospitals and physicians to ensure optimal care.

CE: Clinically related operations

David Miramontes, MD FACEP FAEMS NREMT

New Life for Texas CARES

This lecture will cover the current catchment for the Cardiac Arrest Registry to Enhance Survival (CARES) in Texas and strategies in place for expanding the registry and implementing quality improvement programs to enhance care and patient outcomes after out of hospital cardiac arrest.

Objectives: What is CARES? / How do you join CARES? / What is CPR LifeLinks? / What is the current catchment and strategies for expanding the CARES registry in Texas?

CE: Clinically related operations

Bentley Bobrow, MD, FACEP

Monday 9:30–10:30 am

Prehospital Stabilization and Transportation of the Burn Patient

This is a lecture from Gene McGowen, a pediatric flight nurse representing Shriners Hospitals for Children - Galveston. The program encompasses classification of burns, initial burn management, systemic effects and special considerations of burn injuries. This includes managing respiratory distress, shock, fluid resuscitation and management, cardiac monitoring, escharotomies/fasciotomies, thermoregulation, pain and anxiety management. Initial care of the burn wound is also covered, along with treating chemical burns, blast injuries and other skin conditions. Burn referral criteria are explored and the presentation closes with emotional support of the patient, family and the clinician. **Objectives:** determine classification of burn injury / identify systemic effects and special considerations of major burn injuries / learn management of the burn wound / identify criteria for referral to the burn center.

CE: Trauma

Gene McGowen, BS, RN

Clayton Collins, BSN, RN

Monday 9:30–10:30 am

CPR in Schools: Stop the Bleed, Start the Heart

Did you know that it's a requirement in the state of Texas that all students, as a prerequisite to graduation, must take a CPR course? Not to mention Stop the Bleed. One of the most difficult barriers to this state requirement is addressing the unfunded mandate. Texas school districts are struggling financially to provide students with the basics to support core subjects—let alone a CPR/Stop the Bleed course. How can challenged school systems find the resources to meet state mandates? This presentation covers what the team to change the reality, by enabling our students to SEE SOMETHING and DO SOMETHING. Come to this proactive lecture to learn how your community can successfully provide schools and educators with the training and experience they need to make CPR and Stop the Bleed in schools a life-saving success. **Objectives:** gain knowledge and actual legal verbiage regarding the Texas state requirement that has been in effect since 2013 / gain statistical knowledge on bystander CPR in the community and how it will save lives / learn a simple method for middle school and high school aged students to learn and remember CPR and Stop-the-Bleed / discuss key community leaders to connect with to get this program started within their own district.

CE: Preparatory

Ashley Hoppe, BBA, NREMT

Monday 11:15–12:15 pm

Hot Car Deaths: Understanding Heatstroke

It happens, on average, once every nine days in the United States, and it is devastating: A child dies of heatstroke after being left in a parked vehicle. Although there have been cases in which parents are charged with purposely abandoning their kid in the backseat on a hot summer day, most of the time it's well-meaning, loving caregivers who make this honest mistake—and that's

why statistics of the children who have died in hot cars shows that precautions against this are so, so important. As much as some parents believe that they'd never, ever forget about their tiny passengers, that's actually a dangerous mindset that only increases the likelihood of this continuing to happen. Since 1998 about 719 children have died in hot cars. That is an average of about 37 per year. Temperatures can rise about 20 degrees inside of a car in just 10 minutes on a hot summer day. Children die when hot is too hot! Texas is known for its hot summer days and is listed as having the most hot-car deaths per capita! The National Highway Traffic Safety Administration says that 61% of non-crash fatalities are caused by heatstroke inside vehicles.

Objectives: during this session we will review several case studies / learn how temperatures rise in a closed vehicle on a hot day / discuss heatstroke, especially in kids / discuss how to prevent leaving kids in the backseat / discuss and better understand the treatment for heatstroke.

CE: Medical

Ken Bouvier, Paramedic

Monday 11:15–12:15 pm

Crush and Suspension Injuries

Crush and suspension injuries are potentially life- or limb-threatening conditions that require prompt prehospital recognition and treatment. In this discussion we will review the pathophysiology of crush injury and rhabdomyolysis. Emphasis will be on prehospital recognition and care. **Objectives:** compare and contrast the various types of crush and suspension injuries / discuss the morbidity and mortality of crush and suspension injuries / detail the signs and symptoms of crush and suspension injuries / describe the prehospital treatment of crush and suspension injuries.

CE: Trauma

Bryan Bledsoe, DO, FACEP, FAEMS

Monday 11:15–12:15 pm

Old McDonald Had a Multi-Systems Trauma

You are toned to respond to a local farm for... (Use your imagination and insert your favorite farm trauma here.) If you want to know more about crazy trauma, look no further. Whether you crave arms wrapped around PTO shafts, or muddy corrals where someone just played chicken with a Brahma bull, this is the class for you. We will delve into the many unique injuries and mechanisms of injury that occur on the farm and ranch. And don't forget scene safety.

Objectives: understand the unique types of trauma that occur in the farm and ranch setting / understand scene safety issues that are unique to the farm and ranch / understand some of the unique scenarios and complications that arise with farm trauma.

CE: Trauma

Reuben Farnsworth, CCP-C, CP-C, NRP

Monday 11:15–12:15 pm

K9 Tactical Combat Casualty Care

Canines are used in many civilian and military settings and play a crucial role in law enforcement, search and rescue and many other venues. In the course of these duties our K9 partners are at high risk for injury and illness. Join me as we discuss common K9 emergencies in the working setting and some immediate life-saving treatments that EMS personnel can apply.

Objectives: compare and contrast the A&P of the human and K9 body systems as it relates to medical emergencies / understand the injury and illness' that can affect working K9s / identify emergency treatment measures that can improve outcome / utilize case scenarios to better understand common K9 patient presentations.

CE: Special Considerations

Larry Torrey, RN, EMT-P

Monday 11:15–12:15 pm

All I Need to Know About the Law I Learned from Facebook

Social media excels at many things for EMS. One thing it does not excel at is providing good information about an EMS professional's legal obligations. Allow a Texas licensed attorney, paramedic and EMS educator to show some commonly spread EMS legal myths through social media and give you the correct insights to make better decisions about what the law really says.

Objectives: learn sources of laws and regulations for EMS / learning where to find Texas laws and regulations governing EMS / Learning one's legal duty to act / learning principles of negligence

CE: Preparatory or AOR

Wes Ogilvie, MPA, JD, LP, NRP

Monday 11:15–12:15 pm

Patients of Diversity: Special Patient Populations

Assessment and management of diverse patient populations is challenging for both the patient and the healthcare provider. This presentation explores the diversity of patient populations and discussed specific challenges involving hearing, speech and visually impaired patients. We will also exam assessment techniques and management of these diverse patient populations through interactive discussion and case review. **Objectives:** identify the diversity of culture, physical and mental challenges of the patient population / define the unique challenges patients within these special populations present for EMS / describe how communication methodology is key to effective assessment and management / discuss the myths and facts pertaining to these challenged patients.

CE: Special considerations

Jules Scadden, PM, EMS-Ed

Monday 11:15–12:15 pm

Stop the Drops! Reducing Patient Handling Incidents

Every day we are called to scenes involving patient movement from simply putting a patient back in bed, to some of the most complex calls that challenge even the most experienced EMS provider. We have a variety of patient moving devices available to transfer patients from point A to point B safely. Why do we continue to drop patients? This program is intended to make patient care providers more aware of the issues surrounding patient transfer and preventing patients from being dropped. **Objectives:** identify the importance of proper patient handling / describe the importance of proper patient handling / discuss the components of a patient handling program.

CE: Clinically related operations or AOR

Justin Eberly, MPA, EMT

Monday 11:15–12:15 pm

MOST/POLST Update

We will be helping EMS professionals and physicians understand how patients with serious, advancing illness who often have repeating patient encounters, can have less chaotic paths of care. Conversations that advance goals of care and then using Medical Orders for Scope of Treatment (MOST) to document patient wishes, can go a long way toward making the care that is delivered follow the patient's known wishes. **Objectives:** understand the patient population that is appropriate for these end-of-life conversations and ways to get the conversation going / understand how MOST, Medical Orders for Scope of Treatment, complements advance care planning will be shared / understand the growing use of POLST, Physician Orders for Life Sustaining Treatment, across the country / understand real life examples of how patients, families and caregivers could have used documentation from meaningful conversations to make care delivery less chaotic.

CE: Preparatory

Stuart Pickell, M.D, M Div

Kim Callanan, MA

Seven Credential Levels and Climbing

What's a career ladder in EMS? Wouldn't it be nice if there were such a thing? Austin Travis County EMS Office of the Medical Director is implementing one with multiple credentialing levels, each providing more and more clinical autonomy. Escott will describe his concept and discuss his experience with implementing this system in Austin. **Objectives:** describe the potential benefits of a multi-level credentialing system / describe the credentialing levels at Austin Travis County EMS / discuss the impact of agency culture on acceptance of a new credentialing system / discuss the lessons learned in implementing this system.

CE: Preparatory

Mark Escott, MD

Monday 11:15–12:15 pm

Trauma Care: More Than Just a Band-Aid

As trauma continues to be one of the leading causes of death, Memorial Hermann Life Flight would like to review the most comprehensive prehospital patient care for the injured victim. In addition to tourniquets and wound packing, the Life Flight team will review pelvic binders, JETT devices, REBOA and direct access to the operating room. Additionally, appropriate medication selection and ventilation techniques will also be discussed for hemodynamics and cerebral perfusion. **Objectives:** understand Trauma's Lethal Triad / know the proper techniques for managing internal and external hemorrhage / understand REBOA and its place in the prehospital setting / learn how to streamline patient handoff by bypassing the ER.

CE: Trauma

Rodolfo Cabrera, MSN, RN, EMT-P

Joshua Cools, LP, BS

Monday 11:15–12:15 pm

Caregiver Down: Now I Have Two Patients

Approximately 16.1 million adult family caregivers care for someone who has Alzheimer's disease or other dementia. Compared to other caregivers, dementia caregivers are twice as likely

to have physical or psychological problems, yet half as likely to use health care for their own needs. They are at increased risk of medical problems such as heart disease, diabetes and stroke. All these factors make it likely that a responding medic will encounter a "caregiver down" situation in which the family caregiver is the reported patient, with a second incapacitated individual in need of care found on scene. EMS providers can mitigate some potential problems through development of plans for dementia patient protection and the practice of communication and behaviors that help de-escalate agitation in the individual with dementia. **Objectives:** list the characteristics of dementia / recognize the myths of dementia / develop skills for improved communication with patients experiencing dementia / plan for the safety of the individual and staff while caregiver needs are addressed.

