

**Monday 8:15 – 9:30 am**

**Stop Sweating It! 15 Action Steps to Reduce Stress from Living the EMS Lifestyle (Keynote)**

It seems like today's stressful healthcare world is more about paperwork, reimbursement and "risk management" and less about taking care of people—or is it? Whatever job we have—from practitioner to leader—we sometimes forget why we got into EMS in the first place. Too much unmanageable stress and you won't enjoy being in EMS anymore! Well, maybe you need the "15-Step Recovery Program" to reduce stress, have more fun, and make practical improvements to your life and your company—and feel good doing it. This fast-paced, humorous, motivational and practical presentation will help you focus on the bigger picture and the important issues that really make a difference—both in your personal and professional life—instead of sweating the small stuff!

CE: Clinically related operations

**Steve Wirth, Esq., EMT-P**

**Monday 9:45–10:45 am**

**School Shootings: Is Your Department Ready?**

This session is designed to help first responders, EMTs and paramedics be better prepared to handle incidents where school children have become victims of gun violence. The increased frequency of school shootings and other devastating attacks make preparedness, quick response and accurate assessment by EMS practitioners and other first responders essential. Hemorrhage control is critical! During this session we will review shooting incidents where children have been both critically injured and killed while attending school; discuss how a EMS system may become overloaded with request for service following a mass incident; and talk about responders that may be forced to render care to children they know from the community, including their own. Scene safety and how to manage the scene, including triage, treatment and transport is critical to this discussion, as is reunification of families after the incident is cleared.

CE: Clinically related operations

**Ken Bouvier, Paramedic**

**Monday 9:45–10:45 am**

**Texas Emergency Management 101**

Texas has more disasters than any other state in the U.S. and averages a major disaster once every eight months. Currently over 80 percent of the population in Texas is living in a county that is recovering from one of the seven presidential disaster declarations from 2015, 2016 and 2017. Come find out how emergency management works in Texas and better understand the history of disasters in this great state.

CE: Preparatory or Administrator of record

**Suzannah Jones, BA and MBA**

**Monday 9:45–10:45 am**

**Patient and Provider Safety in EMS: We All Have Room to Improve**

Safety for our patients and providers is not yet ingrained in the EMS culture. This session will review safety risks and suggest examples of best practices to improve patient and provider safety in your agency. Safety for providers includes safe use of lights and siren, safe vehicle design and specific habits that make you safer inside and outside of the vehicle. Safety for our patients also

includes specific interventions and practices to reduce errors during transfer of care, medication administration and procedure performance. Every provider and agency can improve.

CE: Clinically related operations

**Douglas Kupas, MD, EMT-P**

**Monday 9:45–10:45 am**

**Through the Eyes of the Aged: Geriatric Emergencies**

Patients over 55 years old are the fastest-growing age group calling EMS. As the human body ages, it loses functionality and mental acuity. This presentation will address the changing anatomy and physiology of aging, mental and emotional challenges and the assessment and management of our aging population.

CE: Special considerations

**Jules Scadden, Paramedic**

**Monday 9:45–10:45 am**

**Chest Trauma**

Chest trauma can be life-threatening. Early identification and treatment by EMS providers is essential to survival. In this discussion, we will review the anatomy and physiology of the human chest. We will also detail the most common pathophysiologic processes. We will then review prehospital assessment and current strategies for treatment of these injuries based upon the latest scientific evidence.

CE: Trauma

**Bryan Bledsoe, DO, FACEP, FAEMS**

**Monday 9:45–10:45 am**

**Getting Along in Years**

It is estimated that by the year 2030, we will see an increase of more than 70 percent in the geriatric population, just since the year 2000. Patients 65 years and older use EMS at a higher rate than any other age group. Do you have the knowledge necessary to understand the changes that occur with aging? Can you identify key differences in medication response and effects of poly-pharmacy in the elderly patient? What drug interactions are possible in the geriatric patient? Come join Dusty Lynn, experienced trauma nurse educator as she breaks down the differences between the geriatric population and other adults, in an easy-to-understand manner. Walk away with tips that will help you understand the important differences in this special population. Through case presentations you will deepen your knowledge of the aging process and develop assessment and management strategies specific to the geriatric patient.

CE: Special considerations

**Dusty Lynn, BS, RN, CCRN, NRP**

**Monday 9:45–10:45 am**

**2018 EMS LLSA Review**

Maintaining physician EMS board certification requires certificants to take Lifetime Learning Self Assessment (LLSA) quizzes every other year over a series of journal articles felt to be relevant to the specialty. ABEM has released the list of the 2018 articles. Drs. Jarvis and Ratcliff will quickly and painlessly review these articles, hitting the high yield, testable points of each article. By the end of the lecture, attendees will better understand the influence of scene time on

mortality, the association with EMS shift length and provider illness, the use of interarterial treatment for acute stroke, survival rates for cardiac arrest patients transported without ROSC, and more.

CE: Clinically related operations

**Jeff Jarvis, MD, EMT-P**

**Taylor Ratcliff, MD, EMT-P**

### **Monday 9:45–10:45 am**

#### **Endovascular Stroke Therapy Update**

This lecture will offer a brief overview of recent endovascular stroke treatment trials as well as the new AHA guidelines, using a case-based format, and highlighting the role of EMS in prehospital evaluation and triage.

CE: Medical

**Parita Bhuva, MD**

### **Monday 9:45–10:45 am**

#### **Everything I Ever Needed to Know I Learned in EMT School! Patient Assessment in the Real World**

This lecture takes a look at the practice of patient assessment and the technologies that we all have become dependent upon. Technology has become all too commonplace in the practice of EMS. How many of us really remember EMS practice without them? The problem develops when we rely on these technologies and forget to really look at our patients. One of the EMS provider's most basic skills is the ability to assess patients. By having some fun and going back to the basics in our approach we can build on and enhance this critical skill making us all more skilled and proficient EMS Professionals!

CE: Patient assessment

**Bryan Ericson, M.Ed., RN, NRP, LP**

### **Monday 11:00–Noon**

This lecture takes a unique, human cadaver based approach “beneath the skin” to sequential define the lifesaving acronym M A R C H (Massive Hemorrhage, Airway, Respirations, Circulation and Hypothermia). This treatment centric session is designed to specifically uncover key problems, while illuminating current mitigation strategies for our patient's most lethal challenges. While M A R C H likely originated in the United Kingdom, it was rapidly adopted by our nation's special operations teams, and subsequently by emergency medicine providers worldwide. This simplistic approach for the gravely injured has a history in combat care but essential applications far beyond the battlefield.

CE: Preparatory

**Scotty Bolleter, BS, EMT-P**

### **Monday 11:00–Noon**

#### **What's an Ache Like You Doing in a Joint Like This? Hands-On Orthopedic Assessment**

“I can't tell if it's broken, I don't have x-ray eyes.” All of us have spoken a variation of that phrase on an EMS scene, but it isn't necessarily true. When it comes to orthopedic assessment, there are plenty of physical exam techniques that accurately rule out fractures, and thus the need for x-rays. Join Kelly Grayson as he teaches us to lay our hands on patients and gain more

diagnostic information in the field than we thought was possible.

CE: Medical

**Steven Grayson, NRP, CCEMT-P**

### **Monday 11:00–Noon**

#### **Basic Capnography for BLS Providers**

While considered an ALS prehospital skill, capnography can be a valuable resource for BLS providers. We'll discuss the basic physiology of respiration, the difference between oxygenation and ventilation, what the capnography waveform can tell providers, and normal and abnormal capnometry values. We'll also discuss the advantages of end tidal CO<sub>2</sub> monitoring over oxygen saturation.

CE: Medical

**Gary Saffer, MPA, NRP**

### **Monday 11:00–Noon**

#### **IT and Data Security in EMS**

In a world that is ever more reliant on electronic data, electronic medical records and access to the Internet for daily operations, IT and data security considerations should be an item of concern for all EMS operations. This presentation discusses the layers of security in a well-structured EMS IT environment, potential security risks, and approaches to mitigate those risks.