CE: Special considerations or medical

Janice Wallace, MSSW, EMT-B

Monday 1:30–2:30 pm

What Matters Most: Delivering on the Promise of Emergency Medicine

What matters most is the ability to understand and perform in an actual emergency. More often than not, lectures, illustrations and images fall short of being truly helpful. Let's break that time-tested mold and completely describe, illustrate and overlay reality to three specific skills: bleeding management, tension pneumothorax and the surgical airway. The point here being, that it is as much about the explanation (and our understanding of it) as it is about the skill and our ability to do it. This tightly orchestrated human anatomy-based discussion is elegantly illustrated and overlaid with actual relevant injury images. What matters most is our understanding of the problem and then solving it. What also matters is setting our expectations higher and then reaching that goal. The first 200 participants in this program will receive a memory stick containing thousands of helpful images, illustrations videos and programs for personal use (and that next great emergency medicine leap we are all ready to take). **Objectives:** define, describe and explain bleeding management / define, describe and explain tension pneumothorax management / define, describe and explain surgical airway placement and management / list six ways to improve procedural training in emergency medicine.

CE: Preparatory

Scotty Bolleter, BS, EMT-P

Jennifer Achay, NRP

Monday 1:30–2:30 pm

University Medical Center of El Paso's Response to the August 3rd Mass Casualty Incident: EL PASO STRONG!

In collaboration with Stephen Flaherty, MD (with Del Sol Hospital's Level II Trauma Center), Tyroch will discuss UMC of El Paso's response to the incident on August 3rd, 2019, in which 22 people died and 25 were injured. Tyroch will also discuss the incident from the local EMS/trauma system perspective. **Objectives:** describe UMC-EP's response to the incident (lessons learned) / discuss the local EMS/trauma system's response to the incident (lessons learned) and how preparation as a RAC helped us be successful / understand how politics and politicians are a part of the response to an active shooter incident / emphasize the need to be prepared to deal with PTSD as healthcare providers.

CE: Trauma

Alan Tyroch, MD, FACS, FCCM

Stephen Flaherty, MD

Monday 1:30–2:30 pm

Crazy Cases: Unique, Odd, Risky and Downright Wacky Situations to Avoid

PWW attorneys represent a wide range of EMS agencies in all 50 states and U.S. territories. And that gives us a unique perspective on the many strange and interesting legal situations in which EMS agencies may find themselves embroiled. This session will provide an entertaining and informative look at the legal cases from the PWW files that make you scratch your head and say, “I can’t believe they did that!” We’ll also share practical pointers on how to reduce the risk that your EMS agency will find itself in one of those “crazy cases” in the future. **Objectives:** list the top three areas of liability that are litigated in the courts against EMS agencies / describe three risk management principles that can be learned from lawsuits for negligence against EMS providers / describe the general steps that occur in the life of a lawsuit from filing of the complaint to a jury verdict / list the two most important things that jury members will evaluate when an EMS provider testifies in court / describe what should be done when giving deposition or courtroom testimony when an objection is raised / describe the qualified immunities that EMS agencies and EMS providers enjoy when a lawsuit is filed against them / discuss the pros and cons of having personal liability insurance for the individual EMS provider.

CE: Preparatory

Steve Wirth, Esq., MS, EMT-P

Monday 1:30–2:30 pm

Great ALS vs. BLS Debate

Are you confident that your trip was ALS? The ambulance may have been staffed by paramedics, but the trip could still be BLS. Providers need to understand what determines whether the trip was BLS or ALS. The Office of Inspector General is closely monitoring ALS services. ALS over-payments have grown significantly. Attend this session to learn how to determine the appropriate levels of service. The presentation will be lively and offer real-life examples of the struggles everyone faces dealing with this topic. **Objectives:** grasp the impact the levels of dispatch have on the ALS or BLS designation in documentation and reimbursement / understand the ALS assessment rule / learn why staffing at the ALS level does not always mean the transport qualifies as an ALS call; the trip may be BLS / recognize the levels of service and their regulatory definitions to help maintain compliance

CE: Preparatory or AOR

Maggie Adams, BBA

Monday 1:30–2:30 pm

Volunteer Recruitment, Retention and Public Education: Creating Synergy

This program will discuss recruitment strategies and techniques for keeping your membership once you get them in. We’ll discuss how to create a low-cost public education program and use it to strengthen your organization’s image. Participants will have the opportunity to share their squad’s best practices. **Objectives:** identify obstacles in recruiting and retaining members / discuss best practices / identify areas opportunity to recruit and retain members / define synergy and how to use it as a recruitment tool.

CE: Preparatory or AOR

Stu Rosenhaus, BS, EMT, CIC

Monday 1:30–2:30 pm

Size Matters! So Does Speed

You are dispatched to shots fired at the Joe's Bar and Grill in the downtown area. Upon arrival you see two victims lying the middle of the street. A scene from *Tombstone* comes to mind as you approach the patients and begin to evaluate the wounds and how to treat these two patients. What considerations should you have? Does the size or the speed of the bullet matter more? And how does it affect your treatment and transport decisions? During this session we will explore the kinematics of gunshot wounds along with other mechanisms of injury. How do gunshots and other MOIs affect the tissue and what is the real threat to the patient: Join Kirk for this impactful and entertaining session that will shoot your knowledge to the top. **Objectives:** discuss the importance of mechanism of injury / discuss the types of injuries possible in high impact events / discuss the need for critical thinking when dealing with high impact traumatic events / discuss the need for rapid transport to the appropriate facility with traumatic events / recognize and diagnose hidden injuries produced by gunshot wounds.

CE: Clinically related operations

Kirk Mittelman, M.Ed., NRP

Monday 1:30–2:30 pm

Hearing Loss: Legal and Ethical Challenges for EMTs and Paramedics

This lecture addresses spoken and sign language(s) used in Texas, cultural diversity and the legal and ethical challenges each presents for EMTs and paramedics. The quality of medical services provided to people who are deaf, hard of hearing and deaf/blind are substantially inferior to that of the general population. With additional training, collectively, EMTs and paramedics can potentially impact the quality of those services nationwide! This lecture examines their responsibilities during encounters with patients and their companions who have hearing loss. It addresses the use of lip-reading, the various sign language(s) used in Texas, along with other pertinent medical record documentation. **Objectives:** identify most common misconceptions about communicating with clients who have hearing loss, describe types of sign languages used in Texas and ways to accommodate each in emergency situations, discuss EMTs and paramedics legal and ethical role in treatment and follow-up of deaf, hard of hearing and deaf blind patients/companions, evaluate your agencies policies and practices for accommodating patients with hearing loss, including senior citizens.

CE: Special considerations

Detra Stewart, BS, RRT, CADAC

Monday 1:30–2:30 pm

EMS LLSA Review Articles

A practice-based discussion (NOT a journal club, don't worry!) of 10 papers that changed my EMS practice in 2019. These are papers, for good or bad, that all paramedics, system directors and medical directors should know about. **Objectives:** Discuss the following things for the ten papers discussed: hypothesis tested, inclusion and exclusion criteria, results, relevance to EMS practice.

CE: Preparatory

Jeff Jarvis, MD, EMT-P

Taylor Ratcliff, MD, EMT-P

Monday 1:30–2:30 pm

What's Wrong with My Pilot?!?

What happens when a medical emergency occurs to the pilot in control of your helicopter? That's exactly what happened to our crew. We'll discuss the timeline of events that occurred when our pilot experienced a medical emergency en route to pick up a patient from EMS. As the chief flight nurse, Endsley will discuss the decisions made from home as he and the director of operations were immediately involved in the incident as it was on-going and how the crew mitigated further risk prior to our involvement. You will hear the actual radio calls from the pilot during the incident and we will discuss actions taken during the call and immediate post-incident actions. We will discuss what we felt we did right and what we felt we did wrong in an interactive discussion. We all have talked about what we would do if this was to happen to us, come hear our story about when it actually did. **Objectives:** describe the event and contrast to a normal day / discuss the safety briefing routine and its purpose / describe events that unfolded and the abnormalities of the incident / describe the mitigation of events and the outcome of the event.

CE: Clinically related operations

Randal Endsley, RN, CFRN, CEN, LP, CMTE

Monday 1:30–2:30 pm

Leadership Nightmare: Personnel Turnover and Cost Impact on Organizations

Recruitment and retention of talented personnel is an issue for the Texas EMS system. As an integral part of the public safety response paradigm, Texas EMS needs to operate efficiently to provide an adequate response to communities' emergency medical needs consistently. The purpose of this learning opportunity is to explore in an evidence-based manner the relationship between the factors (reasons why) voluntary turnover of EMS personnel occurs, the resulting additional associated costs absorbed by the EMS agency and how these factors affect organizational performance in the Texas EMS. Interactive group discussion will explore potential activities and policy changes focused on ways to facilitate personnel retention and efficient organizational performance. **Objectives:** identify the problem with voluntary personnel turnover and its negative impact on EMS organizational performance / identify the evidence-based reasons for voluntary turnover and the additional associated costs to the Texas EMS / describe potential activities and policy changes to mitigate voluntary personnel turnover and improve organizational performance / delate the turnover reasons and associated cost to the Texas EMS system and local level turnover issues.

CE: AOR or preparatory

Melanie Tucker, LP, MS, DBA Candidate

Monday 3:15–4:15 pm

Prehospital Trauma Care 2020

Trauma care is in a constant state of flux. In this presentation, Bledsoe will review the current science, or lack thereof, of trauma care practices in 2020. This will include a look at evolving trends and interventions that may ultimately help to improve trauma survival. **Objectives:** describe current and pending changes in prehospital trauma care / describe the predictive value of mechanisms of injury / discuss current trauma practices that have limited scientific support / discuss strategies to improve prehospital trauma care.