CE: Administrator of record

**Jeff Brosius, NRETM-P (Ret)**

### **Monday 11:00–Noon**

#### **The Unhappy Drunk: Toxic Alcohols**

“Toxic alcohols” . . . Why would someone ever consume them? Typically, these substances are used for two reasons: suicide/homicide or inebriation. Since they are more readily available than ethanol and are usually cheaper, they are sometimes the viable option for a patient looking for a quick fix. The results of ingestion, however, can be catastrophic. This presentation will break down the effects of these substances in the body and what we as EMS providers can do for patients who have consumed these substances, including the pathophysiology of “other” alcohols within the body; unique signs and symptoms due to ingestion of methanol, ethylene glycol and isopropyl alcohol; and the proper treatments for a patient exposed to toxic alcohols.

CE: Medical

**Chris Ebright, B.Ed., NRP**

### **Monday 11:00–Noon**

#### **Dirty Dozen: Infection Control in EMS**

We are always being told, “Wash Your Hands!” and “Wipe Down Your Equipment!” but does it really make a difference? What is the hype about MRSA, VRE and even Zika virus, and do I really need to be concerned when I am told that my patient is “colonized” with VRE? We will review unsuspected places germs are found in high numbers in EMS, antibiotic resistance and up to six different types of precautions and how they can affect how we execute an inter-facility transfer. We will also go over some interesting facts about infections, take a look at the truth behind hand washing and antibiotic resistance and look at some good things that germs do for us every day.

CE: Administrator of record or Clinically related operations  
**Janet Taylor, CFRN, CEN, NREMT-B**

**Monday 11:00–Noon**

**Is This a STEMI or Not? Case Studies from Williamson County EMS**

Is the patient you are seeing having a STEMI or not? Often, this is an easy call but not always. Using a rapid-fire series of real-life cases (and real-life ECGs and pictures from cath labs), Jeff Jarvis will review the key findings that help identify patients with STEMIs. He will also review data from his system on the accuracy of prehospital STEMI activation. Attendees will better understand clinical history that should suggest typical ischemic chest pain, how to calculate the performance of an EMS STEMI program using hospital data, the most common reasons for EMS “overcalls” or “false positive” STEMI alerts, and the importance of incorporating patient presentation into the field diagnosis of STEMI.

CE: Medical

**Jeff Jarvis, MD, EMT-P**

**Monday 11:00–Noon**

**Prehospital Amputation Team**

This session will focused on life-saving measures when a patient is entrapped. Specifically the concept of a prehospital amputation team will be explained. The team consists of a trauma surgeon, paramedics and a medical director. The topics will include indications for the deployment of the prehospital amputation team, and equipment and medications needed to be deployed with the Prehospital Amputation Team.

CE: Trauma

**Mark Gamber, DO, MPH, FACEP**

**Monday 11:00–Noon**

**Prone Positioning of the ARDS Patient in Transport**

This lecture is a review of acute respiratory distress syndrome (ARDS) and the benefits of prone positioning. This lecture includes a case review of an ARDS patient who was transported prone safely and how it was done most efficiently, safe, and to the benefit of the patient’s outcome. This lecture will also review ventilator management of the ARDS patient and the pathophysiology of ARDS.

CE: Medical

**Lee Ann Jones-Fewell, RN, CFRN, LP**

**Robert Simonson, DO**

**Monday 11:00–Noon**

**Hard on the Arteries, Hard on the Body**

Vascular disease affects millions of Americans. Atherosclerosis and arteriosclerosis directly and indirectly cause thousands of deaths each year. Many of these deaths are avoidable. In this lecture we will explore the causes and effects of vascular disease on the body. We will review the pathologies and emergencies caused by vascular disease and identify strategies to reduce its effects.

CE: Medical

**Gary Hecker, RN, AEMT-CC**

**Monday 1:30–2:30 pm**

**October 1, 2017: The Las Vegas Shooting**

The largest mass shooting in modern US history occurred when a gunman opened fire on a large outdoor country music venue in Las Vegas, NV. This presentation will provide an overview of the shooting, the injuries, and the emergency response that occurred that night and in the following days. Lessons learned from this event and the subsequent response are applicable to future planning and EMS response in other communities.

CE: Clinically related operations or Trauma

**Bryan Bledsoe, DO, FACEP, FAEMS**

**Monday 1:30–2:30 pm**

**Sugar, Salt and Sex: What's That Thing on Your Kidney?**

The adrenal glands play an important role in the regulation of many hormones. They are often forgotten and overlooked as the cause for many medical emergencies. In this session, we will review the functions of the adrenal glands, discuss the common adrenal dysfunctions, and review the treatment for adrenal emergencies.

CE: Medical

**Jeff Beeson, DO**

**Monday 1:30–2:30 pm**

**A Wyoming Rural EMS Success Story**

As rural EMS agencies struggle, too often it seems that there is no hope to turn the tide. But there is hope, and it can be done. This session will highlight one rural agency in Wyoming, and the dramatic turn they made. There are lessons to be learned here that apply to your ambulance service no matter where you are, including how EMS culture affects performance, how leadership contributes to that culture and the elements needed to affect change.

CE: Preparatory

**Andy Gienapp, MS, NRP**

**Monday 1:30–2:30 pm**

**A Wyoming Rural EMS Success Story**

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CE: Preparatory

**Andy Gienapp, MS, NRP**

**Monday 1:30–2:30 pm**

**The 7 Biggest Threats to Your EMS Agency**

Nationally known EMS attorneys Steve Wirth and Doug Wolfberg have the unique experience of seeing challenges in EMS and the medical transportation industry both from an “above the clouds” vantage point as well as where the “rubber meets the road.” PWW counsels hundreds of clients in all 50 states and territories on how to thrive in this ever challenging, increasingly

regulated healthcare world. In this engaging session, Doug and Steve will bring the collective experience of the entire PWW legal and compliance team to you in a fast-paced, thought-provoking capsule version of the challenges, threats and opportunities that await you and your organization as we move forward into the future of the EMS world.

CE: Administrator of record  
**Steve Wirth, Esq., EMT-P**

**Monday 1:30–2:30 pm**

**Alcohol Use Disorder**

Alcohol Use Disorder (AUD): new terminology for an old problem. This lecture will offer a fresh look at the history of alcohol and the impact on our patients, short- and long-term and the impact on first responders. Attendees will gain an understanding of the various levels of alcohol use disorder, the immediate effects of AUD and treatment options.

CE: Medical

**Cheryl Bakhtiari, EMT-P**

**Monday 1:30–2:30 pm**

**CPR Training that Actually Improves Quality and Patient Survival**

For decades we have been in the rut of repeating the same practices in CPR training—with the same poor results. Previous educational practices are insufficient to ensure the highest survival for our patients. This session will review educational techniques that are associated with improved outcomes, reviewing the techniques of team training, coaching and rapid-cycle deliberate practice. Additionally, the session will review recent evidence related to ALS interventions and their impact on survival. Do you know your agency's rate of patient survival in cardiac arrest? Many agencies can double their survival with relatively simple changes.

CE: Medical

**Douglas Kupas, MD, EMT-P**

**Monday 1:30–2:30 pm**

**When Patients Say No: Liability with Patient Refusals**

Healthcare liability is a big topic in Texas because of the big risks associated with it. One of the more unique areas of healthcare liability for EMS is when patients refuse treatment. In this session you will learn about the elements of informed refusal to lessen your agency's refusal risks. Attendees to this session will develop an understanding of informed consent/refusal, an understanding of capacity—both legal and mental, an understanding of properly documenting refusals and an understanding of how Texas's DNR statutes affect refusals.

CE: Preparatory

**Mark Smith, JD, MBA**

**Monday 1:30–2:30 pm**

**Airway Management: DL vs VL**

This session will be an unorthodox panel discussion pitting video-laryngoscopy versus direct laryngoscopy proponents. Which method is better in the prehospital environment? Can recent research be debated and supported? Can an old curmudgeon convince the millennials that direct laryngoscopy can still be successful? Will a new king or queen of EMS medical directors be ordained?

CE: Airway

**Craig Manifold, DO**

**Jeff Jarvis, MD, EMT-P**

**Monday 1:30–2:30 pm**

**Fearless Analgesia, Sedation and Induction: Customizing Your Approach in Tough Situations**

We know that applying a "standard RSI" to patients in shock can be dangerous: both compensated and frank shock require special handling. Managing pain, providing anxiolysis, or sedating patients is no exception. Clinicians will learn important insights to help them wield critical medications skillfully in hemodynamic compromise, obesity and organ failure. This lecture provides clear, evidenced-based insights to keep your patients safe *and* comfortable. Attendees will learn to identify patients at risk for peri-intubation hypotension, how to modify pharmacologic strategies for patients in hemodynamic compromise, positive and negative physiologic attributes of each of the common HEMS analgesics/sedatives/NMBAs that will affect a patient in shock and how positive pressure ventilation effects hemodynamics.

CE: Medical

**Bryan Winchell, EMT-P, FP-C**

**Monday 1:30–2:30 pm**

**You Know Better: Unhealthy Care Workers**

Why is it that so many professional healthcare workers have such a hard time practicing what they teach? This lecture will discuss the importance of personal health and wellness and its impact on the healthcare professional. How can we really be expected to care for our patients if we cannot adequately care for ourselves? This lecture will provide a fun and light approach to what some may consider a heavy topic. You might just be amazed how the little things can impact your personal health and wellness. Topics will include wellness traps faced by healthcare workers, a personal plan for balance and wellness and how our patients and families may look to us to take the lead when it comes to wellness and health.

CE: Preparatory

**Bryan Ericson, M.Ed., RN, NRP, LP**

**Monday 3:15–4:15 pm**

**Basic Hazardous Materials for EMS: One Mile Ahead**

This session is designed to be educational but have fun while learning! Most emergency responders are injured or have been killed within the first 5 minutes after arriving on scene of a hazardous materials incident. For that reason we will define a hazardous material, discuss the five modes of transportation, placards, the nine classifications of chemicals and will take a look at a few hazardous materials incident case studies. Most incidents that you will respond to will involve injured people that misused the product are the person was unaware of the risk and danger of the chemical. This session will make you aware of the high risk and low frequency occurrence of major hazardous materials incidents. Data indicates that most chemical injuries will involve the anterior portion of the body including the face and hands, and in most incidents the injury will result in burns, inhalation problems, skin irritations, and eye irritations. Exposure may be minor, while in most cases injury is serious and medical attention is required. During this session we will discuss homemade methamphetamine laboratories and chemical suicides. This

session will include a unique slide show and will review real-world incidents that have occurred and will help you to be better prepared should it happen in your area. Incident investigations show that in most cases the incident is the result of human error.

CE: Clinically related operations

**Ken Bouvier, Paramedic**

### **Monday 3:15–4:15 pm**

#### **Things Just Got Real**

We teach providers to ensure scene safety and we pound into their heads. Sometimes, despite the most carefully laid plans, and thoughtful preparation, things just go bad. What begins as a simple medical call can quickly reach critical danger. Sometimes, the situation changes so rapidly we don't have the chance to extricate ourselves. Join us for case studies and discussion on how to deal with these encounters, as well as solutions you can implement at your agency to improve provider safety.

CE: Preparatory

**Reuben Farnsworth, NRP, CCP-C**

### **Monday 3:15–4:15 pm**

#### **Rural Roundtable**

Join veteran rural EMS provider Greg Henington and others in a lively discussion of providing rural EMS care and the problems that come with it. Bring your own questions and/or solutions for how you solved a problem in rural EMS. Participatory problem-solving will be highly encouraged.

CE: Preparatory

**Greg P. Henington**

### **Monday 3:15–4:15 pm**

#### **Competence Breeds Confidence: Keeping Your Low-Volume EMS Volunteers Engaged**

“If your pipes break, are you going to call the volunteer plumber or the professional one?” Such comments are commonly made disparaging the skills of volunteer EMTs, but the simple truth is, in low-volume EMS systems, a paid responder is going to suffer from the same disadvantages as a volunteer: lack of practice and skill rust-out. In a system that runs only a few hundred calls a year, gaining confidence in your skills can be a real challenge, whether you are paid or volunteer. Join Nancy Magee as she explores strategies to keep your skills sharp and your confidence high, even if you're not running calls very often. The lecture includes how to K.I.S.S your ambulance and S.W.O.T your staff by simplifying your equipment and utilizing cognitive offloading.

CE: Preparatory

**Nancy Magee, NREMT, Certified instructor (LA)**

### **Monday 3:15–4:15 pm**

#### **Neurological Emergencies in the Pediatric Patient**

From seizures to shunts, Dusty Lynn takes the road less traveled to talk about conditions that are rarely covered in EMS lectures. With dynamic cases, graphics and videos, Lynn will make the difficult seem easy as you are taken through actual cases on rarely seen conditions and gain confidence in understanding when these are emergencies. As a former outreach coordinator for Children's National Medical Center, she has a world of experience seeing and presenting these

special cases to a wide range of audiences. Topics will include neurological assessment of the pediatric patient, seizure activity in a pediatric patient versus other pathology and out-of-hospital management of various pediatric neurological conditions.

CE: Medical or Pediatrics

**Dusty Lynn, BS, RN, CCRN, NRP**

### **Monday 3:15–4:15 pm**

#### **Mechanical Ventilation 101**

Many providers have a ventilator accessible in the ambulance, but how many know that it is most likely a *controlled mandatory ventilator*? This lecture seeks to educate providers on the different ventilator modes available, and when they are potentially harmful to our patients. Constant positive airway pressure, or CPAP, has been in the prehospital environment for over a decade—hospitals have swapped to BPAP, biphasic positive airway pressure, but EMS is resistant. It is time we make the change. Proper ventilator education is crucial for EMS to care for our sickest patients. Lecture topics will also include when to make the decision to intubate/ventilate, how to troubleshoot ventilator alarms and when ventilators can be harmful to patients.

CE: Airway

**Jordan Anderson, CCEMTP, CCP-C**

**Casey Patrick, MD, FAAEM**

### **Monday 3:15–4:15 pm**

#### **Tales from the ER: Selected Case Studies**

ALL NEW CASE STUDIES! We all know that strange things can happen in the world of emergency medicine, and it's up to us to fix them! Come to this interactive lecture prepared to offer strategies to manage the patient problems described in these real-life ER scenarios. We will discuss non-traditional medical emergencies, the pathophysiology behind these events and management techniques for these emergencies, including variances presented by differing license levels and local resources.

CE: Preparatory

**Larry Torrey, RN, EMT-P**

### **Monday 3:15–4:15 pm**

#### **Being Cruel to Be Kind? Remote Ischemic Conditioning (RIC) in EMS**

Remote ischemic conditioning (RIC) (also known as *ischemic conditioning*) reduces ischemia-reperfusion injury in a wide range of clinical conditions. RIC is non-invasive, easy to perform and low-risk, requiring nothing more than a blood pressure cuff. While readily applicable to in-hospital patient care, accumulating evidence also confirms the safety, feasibility and probable efficacy of RIC for EMS. Rural and air-medical EMS services with longer transport times may be particularly well-suited for RIC. This presentation will review the current and emerging science surrounding RIC for prehospital application by both BLS and ALS providers, with a focus on improving clinical outcomes in STEMI (ST-elevation myocardial infarction).