CE: Trauma

Bryan Bledsoe, DO, FACEP, FAEMS

Monday 3:15–4:15 pm

Love or Lose the LSB? New Recommendations for Spinal Motion Restriction

Spinal injury and EMS spinal care create a potentially high-liability scenario. The principle of “minimizing harm” has not changed. The tools and techniques, however, have evolved a long way from full “spinal immobilization” with a long spine board (LSB). This case-based review covers the recent joint position statement and presents emerging science for patient assessment and selective SMR/spinal care. **Objectives:** describe the rationale for the evolution in EMS spinal care from “spinal immobilization” to “SMR” / describe the three basic steps of spinal assessment / describe principles of three levels of selective spinal motion restriction (SMR) / value the importance of meticulous assessment and documentation when performing selective SMR.

CE: Preparatory

Ronna Miller, MD

Monday 3:15–4:15 pm

What’s New in Pediatric Resuscitation Care

This session will examine recent publications and up-to-date treatment recommendations specific to the pediatric patient who suffers cardiac arrest. We will examine the relationship between time to defibrillation and survival for kids presenting with a shockable rhythm, the impact of early scene management on survival, the use of epinephrine and airway management strategies during resuscitation attempts and whether two-finger or encircling thumbs remain the optimal method of chest compressions for infants. **Objectives:** summarize the relationship between time to defibrillation and survival in pediatric cardiac arrest / describe the impact of early scene management on survival following cardiac arrest in the pediatric patient / identify the value of epinephrine administration and airway management strategies during pediatric resuscitation attempts / compare CPR performance measures delivered by two-finger or encircling thumbs procedures in infants / interpret the accuracy of drug dosages administered by paramedics during pediatric resuscitation attempts.

CE: Pediatrics or special considerations

Kenneth Navarro, LP

Monday 3:15–4:15 pm

For the Love of All That Is Holy: Adapting to Patients’ Religious Beliefs

Muslim women wear hajibs, Jehovah’s Witnesses will not accept blood transfusions and Sikh men wear a turban. Mormons have special undergarments, and the Church of The Firstborn does not believe in medical intervention. There is a myriad of religions that you may encounter in EMS and we will talk about ways to accommodate these religious beliefs. Come join the discussion and improve your patient care through a better understanding of how your patients’ religious beliefs affect your care plan. **Objectives:** The student will be able to identify common religious beliefs / explain how these religious beliefs affect patient care / compare and contrast the need to balance patient beliefs and wishes with good patient care / identify the ethical issues with withholding care due to patient refusal on a religious basis.

CE: Special considerations

Reuben Farnsworth, CCP-C, CP-C, NRP

Monday 3:15–4:15 pm

Assessment of Syncope for BLS Providers

Calls for "syncope" are common in EMS and emergency departments. Three percent of all ED visits are for syncope. Most of those patients are transported by EMS. Syncope is a catchall phrase for a syndrome with many different causes. We will also discuss syncope versus seizure, physical findings and important findings in patients with episodes of syncope. Even though "syncope" is often an ALS call, BLS providers should understand its causes, evaluation and treatments. **Objectives:** define syncope / identify significant clinical findings in patients with syncope / discuss the causes of syncope / explain the differentiation of syncope from seizures.

CE: Medical

Gary Saffer, MPA, NRP

Monday 3:15–4:15 pm

Managing the Alcoholic Patient

EMS providers encounter alcoholic patients on a daily basis. Alcoholism causes unique and complex pathological processes and multifaceted psychological issues that complicate the assessment and treatment of these patients by both ALS and BLS providers. In this presentation, the lecturer will review the presentations and clinical care of alcoholic-related syndromes such as hepatic failure, encephalopathy and GI bleeding as well as provide firsthand insight into what the alcoholic patient experiences. The speaker will use his eighteen years of experience as an EMS provider in both a 911 and in a critical care transport setting as well as his personal experience as a recovering alcoholic to build the foundation of this presentation. **Objectives:** understand the pathophysiology of alcoholic-related disease processes / recognize warning signs of life-threatening complications of alcoholism / understand the complexity of the psychology of the alcoholic / apply the knowledge gained in this lecture to the provider-patient relationship.

CE: Medical or special considerations

Michael Carunchio, MS, NRP, FP-C, TP-C

Monday 3:15–4:15 pm

First Response with Older Adults: Strategies to Enhance Interactions

With over 3 million adults age 65 and older, Texas has one of the largest populations of older adults in the U.S. By 2050, the number is projected to reach 9.4 million. As the population continues to grow older and live longer, it will be critical for professionals of all backgrounds serving older adults to know common issues experienced by older adults to best support them. EMS and other first responders often interact with older adults at vulnerable moments in their lives. They are also in unique positions to spot potential cases of abuse, neglect, or exploitation (ANE) of older adults. They receive training on many topics, but given the complexity and scope of their roles, many are unfamiliar with supports and services for older adults and how they can use this knowledge to enhance their response. This session will cover common issues experienced by older adults, signs of ANE, experiences and best practices in the field and services and programs available for older adults. **Objectives:** learn common issues older adults experience (e.g., health and safety concerns, fall risks and prevention) / identify signs of abuse, neglect and exploitation; learn how to report abuse; and learn what happens after a report is made / learn about field experiences and best practices for responding to older adults /

learn about services and programs available for older adults and how they can use these to enhance interactions with older adults.

CE: Special considerations

Holly Riley, Manager

Dirk Sheridan, Community Engagement

Joseph Schmider, State EMS Director

Olivia Burns, Aging Texas Well Coordinator

Monday 3:15–4:15 pm

Lucha Libre! Medical Director Rumble

Admit it, we won't tell. You like to watch wrestling. But you also like your high-end medical director discussions. Well, you're in luck! Join moderator Dr. Heidi Abraham as she tries to wrangle an unmanageable group of medical directors as they take on tough topics like ketamine, finger-thoracostomy, airway management in cardiac arrest, when to terminate cardiac arrest and more. **Objectives:** describe the pros and cons of ketamine for pain and sedation / discuss the pros and cons of field finger thoracostomy / discuss the pros and cons of airway management in cardiac arrest / discuss the pros and cons of epinephrine use in cardiac arrest.

CE: Preparatory

Heidi Abraham, MD, with panel

Monday 3:15–4:15 pm

Increased Intracranial Pressure: When, Why and What to Do

This lecture will review intracranial pressure, the signs of increased ICP, when to worry and what you can do to mitigate problems. It will also review the consequences of and interventions for cerebral edema. **Objectives:** identify at least three signs of increased ICP / name at least three interventions to prevent or decrease ICP / review EVDs and how to use them properly / describe how hypertonic saline can help combat cerebral edema.

CE: Medical

Nancy Nagel, EMT-P, RN, ACNP, DHSc

Monday 3:15–4:15 pm

All Wrapped Up: Case Studies in Extended Extrication

Complicated extrications require teamwork, communication and attention to detail to ensure the safety of both patients and EMS providers. This presentation will look at the clinical and operational concerns of three separate incidents involving critical patients and extrication times greater than one hour. Discussions will include mechanism of injury, triage, scene safety and logistics of high-risk, low frequency events involving complicated extrications as well as clinical concerns for critical patients in these situations. **Objectives:** Predict patient injuries based on mechanism of injury / given a patient set, properly triage patients based on the scene/injuries described / identify safety and logistic considerations for extended extrication operations; discuss clinical considerations for entrapped patients requiring a lengthy extrication.

CE: Clinically related operations

Cody Blount, BS, NRP, FP-C

Monday 4:30–5:30 pm

Managing Firefighter Injuries

This session is designed to help responders, fire fighters, EMTs and paramedics better manage firefighter injuries. Firefighting is one of the world's most dangerous jobs and accidents in this profession can result in costly losses. The greatest loss being the death of a firefighter. During this session we will explain the two basic factors that motivate accident control efforts: humane versus economics. All departments know and understand what it takes to produce the almost perfect firefighter, but they also realize the cost involved. Because of cost, many departments are out of compliance and allow their firefighters to operate in unsafe or unhealthy manners. During this session we will explain the most common types of injuries, how and why they occur. We will explain the importance of wearing proper firefighting equipment, using the Incident Command System and the need for rehabilitation on scene. We will discuss signs and symptoms of firefighter injuries and will explain both basic and advanced life support treatments for firefighter injuries. **Objectives:** understand the rules, regulations and laws concerning firefighter safety / understand the need to use proper firefighting equipment / recognize cardiac and heat related signs and symptoms / understand the most common firefighter injuries / assist firefighters showing signs of emotional stress / know and understand basic and advance life support for firefighter injuries / encourage firefighters to eat healthy and exercise daily.

CE: Trauma

Ken Bouvier, Paramedic

Monday 4:30–5:30 pm

Stretched, Stabbed and Strangled: Traumatic Neck Injuries

Managing injuries to the neck can be both complex and challenging for the prehospital provider, as it is the location for many vital structures. Many of these structural injuries carry with them a high probability of morbidity and mortality. Concern for vascular, neurologic, digestive tract and airway injury are of paramount importance when evaluating these patients. Whether the injury is blunt or penetrating, the EMS provider must maintain a high index of suspicion even if the patient appears to have only minor superficial injuries. This presentation will discuss the anatomy of the neck, zones of neck injury and management strategies to assist the EMS professional maintain a high index of suspicion and deliver optimal care for victims of neck trauma. **Objectives:** evaluate and manage laryngotracheal injuries / identify the three injury zones of the neck / explain how a patient who has been strangled, presents / list the key structures of the neck.

CE: Trauma

Chris Ebright, B.Ed., NRP

Monday 4:30–5:30 pm

EMS MacGyver Style

This lecture is to educate providers in rural area or on rural scenes about patient assessment with minimal equipment and the use of common equipment for unconventional purposes. **Objectives:** learn about the importance of good patient assessment in rural locations, ways to assess patients using minimal equipment, advanced assessment techniques to assist with treatment decisions when faced with minimal equipment and long transport or on scene times / identify possible field differential diagnoses when you don't have advanced equipment.

CE: Preparatory

Stephanie Contreras, BS NRP

Monday 4:30–5:30 pm

Crichy! The Realities of Surgical Airway Access

The pathway to mitigation of a true “can’t intubate, can’t oxygenate” situation is very short and very direct—a cricothyrotomy. Emergent surgical airway access via the cricothyroid membrane is a procedure that many paramedics will never perform in their career. Are YOU the next one who will be faced with this task? The low-frequency, high-risk nature of this skill mandates absolute knowledge of the anatomy of the anterior neck, frequent practice and procedural confidence. When cricothyrotomy fails, it is often the result of an inability to properly locate the anatomic structures of the larynx. This presentation explores the realities of cricothyrotomy in a manner that you have likely never seen before. Utilizing high-resolution cadaveric images, the anterior neck will be procedurally dissected and critical anatomic structures will be identified. A step-by-step approach—based on the latest evidence and best practices—will be followed in order to maximize your success in performing this time-sensitive, final option procedure. No patient should go to the morgue (for lack of an airway) without a hole in their neck! **Objectives:** recognize a true “can’t intubate, can’t ventilate” situation / identify key anatomic landmarks of the anterior neck and larynx / describe the various barriers to gaining emergent surgical airway access / describe the current best practices in gaining emergent surgical airway access.

CE: Airway

Stephen Rahm, NRP

Monday 4:30–5:30 pm

Surviving an Active Shooter Event

As active shooter incidents increase, so does your chance of being involved in one. Veteran private investigator and security expert Gillespie is certified in the A.L.I.V.E. Active Shooter Survival Training Program and can show you how you can increase your chances of surviving an active shooter, whether at work or out and about in your daily routine. This lecture will give you specific actions you can take to increase your chances of making it home to your family—and how EMS providers can keep their employees and customers safer. **Objectives:** how to recognize warning signs of possible incident / if present, specific steps you can take to increase survival / how to help others make it safely home.

CE: Preparatory

Mark Gillespie, MFS, TBCI

Monday 4:30–5:30 pm

The Demons Are Coming, But Are They Real?

Have you ever wondered what drives people to suicide? Are the demons really coming? Maybe that’s what it seems like. Suicide is real and if it hasn’t affected you or someone you know you may be lucky. In this session, we will look at suicide and the effect it has on those left behind. We will discuss the warning signs of suicide and how to deal with someone who is threatening suicide. Kirk asks that you come with an open mind to this session and be prepared to face your inner demons and help us understand this real crisis in our country. **Objectives:** evaluate the warning signs of suicide / discuss methods to deal with those thinking of suicide /determine how EMS can make a difference on a suicide call / evaluate who is the real victim of suicides and how to help them.

CE: Preparatory

Kirk Mittelman, M.Ed., NRP

Monday 4:30–5:30 pm

EMS Opioid Response

This panel discussion includes members from each of the four EMS Opioid Response sites to discuss approaches to engaging overdose survivors and people at risk for overdose, improve drug user health and reduce the risks associated opioid use. Additionally, this panel will include perspectives from an EMS worker who is in recovery from opioid use. **Objectives:** gain a better understanding of drug using behaviors and drug user health / understand approaches to engaging persons who have survived an overdose / how to connect overdose survivors with treatment and support / how to build community paramedicine support program for opioid overdose survivors in Texas.

CE: Medical

Lisa Ramirez, MA, LCDC

Commander Hardy, Commander

Daniel Sledge/ Annie Burwell, EMS

Dr. Lisa Cleveland, PhD, RN, CPNP, IBCLC, NTMNC, FAAN

Dr. James Langabeer, PhD, EdD

Monday 4:30–5:30 pm

EMS POCUS: It's Becoming Affordable!

POCUS (Point Of Care UltraSound) devices are common in emergency departments but, until recently, have been too expensive for EMS. That's now changing as more affordable devices enter the market. Escott and Pickett will discuss currently available devices, review the indications for POCUS and how U.S. findings can change clinical care, and the essential elements needed to establish a POCUS program. **Objectives:** describe the currently available POCUS devices / discuss indications for EMS POCUS / describe how care might change given POCUS findings / describe the elements of a POCUS program.

CE: Medical

Mark Escott, MD

Jason Pickett, MD

Monday 4:30–5:30 pm

Can We Determine Ischemia in Left Bundle Branch Block?

The presence of LBBB has traditionally confounded STEMI interpretation, resulting in both unneeded cath lab activations and missed AMIs. We will discuss current evidence and learn a straightforward way to decide when and when not to activate the cath lab in patients with LBBB, using real ECGs and outcomes from patients flown in a two-year study. **Objectives:** recognize the problem with current guidelines for patients presenting with ischemic chest pain and left bundle branch block (LBBB) / evaluate the evidence supporting criteria to determine ischemia in LBBB / assess a patient's need for immediate PCI based on the 12-lead ECG despite the presence of new or old LBBB / explain the lack of utility in using new-vs-old LBBB as an indication for PCI/thrombolytics.

CE: Medical

Bryan Winchell, EMT-P, FP-C, CCRN, CFRN

Monday 4:30–5:30 pm

First Responder Immunizations: Be Prepared Before Your Next Emergency

The Texas Department of State Health Services (DSHS) Immunization Unit is committed to helping prepare for a disaster by improving vaccination coverage rates for first responders and their families. Through the continued development and strengthening of partnerships between DSHS, local health departments, healthcare providers and first responder organizations, the DSHS Immunization Unit continues to focus on improving and expanding first responder organizations' knowledge and utilization of the Texas Immunization Registry, ImmTrac2 and adult immunizations recommended by the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP). During this session, participants will be provided with information about the important role immunizations play in the daily activities of first responders. They will also be provided with information and strategies from the Texas First Responder Immunization Toolkit to help increase the immunization rates within the first responder organizations by recommending the ACIP adult immunizations to their staff, increasing the utilization of ImmTrac2 to record immunizations for consented adults and increase the awareness and importance of adult immunizations among the first responder community.

Objectives: increase the knowledge and awareness of the importance for adult immunizations among first responders and their families / increase the number of first responder organizations who recommend ACIP adult immunizations to their staff / increase the utilization of ImmTrac2 to gain consent and record immunizations for first responders / provide resources for ongoing education and training on adult immunizations for first responders.

CE: Preparatory or AOR

Denise Starkey, MPH, MA

Kevin Allen

Matthew Davis

Tuesday 8:00–9:00 am

Be a V-EMT (Ventilator EMT)

Are you a V-EMT (ventilator EMT)? Breathing is an essential life process. The brain, through the medulla carefully adjusts ventilations to meet the needs of the body. But what happens when the brain can no longer control ventilations or quits all together? How are we to provide these life preserving breaths? The session takes a look at how and why we breathe and focuses on some tips and procedures for the basic provider to adequately ventilate a patient and to assure that tube placement is monitored along with ventilations. We are told to ventilate at a rate that is arbitrary, and a chest rise and fall that is unreliable. Is there a better way? Yes, come to this session and see how being a V-EMT can benefit your patients. **Objectives:** Contrast normal physiology of respiratory system / differentiate hyperventilation from overventilation / describe ways to confirm and monitor tube placement / describe a technique to adequately ventilate an intubated patient.

CE: Airway

Bob Page, M.Ed, NRP, CCP, NCEE

Tuesday 8:00–9:00 am

Can You See Me Now? Lessons Learned from EMS Body Cams

North Channel EMS providers have worn body cameras for the last three years. While many have theorized what pearls and pitfalls are associated with EMS body cameras, NCEMS has learned them firsthand. Invaluable lessons include improved medical care by allowing for

focused training, case critiques/reviews and increased provider accountability, increased provider safety and how to teach branch points for de-escalation. Cameras also increase community accountability. From an administrative perspective, cameras worn by EMS providers can decrease liability and provide legal recourse. Multiple research and performance improvement projects have been performed or are underway to improve patient care. Body cameras at NCEMS have been a positive experience and we would like to share what we have learned with others in EMS. **Objectives:** EMS body cameras law and literature review / improve patient care / improve provider safety / decrease provider and department liability

CE: Preparatory or AOR

Jay Barkdull, EMT-P

David Wampler, PhD, LP

Tuesday 8:00–9:00 am

Abuse Them and Lose Them

This lecture will offer a comprehensive look into recruitment and retention in predominantly rural volunteer departments. **Objectives:** cause and effect / retention (challenges and solutions) / training and time demands / recognition, incentives, the fun factor.

CE: Preparatory or AOR

Ricky Snell, Retired Assistant Chief, EMT Course Coordinator Training Officer BCFRTA

Tuesday 8:00–9:00 am

When Patients Say No: Legal Liability for Patient Refusals

One of the biggest areas of malpractice risk for EMTs is the patient who refuses transport. This session will provide attendees with an overview of some of the legal risks involved and some practical approaches to minimizing that risk. **Objectives:** legal standards regarding informed consent/refusal / assessments related to capacity, mental and legal / recommended areas of documentation / recent cases involving EMS and patient refusals.

CE: Preparatory or AOR

Mark Smith, JD, MBA, SPHR, SHRM-SCP

Tuesday 8:00–9:00 am

Mobile Broadband Communications: FirstNet is Changing EMS

High speed dedicated and reliable mobile broadband communication is now available in your ambulance or other public safety vehicle. How to get it, use it to benefit your patient and how it differs from the traditional voice-only communication systems we have used for years will be explored in this session. Mobile Broadband communication gives you the capability to diagnose and treat patients in the field, with solid medical support on-line, and brings tremendous new benefits and support to rural EMS providers. **Objectives:** differentiate voice only and broadband communication systems / learn the capabilities and benefits of broadband communication to patients / discuss ways this new communication tool can be used to benefit patients with never before possible diagnostic and treatment options / learn how to take advantage of this new advance in communications capability.

CE: Patient assessment or special considerations

Brent Williams, Paramedic

Tuesday 8:00–9:00 am

Ew! What's That Rash?

You are dispatched for the person not feeling well, pretty typical. You get on scene and the person has a nasty rash. You pause to put on your personal protection equipment because this might be something you can catch. In this session, we'll discuss differential diagnoses including the possibilities of whether the condition is contagious and/or life-threatening. **Objectives:** review appropriate personal protection equipment / explore differential diagnoses for rashes and skin conditions that might be encountered / identify potentially life-threatening rashes / identify potentially communicable rashes.

CE: Medical or patient assessment

Becky Valentine, B.S., Paramedic, NCEE, MA I/C

Tuesday 8:00–9:00 am

Management of the Mental Health Patient

First response and EMS personnel are seeing an alarming increase in the number of mental health patients in the prehospital environment. Providers must be able to identify certain indicators that create the need to have the patient seen for further evaluation by a physician and/or mental health facility. Providers must be able to work as part of a multi-disciplinary team consisting of police, mental health officers, emergency room personnel and community health medics. If available, best practices show that these patients can be navigated to specific facilities, similar to the trauma patient, which provide for a faster and more responsive approach to their acute mental health needs. At the end of the presentation, the attendee will be more familiar with how to care for the mental health patient and Chapter 573 of the Texas Mental Health Code.