CE: Medical

**Ronna Miller, MD**

### **Monday 3:15–4:15 pm**

### **A Case for Low-Titer Group O Whole Blood in EMS**

Many EMS and helicopter EMS services still rely on crystalloids and colloids to facilitate trauma resuscitation. Prehospital blood transfusions have demonstrated to help decrease mortality and blood transfusion requirements. Most prehospital blood transfusions are given as component therapy of red blood cells and/or fresh frozen plasma. Whole blood, specifically, low-titer group O whole blood (LTOWB) may be a better option. There are three reasons to use LTOWB: 1. It replaces what the patient has lost. 2. It's one product and simplifies transfusion therapy, therefore decreasing the chance of transfusion reactions. 3. It doesn't make the situation worse. Dilutional coagulopathy can happen with both component therapy and with the use of crystalloids and colloids. Furthermore, component therapy has three times the anticoagulants and additives and may contribute to a trauma patient's hypocalcemia. Implementing a LTOWB program requires multiple levels of coordination and efforts in the hospital and EMS systems.

CE: Medical

**Andrew Fisher, MPAS, PA-C, LP**

### **Monday 3:15–4:15 pm**

#### **Harvey, Irma and Maria: The Unholy Trinity of 2017**

2017 was an extremely active hurricane season: three major storms hit different parts of the United States in a relatively short period of time. As a result local, state and federal resources were stretched to their limits. In this session we will discuss the initial- and long-term health effects faced by storm survivors. We will talk about the principles of disaster medicine including: preparation, mitigation, response and recovery. We will identify how the different levels of government response interact with each other. The presenter will also talk about his deployments to Florida and Puerto Rico as part of a federal Disaster Medical Assistance Team (DMAT).

CE: Clinically related operations or Administrator of record

**Gary Hecker, RN, AEMT-CC**

### **Monday 4:30–5:30 pm**

#### **Breaking Bad News: Field Termination of Cardiac Arrest**

Breaking bad news is a skill that requires training and practice to do well. In this session, participants will learn about the different ways that people react to grief and about situations that lead to pathologic grief. EMS providers will learn best practices when communicating with families during a patient death or field termination of resuscitation. Specific communication techniques in breaking bad news at EMS scenes will be discussed.

CE: Preparatory

**Douglas Kupas, MD, EMT-P**

### **Monday 4:30–5:30 pm**

#### **Nitroglycerine: A New Look for an Old Friend**

The term "CHF exacerbation" encompasses a wide variety of physiologic presentations and is often too broad to be useful in clinical practice. CHF can be better understood by breaking it down into chronic volume overload, acute pulmonary edema (APE) and cardiogenic shock. This discussion will begin with the pathophysiology and differential diagnosis of APE. We will close by presenting a novel approach to using old faithful nitroglycerin in these patients along with reviewing the other cornerstones of APE care.

CE: Medical

**Casey Patrick, MD, FAAEM**  
**Jordan Anderson, LP, CCP-C**

**Monday 4:30–5:30 pm**

**Army Values: Can They Work in EMS?**

Do you know what Army leadership really is? Do you have someone in your EMS that acts like you're in the Army? What does it mean to be a value-based organization? What do you value about your job and your EMS? With a focus on discussion and self-critique, this session will debunk many of the myths surrounding Army and military leadership styles. You will learn what is really behind value-based leadership and how you can bring the same climate to your EMS.

CE: Preparatory

**Andy Gienapp, MS, NRP**

**Monday 4:30–5:30 pm**

**FirstNet Mobile Broadband: Benefiting Your Patient**

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 online, and it brings tremendous new benefits and support to rural EMS providers.

CE: Administrator of record or Clinically related operations

**Brent Williams, Paramedic**

**Todd Early, Dep Director, Texas DPS**

**Monday 4:30–5:30 pm**

**Your Brain Is Lying to You: When Clinical Depression Takes Hold**

Clinical depression is a soul killer and a liar. It isolates people into believing that they have few options left. No one waits for Stage 4 cancer before treating it. Why does the medical community continue to stigmatize patients who have issues with mental health until crises occur? In this session, we will take a closer look at different patient presentations of this gut wrenching, potentially life-ending disease. Topics will include both classic and hard-to-spot presentations of clinical depression, triggers that may exacerbate bouts of clinical depression, and ways to break the stigma associated with issues of mental health.

CE: Special considerations

**Rebecca Valentine, B.S., Paramedic, I/C, NCEE**

**Monday 4:30–5:30 pm**

**EMS 2019: What Does the Science Say?**

This session is a continuation of Bryan Bledsoe's presentations examining EMS myths. Many EMS practices have developed because of reasons other than science. In this somewhat lighthearted look at several common EMS practices and beliefs, we will detail the scientific evidence (or lack thereof) of many EMS beliefs or practices, including field blood product administration, TXA, lights and siren use and many more!

CE: Preparatory

**Bryan Bledsoe, DO, FACEP, FAEMS**

**Monday 4:30–5:30 pm**

**Unique—and Not So Unique—Compliance Case Studies**

Every year PWW attorneys and consultants deal with a wide range of cases where “compliance” was either non-existent or terribly lacking. And we’ve seen the consequences of these compliance shortfalls in government audits and investigations, false claims and workplace lawsuits, to union organizing campaigns—we’ve seen it all. And there are many common themes in these cases where ambulance companies found themselves in a “heap of trouble!” For this session, we have hand-picked the most interesting and relevant cases we have dealt with for our clients. Of course, the names will be changed to protect the innocent, but we will give you the essential facts and issues of each case. Then we will discuss what happened, why it happened, the outcome, and, most importantly—what you and your EMS agency can do to avoid becoming one of these bad cases.

CE: Administrator of record or Clinically related operations

**Steve Wirth, Esq., EMT-P**

**Monday 4:30–5:30 pm**

**Medical Orders for Scope of Treatment Known as MOST and Its Use for Patients with Advanced Illness**

We will be providing an overview of the appropriate use of conversations for patients with advancing serious illness and the documentation of those conversations into a medical order set. We will also be providing background on how this process has grown in use across the country. Attendees will understand the growing use across the country of POLST, Physician Orders for Life Sustaining Treatment, and the patient population that is appropriate for these end-of-life conversations, and we will discuss how POLST/MOST complements advance care planning.

CE: Clinically related operations

**Stuart Pickell, MD, M.Div**

**Kim Callanan, MA**

**Monday 4:30–5:30 pm**

**Trauma-Induced Coagulopathy and Massive Transfusion in Pediatric Trauma**

This presentation will provide a comprehensive overview of current, evidenced-based resuscitation for critically-ill injured children. It will address trauma-induced coagulopathy, goal-directed hemostatic resuscitation, and massive transfusion.

CE: Trauma or Special considerations

**Adam Vogel, MD**

**Monday 4:30–5:30 pm**

**Burn Topics: Emergency Treatment of the Burn Patient**

This presentation will cover the emergent treatment of the burn patient, focusing on the three types of burn injuries. Also, we will explore airway management as well as appropriate fluid resuscitation with regard to the signs and symptoms of inhalation injury.

CE: Trauma

**Jocelyn Hills, NP**

**Tuesday 8:00–9:00 am**

**Are You Ready for Tachycardia?**

The 2010 and 2015 Guidelines for Tachycardia have made dramatic changes from what we were once trained to do. Update classes only briefly touch on the subject and do not come close to preparing you for these changes. Ageless drugs we counted on were eliminated and others take their place. More items further cloud the picture? What is the role of QT interval? New drugs clearly mention this. Many providers are unfamiliar with how to use these new drugs. Furthermore, a 12-lead ECG is now indicated to determine the rhythm before you proceed. To follow the new algorithm correctly, knowledge not included in your original course or the EMS curricula for that matter is needed. Come join ECG expert Bob Page as he breaks down the changes and explains in a fun, interactive program, how to prepare yourself for the new tachycardia!