Objectives: attendees will: be able to assess for indicators of a patient needing to be evaluated for a possible risk to themselves or others by mental health officer and/or physician, and how to interact with these individuals to provide for the best care for the patient / be familiar with medical conditions which might cause a patient to appear at a risk to themselves or others, which are not caused by a mental health condition / be more familiar with Ch. 573 of the Texas Mental Health Code regarding emergency detention / understand the difference with a mental health warrant, order for emergency detention, protective custody and understand the role EMS may play with each of these.

CE: Medical or special considerations

Mark Montgomery, BSN, RN, LP, CEN

Tuesday 8:00–9:00 am

Prehospital Whole Blood for an Entire Trauma Service Region

In 2018, the South Texas Regional Trauma System became the first EMS system in the country to offer rural HEMS systems and an entire metropolitan city whole blood as a treatment for hemorrhagic shock. Multiple community partners worked together to design a system that delivers whole blood to all patients in the surrounding 22 counties. This includes a multi casualty incident whole blood response and walking blood bank operation plans. Trauma Region P is actively rolling out whole blood to all rural ground EMS providers that request to use this life-saving treatment in the prehospital environment. **Objectives:** whole blood current practice / whole blood science and literature review / resuscitation science and literature review / regional planning for whole blood deployment and building a regional system to include rural/metropolitan EMS and rural hospitals.

CE: Medical or trauma

C. J. Winckler, MD, LP

Tuesday 8:00–9:00 am

Sepsis in the Elderly: The Invisible Tsunami

Sepsis is a leading cause of death in elderly patients. Hospitals are establishing programs to discover and rapidly treat septic patients. EMS is lagging far behind hospitals in recognition and appropriate treatment of septic patients. In this program we will discuss the pathophysiology of Sepsis, as well as assessment and treatment strategies. We will look at the epidemiology of sepsis to understand why it should become an EMS priority. **Objectives:** explain the pathophysiology of sepsis / describe the signs and symptoms of sepsis / identify treatment priorities for sepsis at both the BLS and ALS levels / discuss why early treatment and early hospital notification are important parts of the treatment plan.

CE: Medical

Gary Saffer, MPA, NRP

Tuesday 9:15–10:15 am

Managing School Bus Crashes

This session is designed to help first responders better understand how to manage school bus crash incidents. Daily in the United States an average of 480,000 yellow school buses transport approximately 25 million students to and from school. Although school buses are the most regulated vehicles on the highway, incidents involving school buses occur daily. School buses are designed safe with roll over and high crush protection. The bus is painted yellow for high visibility and equipped with flashing red and yellow lights, cross-view mirrors and red flashing stop signs. Some buses are equipped with video surveillance cameras both on the inside and outside to record incidents. According to the National Safety Council (NSC) the crash data shows that between 2007-2018, there has been 161,000 people killed and 1,612 people injured in school bus related crashes. Seventy percent of the deaths in school bus related crashes were occupants of the other vehicles, 17% were pedestrians, 6% school bus passengers, 4% school bus drivers and 3% pedal cyclists. During this session we will discuss school bus design, safety features, crash data, types of injuries, triage, patient tracking and school bus crash management. **Objectives:** understand school bus crash data / learn about safety features and school bus designs / better understand how injuries occur on school buses / learn ways to account for everyone on the bus / review triage and transport accountability.

CE: Clinically related operations

Ken Bouvier, Paramedic

Tuesday 9:15–10:15 am

How Vital Are Vital Signs?

Blood pressure, pulse, respirations, pulse oximetry. We all call them “vital signs,” and some people even add temperature and CO2 to the list. But how “vital” are vital signs, really? How important are a bunch of numbers when your patient already looks like death on a cracker? All too often, inexperienced EMTs anchor on obtaining a set of vital signs, to the detriment of even lifesaving interventions; they’re busy counting the rate of agonal respirations, when they should be providing normal ones. Let’s face it, when your patient is in danger of dying in the next few minutes, you don’t need to know what the vital signs *are*, you just need to know what the vital signs *aren’t* and you can get that information with your basic senses, without the need of a

stethoscope, pulse oximeter, or sphygmomanometer. Join Kelly Grayson as he explains how and when vital signs are important and when they can be deferred until later. **Objectives:** discuss indirect, observational measures of mental status, respirations and perfusion that do not require special equipment / discuss prioritization of lifesaving interventions over comprehensive assessment / describe clinical presentations where immediate and accurate vital signs are necessary to proper patient care / evaluate several patient scenarios where vital signs are unnecessary to provide adequate care.

CE: Patient assessment

Kelly Grayson, NRP, CCEMT-P

Tuesday 9:15–10:15 am

Leading in the "Sticks": A Guide for Rural EMS Directors

Rural EMS agencies struggle to compete with large agencies in many ways and most notably on becoming an attractive opportunity for new recruits. Explore options available to small departments to become more marketable and increase retention. Topics also include the pros and cons of a family environment, staying innovative with limited resources and being a jack-of-all-trades. This lecture is designed for current rural leaders, aspiring leaders, or for urban responders interested in rural EMS. **Objectives:** leveraging unique marketing to attract new applicants / implementing unique programs that fit your area / valuing employees when minimal promotional positions exist / embracing the very thing you are fighting.

CE: Preparatory or AOR

Sharon Muzny, MPAff, NRP

Malissa Mieth, AAS, LP

Tuesday 9:15–10:15 am

EMS and Service Animals

This is an interactive training lecture designed with first responders and emergency providers in mind that would like to learn about applicable service dog laws, access for people with disabilities using service dogs, as well as general etiquette involving evacuating, transporting and interacting with service dog teams. The goal of this training is to train first responders and medical staff to maintain effective provision of emergency services and medical attention while maintaining compliance and equal accessibility where the American with Disabilities Act applies. **Objectives:** understanding how the American with Disability Act applies to a service dog team and in the places EMS and service dogs are accommodated / understanding the difference between a service dog as defined by the ADA and when service dogs can be refused access or must otherwise be accommodated / enable participants to advocate for their patients when involved in an access denial or conflict with other healthcare providers that are not aware / how to interact and recommendations for accommodating in various emergency situations.

CE: Special considerations or clinically related operations

Jayce Yeh, EMT

Irie (Sadie) Caudle (Jensen)

Tuesday 9:15–10:15 am

Pediatric Traumatic Brain Injury

Children can have a delayed and unique response to head trauma. This is a brief overview of the key assessment components, monitoring techniques and care considerations of pediatric

traumatic brain injury. We will discuss the primary goal of all pediatric patients with head injury, as well as key aspects in their initial care. **Objectives:** identify children at risk for TBI / recognize the difference between primary and secondary brain injury / list three situations to avoid in pediatric TBI.

CE: Pediatrics or special considerations

Dusty Lynn, RN, MSc, TCRN, EMT-P

Tuesday 9:15–10:15 am

Human Trafficking: Introduction to an EMS Screening Tool and Protocol

This lecture will feature a discussion introducing a screening tool and protocol for handling victims of human trafficking. **Objectives:** define human trafficking / identify the key indicators of human trafficking / apply a protocol for handling human trafficking victims / understand a trauma/survivor-centered approach to treating human trafficking survivors.

CE: Special considerations

Matthew Short, MS, LP, NRP

Tuesday 9:15–10:15 am

Myths, Half-truths and Downright Lies in Airway Management!

Many times, in medicine we are taught things that just aren't true or are partially true by well-meaning instructors. They say that the evidence in medicine does not catch on for at least ten years and sometimes longer! Attend this lecture and learn which is fact and which is fiction. This lecture uses a combination of historical fact and evidence-based medicine to explore some of the most controversial and deep-seated notions in airway management today. **Objectives:** describe the history of various airway maneuvers such as cricoid pressure, sniffing position and oxygenation as it pertains to airway management today / describe an incremental step-by-step approach to oxygenating and securing an airway / describe the difference between cricoid pressure and ELM / describe common airway myths including sniffing position, three alignment axis and oxygenation myths.

CE: Airway

Russ Brown, NRP

Tuesday 9:15–10:15 am

Sudden Ambulance Death Syndrome

In this session, we will evaluate the critical importance of incorporating objective evaluation of cardiac monitor. **Objectives:** discuss importance of using objective cardiac monitor file evaluation in quality assurance / demonstrate how to incorporate objective evaluations into the QA process / discuss how to identify and prevent unrecognized failed airways / discuss how to identify and prevent SADS.

CE: Medical

Veer Vithalani, MD, FACEP, FAEMS

Tuesday 9:15–10:15 am

Ask Joe: Q&A with State EMS Director—Coffee, Donuts and CE!

Coffee, muffins and CE. Ask State EMS Director Joe Schmider all your burning questions.

Objectives: Improve knowledge of state processes / improve knowledge of Texas EMS / improve understanding of legal issue in EMS / improve understanding of DSHS.

CE: Special considerations
Joe Schmider, State EMS Director

Tuesday 10:30–11:30 am

Inextricable Connection: From Labs and Classrooms to Combat and Playgrounds

There is an undeniable, evidence-based reality to the preparation, algorithm, skill, equipment and follow-through in emergent patient care. Is our current state-of-science born from military or civilian minds? Should this question even be up for debate? Inextricable Connection promises to highlight the relationship and future between military and civilian medicine, as well as the undeniable facts surrounding emergency medicine in both worlds. We plan to highlight key problems and solutions, while illuminating the origins of those solutions, subsequent adoption (or not) and ultimately the impact on patient care. **Objectives:** illuminate select evidenced-based clinical challenges (and their current cleared clinical solutions) in the prehospital arena / briefly discuss the relationship between an identified clinical challenge and a deployable/FDA cleared device or recommended procedure / define end-user experiences as they relate to actionable device or procedural change / discuss the inextricable connection between military and civilian emergency medical services and WHY it matters.

CE: Preparatory

Scotty Bolleter, BS, EMT-P

Caitlin M. Howard, MD, MPH MAJ, MC

Tuesday 10:30–11:30 am

RIGHT Care for Psych Patients: A Paramedic, a Police Officer and a Social Worker Walk into a Bar...