CE: Medical

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

**Tuesday 8:00–9:00 am**

**In an Instant: When a Co-Worker is Your Patient**

One time or another, we take the call for a patient that we know all too well. Sometimes it's a family member, a friend, and in one terrible instance—a co-worker. Based on an actual EMS call, this presentation correlates real timeline history, events and preventative treatments for a fellow colleague with the underlying pathophysiology of a pulmonary embolism. Various signs, predisposing risk factors and origins of emboli formation are all tied together to give a global perspective of the acute and, in this case, fatal event that shocked and stunned an entire EMS service.

CE: Preparatory

**Chris Ebright, B.Ed., NRP**

**Tuesday 8:00–9:00 am**

**Trauma Martini on the Rocks**

You are toned to respond to a local gravel quarry for..... (Use your imagination and insert your favorite mining trauma here.) If you want to know more about crazy trauma, look no further. Whether you crave crushing injuries by 30 ton machines, falls, explosions, or just a good fracture, this is the class for you. We will delve into the many unique injuries and mechanisms of injury that occur in mining operations. And don't forget scene safety: rock overhangs, drop-offs, chemicals, heavy equipment. Let the mayhem begin!

CE: Trauma

**Reuben Farnsworth, NRP, CCP-C**

**Tuesday 8:00–9:00 am**

**EMS Agenda 2050: What's It All Mean?**

In 1996, the original EMS Agenda For The Future laid out the path that advancement in our profession would take for the next 20 years. EMS Agenda 2050 will pick up where the original agenda left off and continue to lay out a vision for the next 32 years. Come hear from two members of the Technical Expert Panel as they describe the history and background of the document and share the Agenda's vision through its six key pillars.

CE: Clinically related operations or Administrator of record

**Jeff Jarvis, MD, EMT-P**  
**Ernesto Rodriguez, EMT-P**

**Tuesday 8:00–9:00 am**

**Thoracic and Neck Injuries: Case Study of a Severe Thoracic Impalement**

This lecture will encompass a unique case study of an individual that was severely impaled by a 2x4 board after being partially ejected from his vehicle during an MVA. This lecture will take the attendee from the initial response, treatment at the rural ER, the challenging air transport to the regional trauma center, and to the final outcome of the patient. Photos from the actual call are included in this fascinating presentation along with thoracic anatomy and physiology, injury patterns and assessment, and treatments for the EMS provider in the field.

CE: Trauma

**Ryan Kelley, AAS, LP, NR-P, FP-C**

**Tuesday 8:00–9:00 am**

**Frozen: The Cold Hard Truth about Hypothermia in Trauma Patients**

There is evidence that has supported the use of inducing hypothermia, but only in certain conditions. But what happens when hypothermia occurs in the un-certain patients? Why does mortality increase dramatically in the trauma patient when exposed to even mild hypothermia? What can EMS/ER personnel do to prevent this and to better our patients' outcomes? Lecture topics will include predisposing factors that put a patient at risk for developing hypothermia, environmental factors that put a patient at risk and the safest measures of rewarming a patient while decreasing the chances of developing "after-drop phenomenon."

CE: Trauma

**Janet Taylor, CFRN, CEN, NREMT-B**

**Tuesday 8:00–9:00 am**

**A Positive Wave of Change: A Case Study in Pediatric Drowning**

This lecture recounts the story of Elise Cerami and her tragic drowning on June 20, 2016. This case-based presentation is meant to both inspire and educate the EMS provider in key interventions for the pediatric drowning patient. Misconceptions and myths of drowning will be explored, as well as basic life support and advanced life support techniques to optimize care. Patients will learn that no one is drown proof, the clinical definition of drowning, epidemiology and the unique risk factors of drowning, and best practices to manage victims after a drowning incident.

CE: Pediatrics

**Russ Brown, NRP**  
**Lori Cerami, MBA**

**Tuesday 8:00–9:00 am**

**Field Physicians at Amateur Athletic Events**

We will discuss the role of EMS physicians at amateur athletic events (AAE), specifically discussing cases from large athletic competitions and events. Certain challenges exist with medical care outside of the ED and outside of the ambulance and without on-call specialty support. These are coupled with expectations for athletes to continue to play, despite potentially dangerous injuries. We will review specific case studies and identify opportunities for EMS

physician involvement.

CE: Trauma

**Justin Fairless, DO, LP, FACEP**

**Tuesday 8:00–9:00 am**

**Jamming and the Deliberate Denial of Service in EMS**

What if you can't get through to the emergency services? Who do you call? What if the services can't communicate with each other and within their service? In the modern times of computers and virtual-based storage, what effect would an electronic virus, jam or attack leading to the deliberate denial of service have on provision of emergency services? What can the services do to prevent this? We will explore causes, preventions and case studies to explore what can be done and what you and your service needs to be aware of.

CE: Clinically related operations or Administrator of record

**Tamsin Fuller, BSc(hons) Minstp**

**Tuesday 8:00–9:00 am**

**EMS Response to Active Shooter Incidents**

Active shooter incidents are a major challenge for EMS systems and individual providers. In this presentation, we will discuss the different types of active shooter incidents, EMS response, interaction with other public safety agencies and strategies to increase patient survival. Special emphasis will be given to training people already on scene to become the "Real First Responders" and help save the lives of their friends, co-workers and others.

CE: Clinically related operations

**Gary Saffer, MPA, NRP**

**Tuesday 9:15–10:15 am**

**Motor Vehicle Collisions: On the Highway and Back Roads**

At the completion of this session first responders, EMTs and paramedics will have a better understanding of how the body can be injured in a collision. We will discuss why the National Highway Traffic Safety Administration (NHTSA) would like for EMS practitioners to stop using the term *accidents* and instead use the term *collisions*. During this session we will discuss the mechanism of injuries and kinetic energy involved in a collision, including a unique slide show that demonstrates how some injuries may occur as a result of safety devices such as seat belts and air bags. We will discuss and demonstrate rapid forward deceleration and rear-end collisions, and how to provide both BLS and ALS care on scene. Surprise injuries, such as patients that clearly need a c-collar and spinal immobilization may be suffering from serious hidden injuries to their head and neck, but could also have other serious injuries to their chest, pelvic or vital organs; the importance of the "Golden Hour;" collisions that happen on the farm and on the back roads of farm country; and ambulance crashes will all be part of the discussion.

CE: Trauma

**Ken Bouvier, Paramedic**

**Tuesday 9:15–10:15 am**

**Fairytales, Myths and Lies of Airway Management**

Airway management includes much more than putting a tube in a hole. There are many theories of what and how and EMS professionals should manage the airway. In this session, we will

review the process of managing the airway, while reviewing various techniques and devices that are currently used. We will then review recent scientific literature that should change how you manage the airway and so much more.

CE: Airway

**Jeff Beeson, DO**

**Tuesday 9:15–10:15 am**

**What’s Really Going on in Rural EMS?**

The crisis in rural EMS is reaching a breaking point. Many rural EMS agencies are struggling to make ends meet and keep responding. Volunteers are going away and no one is stepping up to help. Communities are at a loss to understand how this happened. The problem is real, and it's happening in your state. Using topics such as the historical evolution of EMS in rural America, the volunteer subsidy, and how to engage policymakers this session will help you to grasp the factors impacting rural EMS and begin the tough conversations at home.

CE: Preparatory

**Andy Gienapp, MS, NRP**

**Tuesday 9:15–10:15 am**

**Records . . . We Aren’t Talking About Music! Importance of Records Management Goes Beyond PCR**

EMS systems often focus on maintaining good records when it comes to patient care records (PCR). Have you ever considered that you maintain many other records that are just as critical? This discussion will focus on those records beyond the PCR that you may be asked to reproduce at the most unfortunate time and give you tips on what you need to develop a good records management program. Topics will include expected record keeping requirements for EMS agencies in Texas, such as disaster recovery of records for EMS.

CE: Clinically related operations or Administrator of record

**Jeff Hayes, MPH, LP**

**Tuesday 9:15–10:15 am**

**Slavery Today? Human Trafficking—What Can EMS Do?**

Hiding in plain sight, human trafficking exists in all states, all towns and all communities, but it is not widely recognized. This presentation discusses how EMS providers can become familiar with the clinical presentations, appropriate treatment and possible facilitation in the escape of trafficked victims.