RIGHT Care is a multidisciplinary team composed of a paramedic, a law enforcement officer and a behavioral health clinician. It focuses on diverting people with mental illness from jail and emergency departments when responding to emergency calls in order to decrease recidivism rates, better facilitate recovery and more appropriately allocate community resources. It works to create a safer response for police and EMS as well as release valuable resources for other calls. **Objectives:** understand the hazards of responding to a person with mental illness / recognize the different roles of a police officer, paramedic and behavioral health clinician and how they work together to improve the result for these patients / describe different response outcomes for mental illness patients other than jail or emergency departments / understand the requirements for establishing a multidisciplinary team for mental illness emergencies.

CE: Medical

Tami Kayea, LP, MSML

Isaac Gooch, Paramedic

Tuesday 10:30–11:30 am

Blood Pressure and Highway Tires

Blood pressure: what we gain by it what else do we need to know, is it important or are there other signs to look for and evaluate? **Objectives:** accuracy in obtaining the blood pressure / what information do we gain from it / other things that that may be more accurate / improvement in patient care.

CE: Medical

Greg Hennington, MBA, LP, CFP

Eddie Martin, EMT-P

Tuesday 10:30–11:30 am

Your Lyin' Eyes

One of the challenges of good patient assessment is the patient who is less than truthful. Maybe this is due to substance abuse, social or legal issues; as clinicians we need to identify and address any emergency medical problems. Let's take a look at the role of the eyes, body language and speech patterns in identifying deceptive answers to your questions. **Objectives:** discuss some reasons for less-than-truthful answers to EMS providers / identify some physiological signs of untruthful answers / identify some confounding factors that may alter honest responses / learn how to factor these findings into your overall assessment.

CE: Patient assessment or medical

Larry Torrey, RN, EMT-P

Tuesday 10:30–11:30 am

I'll Sleep When I'm Dead: Sleep Loss and Fatigue in EMS

Fatigue and poor sleep hygiene are so commonplace in EMS that we accept it as the norm. Increased public awareness of fatigue related accidents, medical errors and first responder mental health, challenge providers and leaders to examine the priority of sleep in their lives and agencies. Amy will discuss the importance of quality and quantity of sleep, related physical and mental comorbidities of poor sleep hygiene and tools for providers to improve their sleep methods and environment. **Objectives:** relate quantity and quality of sleep to potential comorbid diseases and disorders understand relationship between fatigue and negative on the job repercussions such as traffic accidents and clinical errors / recognize role of fatigue in mental wellness / employ tools personally and professionally to improve quantity and quality of sleep to counter fatigue and disease.

CE: Preparatory or AOR

Amy Eisenhauer, EMT

Tuesday 10:30–11:30 am

The Right Stuff? Scope of Practice Changes to BLS and AEMT Medications

Providing safe medication to treat a myriad of illness has been lacking at the basic life support levels and has been minimal at the AEMT level. The 2018 National Scope of Practice has opened the door for better treatment of patient with fever, breathing difficulty and management of pain that has been available previously. This presentation will explore the changes to the National Scope of Practice for medication that can now be administered by EMRs, EMTs and AEMTs. **Objectives:** review basic pharmacology practices for BLS / discuss the new Scope of Practice medications administration changes for BLS Providers and AEMT / identify medications the EMR, EMT and AEMT are allowed to administer / review Drug Card Information for specific medications the EMR, EMT and AEMT providers are allowed to administer.

CE: Clinically related operations or medical

Jules Scadden, PM, EMS-Ed

Tuesday 10:30–11:30 am

Death Scene 101

This lecture will provide proper assessment skills for death scene calls to ensure that providers appropriately document the postmortem assessment. Carriker will also review the first responders' duties when it comes to deaths in the home, including dos and don'ts while on scenes. Safety concerns will also be covered. Multiple examples will be provided where first responders have assisted this investigator to obtain accurate information that could not be provided by law enforcement. **Objectives:** scene safety on death scenes / review postmortem assessment information, including timeline and expected changes / details needed on death scenes from first responders / duties of the first responder when death is involved.

CE: Clinically related operations or AOR

Julie Carriker, RN, CA-CP SANE, D-ABMDI, Forensic Death Investigator

Tuesday 10:30–11:30 am

ET3: What Is It? (Panel Discussion)

Prehospital medicine is on the verge of being able to lead meaningful, substantial change in how Americans access and receive definitive acute care. ET3 is not here yet and is far from perfect, but this is our chance to make EMS the absolute most important piece of all acute unscheduled care. Let's discuss the ins and outs of this new CMMI test model concept coming near you in 2020. **Objectives:** administration / innovation / treat and release / advanced on scene care.

CE: Preparatory

Gerad Troutman, MD, MBA, FACEP, with panel

Tuesday 10:30–11:30 am

The "S" Word

Suicide is a health problem affecting people across various lifespans. It is currently the 10th leading cause of death in the United States and remains no stranger to the first responder community, with over 250 deaths reported among firefighters, law enforcement and EMS in 2017. It is time the industry acknowledges the stigma associated with suicide and strategically puts action plans in place to address the issue. This session will acknowledge those specific stigmas and allow the participant to implement strategic suicide prevention plans that focus on organizational support, community collaboration, peer support and resource allocation.

Objectives: recognize the stigmas associated with mental health and suicide in the first responder industry / discuss risk factors and warning signs associated with persons contemplating suicide / identify the goals associated with suicide prevention, intervention and post-vention / identify resources in the community for suicide prevention collaboration.

CE: Medical or preparatory

Macara Trusty, MS, LP

Desi Partain, MHA, Paramedic

Tuesday 2:00–3:00 pm

Should We Really Be Giving Narcan?

It is in the news, Opioid Epidemic! Drug overdose deaths are up nationwide. Narcan has been hailed as a lifesaving drug! Everybody can give it, EMS, firefighters, the police, the lay public even. Everybody is caught up in the hoopla! But what are the costs? Besides the actual cost of the drug Narcan, what are the other costs? What are the risks to the patient who gets Narcan and to EMS and others that give the drug as an antidote? Toxicologists have for years have warned about giving antidotes without knowing what the patient took. Is there an alternative? Come to

this session and hear what no one else is telling you, take a look at the other side of the discussion that goes against most systems protocol, but you know well. For years, EMS providers have been blindly following protocols, and some have even suggested that Narcan can even “rule out” a narcotic overdose? We will look at the effects of narcotics on the body and what the real problem is. Solid patient assessment techniques could point the provider to a management plan. **Objectives:** contrast normal physiology of respiratory system with that of opioid induced respiratory depression / describe the risks and benefits to Narcan administration in a suspected overdose / describe presenting signs and symptoms of narcotic overdose / describe alternatives to drug therapy of suspected opioid overdose.

CE: Medical

Bob Page, M.Ed, NRP, CCP, NCEE

Tuesday 2:00–3:00 pm

That Doesn't Look Normal: Broken Bones

Orthopedic injuries are common cause of EMS activation. In this session, we will review common orthopedic injuries. And also discuss the secondary injuries that must be prevented by EMS professionals while addressing various splinting techniques that can be utilized.

Objectives: review the anatomy of common skeletal injuries / discuss secondary injuries associated with fractures / discuss various splinting techniques with common fractures.

CE: Special considerations

Jeff Beeson, DO

Tuesday 2:00–3:00 pm

The Worst Thing Imaginable: Line of Duty Death

In this presentation the speaker will discuss first responder line of duty death. She will identify the most common causes of line of duty death, including acute myocardial infarction. Discussion will also center around the disturbing rise in first responder suicides. Strategies will be provided to assist the learner in understanding local and state resources to assist families and co-workers during a horrific time. **Objectives:** define line of duty death (LODD) / discuss common causes of LODD, including heart disease / identify resources to assist families and agencies after an LODD / discuss the rise of suicide in first responders.

CE: Preparatory or AOR

Karen Yates, MSN, RN, CEN, LP

Tuesday 2:00–3:00 pm

The Wolves in Sheep Clothing

Sepsis is a common clinical syndrome that is caused by an unchecked inflammatory response to infection. Several diseases closely resemble a septic presentation by mimicking its clinical pathophysiology. If these various conditions are not taken into consideration while examining a patient with a potential diagnosis of sepsis, there is a higher potential for increased mortality and morbidity. This presentation will explain what mimics you should evaluate for and what history and physical exam findings that can assist you differentiating these conditions from sepsis.

Objectives: list three common mimics that present as a septic patient / explain the history and physical exam findings that assist to differentiate mimics from sepsis / identify the need to consider the entire clinical picture for a patient presenting with a possible sepsis mimic / differentiate the various treatments for sepsis mimics.

CE: Patient assessment or medical
Chris Ebright, B.Ed., NRP

Tuesday 2:00–3:00 pm

National Registry of EMTs Update

The National Registry of EMTs will provide an overall update on certification and recertification, nationally and state-specific. Presenters will also discuss the National Registry examination: from how questions are written and evaluated to how the test is administered. National Registry staff will also make time for important question-and-answer interaction with conference attendees following the presentation. **Objectives:** provide an update of the National Registry / explain the value of National Registry certification and recertification / provide an overall explanation of the National Registry examination / answer Texas-specific questions and concerns.

CE: Medical

Donnie Woodyard, MAML, NRP
Shane Cartmill, Communications Manager

Tuesday 2:00–3:00 pm

Assessment Differentials

A good clinician seeks the best in evidence-based medicine when conducting an assessment based on best practices. In this session, using case-based scenarios, we will use our best critical thinking in determining what's happening with each patient and how to treat that patient. **Objectives:** participate in a discussion of the importance of critical thinking / participate in case-based assessments / construct a list of working differential diagnoses based on each patient presentation / hypothesize the best care for each patient / review best practices within the participants protocols.

CE: Patient assessment or medical

Becky Valentine, B.S., Paramedic, NCEE, MA I/C

Tuesday 2:00–3:00 pm

Hot Topics: Emergency Burn Care and Beyond

In this presentation we will explore the emergency aspect of burn care. In order to fully understand the impact of a burn injury on a patient we will look at several case studies and how these principles are implemented. Beyond the emergent aspect this presentation will explore some of the newest technologies utilized in the treatment of burn patients and how they impact their healing and outcomes. **Objectives:** identify the newest prehospital initial fluid rate recommendations / describe characteristics of 1st, 2nd and 3rd degree burns / outline signs and symptoms of inhalation injury / identify the three major types of burn injuries.