CE: Special considerations

**Jules Scadden, Paramedic**

**Tuesday 9:15–10:15 am**

**How Did That Really Happen? Recognizing Child Abuse**

Have you ever thought, “How did they really do that?” and then feel the real need to “Say Something”? How we recognize and react to suspected child abuse and neglect is of grave concern to all. Yet we don’t spend very much time talking about it, training on it or even thinking, “What would I; should I do?” Is child abuse, neglect and maltreatment truly increasing or are we just now seeing what has always been a problem? In this session Kirk Mittelman will explore studies of suspected, confirmed and debunked cases of abuse, neglect and maltreatment.

This session will help define what constitutes child abuse, neglect and maltreatment. Join Kirk as he works from case to case to determine how the injury occurred, what signs we all need to look for and when is the right time to report what you see.

CE: Pediatrics

**Kirk Mittelman, M.Ed., NRP**

**Tuesday 9:15–10:15 am**

**I Want a New Drug: What's New in Texas**

The instructor will discuss current trends in street/club drugs. She will discuss the most common drugs of abuse seen in Texas, as well as the medical benefits of marijuana and CBD oils. EMS BLS and ALS treatment of drug-related emergencies will also be covered.

CE: Medical

**Karen Yates, BSN, RN, LP**

**Tuesday 9:15–10:15 am**

**Direct Navigation of Behavioral Health Patients to Psychiatric Hospitals**

This lecture will explore the development of a system that navigates behavioral health patients to area psychiatric hospitals, bypassing the emergency department. The lecture will discuss the development, operations and performance improvement activities of this unique system of care that uses law enforcement to transport eligible patients directly to psychiatric facilities from the scene. Additional topics will address Texas law regarding emergency detentions and mental health warrants, the specifics of a psychiatric navigation system of care in San Antonio /Bexar County, protocols used by law enforcement and EMS to best navigate patients, and a review of data collection and summary of performance improvement activities.

CE: Clinically related operations or Special considerations

**David A. Miramontes, MD, FAEMS**

**CJ Winker, MD**

**Tuesday 9:15–10:15 am**

**Fluid Resuscitation Without an IV: EMTs Treating Shock**

Aggressive out-of-hospital fluid administration to patients suffering from traumatic injury increases blood loss and mortality. Recently, researchers developed an easy to use device that will increase blood return to the heart, thereby increasing cardiac output and cerebral perfusion, while simultaneously lowering intracranial pressures (ICP). This new therapy requires no IV, no advanced airway, and in fact, no advanced skills of any kind. This presentation will examine how rescuers can provide beneficial fluid therapy without ever having to spike an IV bag. The lecture will discuss how an impedance threshold device (ITD) can improve perfusion, and review the available evidence supporting and opposing the use of the ITD patients suffering from prehospital trauma.

CE: Medical

**Kenneth Navarro, LP**

**Tuesday 9:15–10:15 am**

**Ask Joe! Q&A with State EMS Director: Coffee, Donuts and Continuing Education!**

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

CE: Special considerations

**Joe Schmider**

**Tuesday 10:30–11:30 am**

**Zapped: Understanding ICD and Implantable Pacemakers**

There are an increasing number of patients with AICD (automatic implantable cardioverter/defibrillator) and pacemakers. Many emergency providers are unsure of the correct way to manage patients with these devices. In this session, Bob Page explains the function of these devices and outlines safe and effective management of the patient with one of these devices. Features outstanding audio and video support to make the point while having fun doing it!

CE: Medical

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

**Tuesday 10:30–11:30 am**

**Are You Ready for an Active Shooter Event?**

Unfortunately, active shooter events are becoming much more common and are happening in all sizes of communities. Based on personal experience from being in command at an active shooter event (ASE), discussions with other systems after an ASE, and study of other events, this lecture will cover keys for preparing for an event, response and command, and recovery from the event. Attendees will be able to identify equipment, policies and training necessary to prepare for an ASE, recognize the different challenges to responding to and commanding an ASE and identify resources available for recovery for emergency responders and civilians.

CE: Clinically related operations or Administrator of record

**Tami Kayea, MSML, LP**

**Tuesday 10:30–11:30 am**

**Person Ill on a Train: The Scourge of Mass Transit Rail**

The ability to move large numbers of people makes commuter trains popular, but what happens when someone is taken ill on a train? The normal principles of treatment may work, but when and where is the best place to treat your patient? Do we know where the train is now? Should the train stop or continue? What considerations are there for people on the next train? This lecture will consider common conditions requiring EMS to be called to a train passenger, the pitfalls in treating a patient on a train and how to minimize them, and the risk-benefits of keeping the train moving or moving patients rapidly off the train.

CE: Clinically related operations or Medical

**Stephen Hines**

**Tuesday 10:30–11:30 am**

**Texas Targeted Opioid Response**

Texas Targeted Opioid Response is a state program through HHSC designed to address the opioid crisis by reducing opioid overdose death through the provision of prevention, treatment, and recovery support services. Come hear how Texas' strategies for confronting this health crisis in our state, and how EMS can help—and be helped.

CE: Preparatory or Medical

**Lisa Ramirez**

**Tuesday 10:30–11:30 am**

**OB: Oh, Boy, We're Having a Baby!**

This lecture: What to expect when responding to The Expecting Patient. It will include a review of medical issues that can occur during pregnancy from the first few weeks to those early weeks postpartum; assessment of the mother when she is having complications and how to treat and transport; what to do when your patient load doubles in transport and basic review of newborn resuscitation; and lastly, how to handle the bad outcome call.

CE: Pediatrics or Medical

**Tina Amlin, LP, BA**

**Tuesday 10:30–11:30 am**

**Electronics in EMS**

Have you ever done a search on the app store for paramedic apps? There are countless apps that will do everything from calculate stroke scores to performing 12 leads. Which ones are right for you, and do they have a place in your ambulance? There are some excellent apps and we can use them in EMS, but let's also compare and contrast the need to balance the use of technology within the patient care paradigm.

CE: Medical

**Reuben Farnsworth, NRP, CCP-C**

**Tuesday 10:30–11:30 am**

**WHAT? My Patient Has Four Legs? Emergency Care for Dogs and Cats**

Rural and urban first responders alike regularly encounter dogs or cats at structure fires, environmental emergencies and sometimes motor vehicle accidents, and these animals can require potentially life-saving interventions. EMS personnel and firefighters are sometimes reluctant to provide aid, fearing regulatory agency sanctions or pet-owner legal actions, and many first responders, in addition to not having access to suitable animal-adapted equipment, are unfamiliar with animal anatomy, handling stressed animals and protocols for techniques such as oxygen administration and CPR. This presentation will cover the legal aspects of providing care in Texas; EMS-pertinent animal anatomy; animal-handling recommendations; and emergency oxygen administration and CPR techniques.

CE: Preparatory or Special considerations

**Bob Garrison, DVM, MS, EMT**

**Tuesday 10:30–11:30 am**

**Endotracheal Intubation or Supraglottic Airways in Cardiac Arrest?**

For over 30 years, endotracheal intubation has been the gold standard for out-of-hospital cardiac arrest airway management. The instructor will provide a guided tour of scientific data raising concerns about the safety and effectiveness of paramedic intubation. He will also provide detailed insights of two game-changing randomized clinical trials that will influence future EMS airway management practices.

CE: Airway

**Henry Wang, MD, MS**

**Jeff Jarvis, MD, EMT-P**

**Tuesday 10:30–11:30 am**

### **But We've Always Done It This Way: EMS Mythbusters 2018**

Reluctance to abandon old patient care practices has long plagued medicine, including EMS, with its historical lack of rigorous science. Fortunately, however, a trickle—even a small stream—of clinical evidence has developed. This fast-paced, interactive presentation—updated for 2018—evaluates a series of BLS and ALS EMS practices to help decide: myth or not?

CE: Preparatory or Medical

**Ronna Miller, MD**

### **Tuesday 10:30–11:30 am**

#### **Sympathetically Speaking**

Triggers such as pain, anger, and sudden illness can create mental status change. Let's explore what happens to the nervous system when the sympathetic nervous system kicks in. Topics will include the physiology of the fight-or-flight response, how and which body systems are affected by the changes, how mental status change during emotional situations or sudden illnesses can impact care and the effects prolonged sympathetic system response may do to the patient's overall health over the course of time.

CE: Preparatory

**Rebecca Valentine, B.S., Paramedic, I/C, NCEE**

### **Tuesday 2:00–3:00 pm**

#### **Suicide: Our Dirty Little Secret**

Have you ever wondered what drives people to suicide? Have you ever thought maybe you could have done more to help? Has suicide hit your home, your station, your world? In this session, we will look at suicide and the effect it has on family members and providers. We will discuss the warning signs of suicide and how to best approach someone who is threatening suicide.

Mittelman will address whether EMS could make a difference on a suicide call, and talk about all of the victims of a suicide. Kirk asks that you come with an open mind to this session and be prepared to face your deepest fears to help us all solve a growing problem.

CE: Preparatory

**Kirk Mittelman, M.Ed., NRP**

### **Tuesday 2:00–3:00 pm**

#### **Yes, We Do Diagnose!**

“Do paramedics diagnose?” Few questions are guaranteed to spur as spirited debate in EMS as that one. Whether you call it a field impression, a field diagnosis, a differential diagnosis, or a Supermedic Hunch, what we do accurately meets the definition of a diagnosis. Not only do paramedics diagnose, but so do EMTs! Join Kelly Grayson as he examines the outdated and inaccurate practice of treatment by symptom management, how diagnoses are formed, refined and changed, and how it is absolutely necessary to diagnose a patient before we can treat one. We will discuss the historical context of why EMS personnel were taught that we do not diagnose; examine the physician diagnostic model, and its similarities to EMS assessment and diagnosis; dispel the myth that the word “diagnosis” has specific legal connotations; and conduct case scenarios in which diagnosis, rather than symptom management, is essential to proper patient care.

CE: Patient assessment

**Steven Grayson, NRP, CCEMT-P**

**Tuesday 2:00–3:00 pm**

**Rural Rescue: The Enchanted Rock Experience**

We will discuss the unique considerations effecting rural rescue in Texas. This session will go into depth with real case scenarios and the use of multiple agency responses when county lines blur. Enchanted Rock State Natural Area sits on Big Sandy Creek on the border of Gillespie and Llano counties. It is 18 miles north of Fredericksburg. More than 250,000 people trek to the park each year to experience the magic of Enchanted Rock. In fact, it is one of the most visited parks in the state park system. This lecture will cover both medical and trauma issues faced by visitors and responders. Due to its treacherous terrain, with little to no shelter from the elements, rescue can be challenging. We will cover the importance of teamwork and communication when dealing with both ground and air resources. This lecture will be from the view point of a responder with 20 years of experience facing the unique obstacles when dealing with one of the top hiking and rock climbing destinations in Texas.

CE: Trauma

**Catherine Kuhlmann, Paramedic FF**

**Tuesday 2:00–3:00 pm**

**So You Got a Letter from the State . . .**

Join DSHS EMS attorney Scott Merchant as he gives you an insider look at how complaints are made and how they go through the system – all the way to administrative hearing. You won't look at the process in the same way after this hour! Also, learn what your rights are – and your responsibilities in dealing with the state.

CE: Clinically related operations or Administrator of record

**Scott Merchant**

**Tuesday 2:00–3:00 pm**

**EMS and the LGBTQIA+ Community**

This lecture for prehospital medical providers covers the challenges of working with special populations, namely transgender individuals and members of the LGBTQIA+ community. It will go over “What exactly is a transgender/nonbinary person”, basic terminology, and unique medical issues seen in the population. It will also cover why misgendering a patient is such a big deal, and how to best approach the topic. It explores basic human rights, cultural competencies, dysphoria, and how to not exacerbate dysphoria in your patient. There is a brief discussion about the transitioning process and the medical problems that come with it, as well as briefly discussing surgical transitioning procedures. Lastly it will cover inappropriate versus appropriate questions and behaviors and the importance of being a patient advocate for this special population.

CE: Special considerations

**Stephanie Contreras, BS, EMT-P**

**Tuesday 2:00–3:00 pm**

**What the Heck? Interesting Cases in Cardiology**

In this interactive class Alan Taylor will discuss several emergency cardiology cases. The presentation will include EKG interpretation and discussion of EMS and hospital treatment of each patient. This session will assist the learner in putting the pieces together to provide better

prehospital cardiac care. Topics will include identification of life-threatening conditions in a variety of patient scenarios, EKGs for each patient scenario, prehospital and hospital management of individual patients.

CE: Medical

**Alan Taylor, MD**

**Tuesday 2:00–3:00 pm**

**My First Deposition. . . Are You Ready for Yours?**

Giving depositions as a defendant or an expert witness can be very overwhelming. This presentation will talk about multiple court-based situations you might find yourself in as a healthcare provider and how to prepare for them.

CE: Preparatory

**Jason Martin, RN, NREMT-P**

**Tuesday 2:00–3:00 pm**

**Medical Direction for Comm Centers: Implications of Medical Dispatching**

Communication centers are the heart of EMS. They are often the unrecognized heroes that take calls, identify needs and match resources to their communities. Medical directors often overlook the clinical implications of call taking, call prioritization and unit dispatching. In this session, we will discuss to basic concepts of medical dispatching while reviewing the various commercial products that exist to accomplish this task. We will also discuss the role a medical director should play when overseeing communication centers.

CE: Preparatory

**Jeff Beeson, DO**

**Tuesday 2:00–3:00 pm**

**Poor Prognostic Indicators 2.0 – Medical: A BLS Patient Assessment Review**

This lecture will be a review of key signs and symptoms that will help prehospital care providers quickly identify immediate life threatening medical conditions. Through case studies and discussion, we will focus on the importance of developing critical thinking skills needed during patient assessment and identifying the need for rapid and appropriate interventions and transport decisions in medical emergencies.

CE: Medical

**Stu Rosenhaus, BS, CIC, EMT**

**Tuesday 2:00–3:00 pm**

**EMS-DEA Regulations Update**

This session will provide an update on the new Protecting Patients Access to Emergency Medications Act of 2017, including. DEA registration, record keeping and security requirements. We will also offer an update on opioid epidemic with regard to the security of controlled substances.

CE: Preparatory

**Lisa Sullivan**

**Tuesday 3:15–4:15 pm**

**Veinous to Mars**

A tremendous amount of confusion surrounds some treatments used in emergent medicine. Today's provider must be able to understand what needs to happen, as well as why. When considering intravenous access a number of options now present themselves to the patient and provider. A detailed look into current equipment and procedures will follow a discussion centered on case studies and research.

CE: Preparatory

**Scotty Bolleter, EMT-P**

### **Tuesday 3:15–4:15 pm**

#### **Just Another Day at Work: PTSD and Suicide in EMS**

In this session the speakers will discuss the prevalence and risk factors for PTSD and suicide in first responders. They will identify signs and symptoms of PTSD and depression common in the first responder. The learner will be able to identify treatment options such as CISM, medications and psychotherapy. This interactive presentation will engage the audience in sharing personal experiences and stories. We will also discuss options available to the first responder in seeking assistance and/or treatment (Code Green, HELP, etc.).