CE: Trauma

Jocelyn Hills, NP

Tuesday 2:00–3:00 pm

Ghetto Sim 2.0

Does your department have an unlimited budget for your education department? No? Well, come listen to Elizabeth Fagan discuss simulation for the rest of us. She demonstrates some great ways

to make effective simulations at a very affordable price. **Objectives:** describe how to create simulations for airway management, surgical airway, needle decompression and IO insertion.

CE: Preparatory

Elizabeth Fagan, MD

Tuesday 2:00–3:00 pm

Old Timer's Disease

The sixth leading cause of death is Alzheimer's Disease! It primarily affects those who are 65 and older, which is the majority of our patients. With so many elderly patients, do you know how to adapt your assessment to properly evaluate and care for them? We will look at the latest information on the disease, assessing patients with AD, common challenges and resources for anyone working with AD. **Objectives:** be aware of the latest information on Alzheimer's Disease and common medications patients may be taking for it / apply different methods of assessment and understand the need to make these adaptations for Alzheimer's patients / be aware of common challenges associated with the Alzheimer patient / know resources available to EMS and for EMS to share with families and caregivers of Alzheimer patients.

CE: Special considerations

Leslie Teel, BS, LP

Tuesday 3:15–4:15 pm

Do You Really Care about Patients?

Description and objectives to come.

CE: Prep

Ed Racht, MD

Tuesday 3:15–4:15 pm

Treat the Monitor AND the Patient: Clinical Correlation of Monitor Waveforms

You've heard it a thousand times: "Treat the patient, not the monitor." And while there is a nugget of wisdom in that advice, all too often it means, "I'm not really sure what to call that wave, but my patient hasn't crashed yet." The truth is, sometimes you do treat the monitor, and knowing the significance of subtle waveform morphologies can add a great deal of clarity to the clinical picture and guide treatment of your patient. Join Kelly Grayson as he shows us how to get the most out of your cardiac monitor and put those squiggly lines to good use. **Objectives:** understand the basics of waveform capnography interpretation and how to use the capnograph as an indirect measure of perfusion / discuss how to use capnography to gauge fluid responsiveness / discuss the basic components of a plethysmograph waveform, and how to use it as an indirect measure of central hypovolemia / correlate ECG, plethysmograph and capnograph findings to patient's hemodynamic and respiratory status.

CE: Patient assessment

Kelly Grayson, NRP, CCEMT-P

Tuesday 3:15–4:15 pm

What is This EKG? Basic 3-Lead EKG Interpretation

This lecture will provide a review of basic 3 lead EKGs. It will include a variety of rhythms including atrial dysrhythmias, ventricular dysrhythmias, heart blocks and others. The learner will receive a great preparation or review in the art of basic EKG interpretation. **Objectives:** identify

a normal P wave, QRS and T wave / identify atrial dysrhythmias / identify ventricular dysrhythmias / identify a variety of heart blocks.

CE: Patient assessment or medical

Alan Taylor, MD, FACEP, FACC

Tuesday 3:15–4:15 pm

Important EMS Research from 2018-19: Ten Minutes at a Time

This presentation will review the results of five research studies published in 2018/2019 that may change the way EMS personnel care for patients in the near future. This session will review the results of the PRAGMATIC Airway Trial (airway management in cardiac arrest), the PARAMEDIC Trial (epinephrine administration in cardiac arrest), the PHANTASi Trial (prehospital antibiotics for sepsis), the COMBAT Trial (prehospital use of plasma) and Head-Up CPR. **Objectives** compare the association of two airway management strategies on survival following out-of-hospital cardiac arrest / summarize the effects of epinephrine on survival following out-of-hospital cardiac arrest / identify the survival benefits of early prehospital antibiotic therapy in patients suffering from sepsis / list the benefits of prehospital use of plasma for the treatment of hemorrhage / explain how head-up CPR may improve neurologically intact survival following cardiac arrest.

CE: Special considerations

Kenneth Navarro, LP

Tuesday 3:15–4:15 pm

Down on the Farm: Patient Care Considerations During Ag Rescue

Agricultural rescues present many unique problems that are usually overlooked in initial fire and EMS training. This class addresses both situational awareness and specific patient care issues commonly found in ag rescue situations. **Objectives:** identify common agricultural accidents requiring rescue or extrication / list scene, response and safety considerations for ag rescue and associated patient care / identify common injuries in ag rescue situations / outline BLS and ALS interventions during and immediately following extrication.

CE: Patient assessment or trauma

Sheila Sotherlund, NRP, LP, CCEMT-P, FP-C

Tuesday 3:15–4:15 pm

Posterior Circulation Stroke: Pitfalls in Diagnosis and Management

Posterior circulation strokes present very differently than traditional stroke we are all taught to look out for. This presentation aims to review etiology of these strokes, anatomy of the posterior circulation, present briefly the wide variety of presenting symptoms as well as what can be done regarding acute management. **Objectives:** basic understanding of the posterior cerebral circulation / review etiology of this stroke subset / be able to recognize presenting symptoms / learn about treatment options in the acute setting.

CE: Medical or patient assessment

Ryan Gianatasio, Neuroendovascular Surgery and Vascular Neurology

Tuesday 3:15–4:15 pm

Seizures in the Pediatric Patient

Pediatric seizures are frightening for the families and can be life threatening to the child. Join us as we discuss some of the more common pediatric seizures, their etiologies and treatment. We will view video clips of various seizure types as we discuss the initial goals of care for these patients. **Objectives:** list the most common type of seizure in the pediatric patient / define status epilepticus in children.

CE: Pediatrics

Dusty Lynn, RN, MSc, TCRN, EMT-P

Tuesday 3:15–4:15 pm

Traumatic Arrest: Are We Leaving Anyone Behind?

Traumatic arrest has been associated with poor outcomes and has historically been considered close to unsurvivable. Recent evidence suggests that there are some patients who are salvageable. Pickett will give an update on the current literature, review the priority tasks and discuss the future directions for traumatic arrests management in the field. **Objectives:** describe the mortality typically associated with in-field traumatic arrest / discuss the literature surrounding traumatic arrests / list several priority interventions that should be considered before stopping resuscitation / outline what a future resuscitation of a traumatic arrest might look like.

CE: Medical

Jason Pickett, MD

Epinephrine in Cardiac Arrest: Time for a Change?

Epinephrine is the cornerstone of cardiac arrest management. It has always been the foundation of a code. We've always done it that way. Surely, it must be based on sound evidence. Right? Not so much. Abraham will discuss recent studies, including a large randomized placebo-controlled field trial. She'll provide actual evidence about the impact of epinephrine in cardiac arrest. **Objectives:** discuss the origin of epinephrine use in cardiac arrest / describe the physiologic effects of epinephrine in cardiac arrest / discuss the methodology of the PARAMEDIC-2 trial / describe the results of the PARAMEDIC-2 trial.

CE: Medical

Heidi Abraham, MD

Tuesday 3:15–4:15 pm

Psyched Out: Taking the Crazy out of Behavioral Emergencies

The purpose of this lecture is to help first responders better understand the pathophysiology and symptoms seen in five of the most common psychiatric emergencies. Better understanding of the underlying condition will help providers make appropriate clinical decisions regarding treatment and transport decisions. **Objectives:** overview of psychiatric and behavioral statistics / discuss the five most common psychiatric emergencies: depression, schizophrenia, anxiety disorder, bipolar disorder and drug induced psychosis / discuss treatment options for first responders / discuss current programs in place to improve patient quality of life.

CE: Medical or special considerations

Adam Parkhurst, TX DSHS Paramedic; M.A. Sociology

Tuesday 4:30–5:30 pm

Fairytales, Myths and Science of Gunshot Wounds

Much of EMS education is focused on the management of traumatic injuries, penetrating trauma included. Most EMS providers rarely encounter a victim of a GSW so reading, pictures and simulation become the basis of our clinical impression. That clinical impression is what drives the care we provide. In this session, we will review basic principles of penetrating trauma, dispel the myths, and talk about the science of the care that we should provide. **Objectives:** review the physics of ballistics and penetrating injuries / list the common myths of GSW care / discuss the science and best practices of GSW care.

CE: Special considerations

Jeff Beeson, DO

Tuesday 4:30–5:30 pm

Pressure is Good for Tires, But Is It Good for the Airway?

Excessive pressure in an airway cuff can lead to fatal injuries, while low pressure can lead to aspiration. Paramedics are rarely instructed to monitor cuff pressure in the prehospital setting. This lecture will cover the risks and hazards of over- and under-inflated cuffs. **Objectives:** describe the injuries that can be caused by over- and under-inflated endotracheal tube cuff / describe the proper techniques for measuring cuff pressure / describe the steps to perform a minimal leak test for an endotracheal tube / describe when and how often cuff pressures should be checked.

CE: Airway

Steven LeCroy, Master's Degree, Paramedic, Respiratory Therapist

Tuesday 4:30–5:30 pm

Fly the Reds, Ground the Greens: A Case Study and Report from First Responders

This presentation discusses a passenger bus accident that occurred in Baldwin County, Alabama, in March of 2018. The passenger bus was carrying a high school band from Orlando to Texas when the accident occurred. This presentation will allow participants to have a glimpse into what first responders endure prior to transporting patients from a mass casualty incident. It will also allow participants to see how the incident command and triage systems work across state lines and agencies. **Objectives:** describe an MCI from the view of the patients and responders / discuss the obstacles found in the pediatric population, the ravine rescue and the communications barriers found in an intra-state emergency, as well as working across volunteer and career fire service and EMS providers / recognize the importance of improving the working relationship between the field and hospital personnel, not only in an MCI, but in all aspects of patient care / critique the positive and negative aspects of this incident, as well as demonstrate areas of best practices in future scenarios of this magnitude.

CE: Trauma or clinically related operations

Lamar Green, NRP, FP-C, BS

Tuesday 4:30–5:30 pm

Top 5 EMS Research and Quality Improvement Projects

This will be a fast-paced series of selected speakers who submitted leading abstracts submitted for the Texas EMS Conference Research Forum. You will hear directly from the investigators that are at the forefront of EMS innovation. You will see the latest science and maybe get an idea to bring back to your organization. **Objectives:** gain insight into current research projects being conducted by Texas EMS researchers / learn how current research projects are designed to ask

questions / demystify EMS research /build relationships for the responsible conduct of Texas EMS research.

CE: Preparatory

David Wampler, PhD, LP, FAEMS

Tuesday 4:30–5:30 pm

EMS Medical Directors Gone Wild: A Live Podcast Extravaganza

All the cool kids are listening to podcasts for EMS education, inspiration and entertainment. So, what could be better than a cross-over podcast from the hosts of the bestest EMS podcasts in the biz? A LIVE cross-over podcast recording answering questions from the audience. Joining moderator Ginger Locke from the MedicMindset pod will be Jeff Jarvis (EMS Lighthouse Project), Jason Picket (ATC OMD podcast) and several other EMS medical director scoundrels. **Objectives:** discuss how different systems are implementing new research about epinephrine in cardiac arrest and airway management in cardiac arrest / discuss the pros/cons of degree requirements for paramedics and vasopressin use in hemorrhagic shock.

CE: Preparatory

Jeff Jarvis, MD, EMT-P

Ginger Locke, EMT-P

Jason Picket, MD, EMT-P

Wednesday 8:30–9:30 am

Deployment Dilemma: Is It Time to Ditch Single-Tier, All-ALS EMS Deployment?

Many EMS systems dispatch ALS ambulances to every 911 emergency. The basis for this system design has been both clinical and financial. But, are all-ALS systems actually harming patients, while making it more difficult to meet rising call volume demands with a shrinking workforce? This dynamic, and at times controversial, session will explore the pros and cons of ditching an all-ALS, single-tier EMS system response model. **Objectives:** learn recent outcome studies based on ALS and BLS care / understand the staffing and financial issues relating to deployment methods / learn the processes and patient outcomes from different deployment methods / understand how to implement change in your agency.

CE: Preparatory or AOR

Matt Zavadsky, MS-HSA, NREMT

Wednesday 8:30–9:30 am

Both Sides of the Stretcher: Provider and Patient

Personal account finding yourself on both sides of the stretcher, as a provider and patient. How do we, as providers, dismiss all the signs we observe while educating our patients to remove themselves from certain violent situations? Why don't *we* leave? We always guide and provide resources to our patients to leave and get out. Dig a little deeper into the mental health of public servants to start the conversations, to save ourselves. After all, we are human too. **Objectives:** delineate current statistics of state and nationwide public servant victims of domestic violence / recognize the hidden behaviors/warning signs of our co-workers (aka: work family) / utilize the resources available/intervene to help our work family victims/ourselves / tools/tips/tricks to swallow your pride and accept that you are a "victim".

CE: Special considerations

Diedra Blankenship, BS, LP

Wednesday 9:45–10:45 am

Scene Safety for EMS During a Mass Shooting

Mass shootings are on the rise and touch communities both large and small. There is a great deal of focus on tactics and gear. Yet even in the midst of extreme danger and violence, safety must still be a key consideration. Safety starts well before the event. This class will discuss how to prepare, factors to consider during the event and continuing the mindset of safety even after the event. **Objectives:** identify different types of risk to EMS during a mass shooting / describe how preparation will increase safety / identify policies or procedures that can increase safety during a mass shooting / describe measures that can be taken to provide or improve safety after an event.

CE: AOR or preparatory

Tami Kayea, LP, MSML

Kevin Phillips, Firefighter

Wendi Laake, Police Officer

Wednesday 9:45–10:45 am

EMS Mythbusters 2019! (aka Outrageous Acts of EMS Science)

Reluctance to abandon old patient care practices has long plagued medicine, especially for EMS. Fortunately, however, new clinical evidence has been emerging, with great potential to improve EMS patient care and patient outcomes. This fast-paced, interactive presentation—updated for 2019! —evaluates new EMS science to help determine for several BLS and ALS EMS practices: myth or not? **Objectives:** list at least three EMS medical myths / list at least three EMS trauma care myths / list three EMS “special populations” myths / recognize the value of robust science in the evolution of EMS “best practices”

CE: AOR or preparatory

Ronna Miller, MD

Wednesday 11:00–Noon

“What’s in Your Bag?” Closing Session

We see things we shouldn’t see and hear things we weren’t meant to hear. What happens when it’s too much when your bag is full? Or when your bag begins to overflow. This session will offer an active introduction to the challenges associated with reactive responses to trauma. The activity will focus on culture-driven communities such as medical and first responders, offering an impactful depiction of PTSD. Join Brenda Tillman, Scott Lail and Ben Westcott for a raw, open discussion that will benefit all certification and experience levels of emergency medicine providers. it’s time to take the taboo away from mental health and take care of our own crew.

Objectives: Gain insight into trauma and how to mitigate its impact / gain awareness of the need for proactive practices for reducing the long-term impact of trauma / be introduced to peer support and its importance in emergency medicine / gain an understanding of how and where trauma stores / understand the impact of challenging sensory experiences . cultivate peer-to-peer resources in our first responder environment.

CE: Preparatory

Scott Lail, EMT-P, FP-C, CFE

Brenda Tillman, PhD

Ben Westcott, Firefighter/EMT-P

Monday 9:30–11:30 am

Workshop Stethoscopy for Dummies: Lung Sounds

How much did you pay for your stethoscope? How much training did you get on how to use it? This will fill the gap. In this session, participants are provided down to earth “for dummies” information on various types of stethoscopes and how to use them to get the most out of patient assessment. In this “Ear Opening” session, new and improved methods and techniques are presented, and lung sounds are also played aloud so all participants can hear the sounds rather than hear a “description” of the sound. Participants must bring their own stethoscopes with them. Bob brings simulators for all participants to use their own stethoscopes to hear the various sounds. **Objectives:** describe the parts of the stethoscope and the proper way to wear it / describe the difference in the bell vs the diaphragm and the use for each / identify by sound, common breath sounds / describe a technique for identifying consolidated lung tissue.

CE: Medical

Bob Page, M.Ed, NRP, CCP, NCEE

Monday 1:00–3:00 pm

Workshop Stethoscopy for Dummies: Heart Sounds

Heart Tones! This class assumes the user has been through the basic Stethoscopy For Dummies class where you learned how to use your stethoscope and practiced with breath sounds. This course will focus on heart auscultation. This will be a hands-on, ears on session that will explore the locations and proper techniques for heart tone auscultation. Bring your Littmann stethoscope as the lower end scopes such as Sprague or ADC will not be sufficient. We will have a limited supply of Littman Cardiology III scopes available to use for the class. This class will focus on basic heart tones such as S1, S2 and gallops such S3,S4, and summation gallops, Pericardial friction rub and basic murmur recognition. Emphasis will be drawn on the purpose of cardiac auscultation and its importance in patient assessment. **Objectives:** describe the parts of the stethoscope and the proper way to wear it / describe the difference in the bell vs the diaphragm and the use for each / identify by sound, basic heart sounds / describe the techniques and locations for heart sound auscultation.

CE: Medical

Bob Page, M.Ed, NRP, CCP, NCEE

Monday 9:30–11:30 am

Monday 1:00–3:00 pm

Workshop Whole Blood Resuscitation: Military to Civilian Translational Medicine

The military is at the cutting edge of damage control resuscitation and point of injury treatment. This workshop will discuss the current military and most advanced civilian practice of treating patients that need life-saving resuscitation from hemorrhagic shock and how to translate that to all civilian EMS settings. This will include the following topics: whole blood resuscitation: current military and civilian practice and literature review; deploying LTO+WB in a civilian ems system: the SAFD/STRAC experience and operations fully explained; LTO+WB in the ED: The SAMMC Experience and how to translate to civilian EDs; hands-on: transfusing fresh whole blood, latest equipment and techniques; single provider REBOA and a better thoracotomy: London HEMS experience and how to translate to ground EMS; AAJT: the poor man’s REBOA and why EMS should consider it in blunt traumatic arrest; hands on: AAJT and REBOA trainers. **Objectives:** literature review of latest resuscitative techniques, with focus on whole blood and

why it is likely the ideal resuscitation fluid / plan and prepare to deploy latest resuscitative techniques, including US Military/SAFD/London HEMS experiences with REBOA, thoracotomy and whole blood / damage control resuscitation for urban and rural environment, including discussion of needle decompression vs open thoracostomy and REBOA vs AAJT vs thoracotomy / understanding resuscitative practices and why current prehospital practice is not optimized, this will require understanding logistical challenges of our current EMS systems.

CE: Preparatory

CJ Winckler, MD, LP

Julian Mapp, MD, MPH, MBA

Ryan Newberry, MD, EMTP

John Knight, MD

Tuesday 9:15–11:15 am

Workshop Old-School Bandaging and Splinting

Don't you wish you had more time in your EMT class allotted to splinting and bandaging? What about since class? From A-frames to spiral reverse, this hands-on class will teach you some “old school” tips and tricks on splinting and bleeding control. **Objectives:** improve bandaging techniques / identify the steps needed for proper long bone immobilization / improve immobilization skills for long bone immobilization / modify our standard techniques for our non-standard patients.

CE: Patient assessment or trauma

Stu Rosenhaus, EMT, CIC

Tuesday 9:15–11:15 am

Tuesday 2:00–4:00 pm

Workshop Responder Safety: Situational Awareness and Personal Defense

This course will begin with how to recognize a potentially dangerous scene and discuss tactics to mitigate the danger before ever putting yourself in a difficult situation. However, some scenes initially benign can quickly escalate putting yourself and your partner in danger. Sometimes de-escalation fails. This class will provide you with a few tools that you can use to quickly egress to safety or equip you with some tools in the Krav Maga style to fight your way out. This is Training as if it were a matter of life or death. Krav Maga training is realistic and relies on leverage, the physics of body mechanics and common sense. Students learn to be effective under conditions of stress. EMS is designed to save lives; this course may help you to save your own life. Participant of this course are encouraged to dress comfortably, as you will be deploying self-defense combatives. **Objectives:** learn how to size up a scene and assess for hazards/ learn de-escalation techniques / learn techniques to avoid attack and to counter-attack effectively / learn techniques to respond to attackers with a weapon.

David Wampler, PhD, LP, FAEMS

Derik Frader, 4th degree