CE: Preparatory

**Karen Yates, BSN, RN, LP**

**Cyndi Kidd, DNP, APRN**

**David Holland, FF/EMT-P**

### **Tuesday 3:15–4:15 pm**

#### **High-Speed Train Safety**

This lecture will focus on what first responders need to know in the event of a high-speed train crash or collision. It will also detail what types of equipment or training first responders may need. Attendees will learn how high-speed rail differs from freight rail, specific procedures and protocols for a high-speed train crash or collision, train safety and security, and more about the future of the Texas Bullet Train corridor.

CE: Trauma

**Fred Weiderhold**

### **Tuesday 3:15–4:15 pm**

#### **National Registry Overview**

NREMT staff will provide an overview on the current status of the nation's EMS certification and provide you with a summary of what's new at the National Registry of Emergency Medical Technicians. Topics covered will include the current state of National EMS Certification and important changes to NREMT policies and procedures. Following the formal presentation you'll have the opportunity to participate in a spirited question-and-answer session.

CE: Clinically related operations or Administrator of record

**Donnie Woodyard, MA, NRP**

### **Tuesday 3:15–4:15 pm**

#### **EMS Response to Domestic Violence**

Prehospital providers are well-versed in patient assessment and the care of physical illness and injuries. Scenes of domestic violence can include issues often outside the normal realm of training. Examples include scene safety, preservation of evidence at a crime scene, and resources

or referrals for the victims of domestic violence. This lecture will cover those topics and others to offer providers insight on how to manage these stressful cases.

CE: Special considerations

**Jason Martin, RN, NREMT-P**

### **Tuesday 3:15–4:15 pm**

#### **Unmasking CPAP/Bi-Level Pressure: An Innovative Approach to Treating Respiratory Distress**

Warning this is not a basic CPAP presentation. Continuous Positive Airway Pressure (CPAP) has been a popular topic for years at most EMS related conferences. After its introduction CPAP rapidly became the standard of care for congestive heart failure for most pre-hospital agencies. With the success of CPAP many agencies expanded CPAP use to include COPD, pneumonia and asthma to name a few. It's not uncommon to see protocols using CPAP to treat any patient in respiratory distress regardless of the underlying pathology. In fact, CPAP is often initiated without a confirmed diagnosis. This powerful session will unmask why and how CPAP can be effective in treating respiratory distress without a diagnosis or for different disease processes. This session will also reveal the best kept secret that's often overlooked during CPAP training a rarely discussed fact that can make the difference between failure and success. In addition, a down to earth explanation of the difference between non-invasive ventilation (NIV) and CPAP (and yes they are different) and which should you be using. Finally, why do any EMS agencies restrict the use of CPAP to patients over the age of 12?

CE: Airway

**Steven LaCroy, MA, CRT, EMT-P**

### **Tuesday 3:15–4:15 pm**

#### **Do I Need a Lawyer?**

Everybody complains about lawyers until they need one. And even then, most of us in EMS don't know if we need one, much less what kind of lawyer we need. This presentation will give a general overview on the legal system and how attorneys operate. Importantly, for EMS administrators and even EMS employees, the lecture will present some common scenarios where an EMS organization or EMS provider may need legal counsel and how to find that counsel. Specific topics will include how attorneys are licensed and practice, the role of professional regulation of EMS and the agencies with oversight over EMS.

CE: Preparatory

**Wes Ogilvie, MPA, JD, LP, NRP**

### **Tuesday 3:15–4:15 pm**

#### **First Steps Taken as a Baby Medical Director**

From administrative details to politics to legal matters, this lecture will cover all you need to know to help make your first year as a new medical director a success. Topics will include the politics involved at the various levels of EMS medical direction; key components of protocol development and quality assurance; the necessary components of a successful EMS system; and the legal requirements relating to controlled substances, delegated practice, and licensure issues.

CE: Clinically related operations or Preparatory

**Heidi Abraham, MD**

### **Tuesday 3:15–4:15 pm**

#### **EMS Vehicle Intersection Safety**

Every year we continue to have vehicle collisions involving our own emergency vehicles. VFIS data has indicated that ambulances are most frequently involved in intersection incidents. This program will discuss risk management principles and best practices for emergency vehicle operations for intersections. Topics will include EMS vehicle collision statistics, components of the risk management process, the importance of near-miss reporting, intersection incident case studies and best practices for emergency vehicle operations.

CE: Clinically related operations or Administrator of record

**Justin Eberly, BS, EMT**

### **Tuesday 3:15–4:15 pm**

#### **BLS is BS—Life Support is a Spectrum of Care**

The once chasmic distinction of ALS and BLS has truly blurred. Today's EMS provider, at all levels, must understand resuscitation, must understand airway management, must understand medication management, and may bring many interventions previously only performed in the surgical suite to the point of injury or illness. Airway adjuncts from nasal cannula to endotracheal intubation are just the start, what about needle pleural decompression, finger thoracostomy or even clamshell thoracotomy. Vascular access (IV, IO, central line), electrical therapy, and point-of-care testing all cross lines of once clearly distinguished provider levels. Who should be performing these life saving interventions? This lecture will help attendees understand that traditional lines of ALS/BLS are no longer based in clinical evidence; airway management strategies that are patient-centric, not provider-centric; and the relationship between interventional, medication and electrical therapies and the provider.

CE: Medical

**CJ Winckler, MD, LP**

**David Wampler, PhD, LP, FAEMS**

### **Tuesday 4:30–5:30 pm**

#### **When the Windlass Won't Work: Torso Trauma and Junctional Hemorrhage**

Recent mass shootings, terrorist bombings and other incidents have emphasized the vital role of tourniquets to stop life-threatening extremity bleeding. When it comes to torso trauma, however, tourniquets do not help. In addition to rapid transport to an appropriate receiving hospital and judicious fluid resuscitation, other modalities may occasionally be helpful. This presentation will review the basics of blunt and penetrating torso trauma, as well as updates to evidence-based EMS BLS and ALS procedures, including junctional wound packing, fluid resuscitation and pleural decompression.

CE: Trauma

**Ronna Miller, MD**

### **Tuesday 4:30–5:30 pm**

#### **Heart Alert! Rapid STEMI Recognition**

This engaging presentation is designed to facilitate and expand the provider's ability to rapidly identify patients with acute coronary occlusion, thereby minimizing first medical contact to reperfusion time. Many ST elevation myocardial infarctions (STEMIs) are grossly obvious to the provider; others, however, are more elusive and require a keen eye and more detailed analysis of

the ECG. Utilizing numerous ECGs (and their respective cardiac catheterization images), we will follow a systematic, yet rapid, method for maximizing our diagnostic yield in patients with such a time-sensitive condition.

CE: Medical

**Stephen Rahm, NRP**

### **Tuesday 4:30–5:30 pm**

#### **Wind, Water, Fire – But Nothing as Lethal as What Floats in the Breeze**

We live in a socially fragmented society, geographically isolated, ethnically intolerant, with multiple religious beliefs, and many hold a fear of government intervention. Given these challenges, how do we as public health officials and emergency managers communicate the potential for adverse biologic or biochemical events? Time has gone by and the memory of millions of deaths caused by Plague, smallpox, and two major pandemic influenza breakouts has faded. In 1918 longshoremen died without making contact with those onboard ships in the harbor; in 1970, treating the last known smallpox victim, Catholic nuns contracted smallpox, but never made contact or direct line of sight with the patient. In both cases the illness-causing organisms just wafted in the wind. We need to revisit the lessons learned and understand there is a resurgence of biologic diseases once thought controlled and the potential for modification or creation of new organisms. Information technology in the form of public and risk communication encompassing all cultures and beliefs, and educational programs based on prevailing scientific evidence need development. Building robust coalitions and educating the public can allay and prevent a catastrophic healthcare crisis.

CE: Clinically related operations

**Mitchell Moriber, DO**

**Mike Megna, BS, TEM, LAFACHE**

**Mike Beimer, LP, RN. MBA**

### **Tuesday 4:30–5:30 pm**

#### **Herding Cats: Lessons from Hurricane Harvey and Ambulance Staging Management**

Hurricane Harvey staging operations, located at the AT&T Center in San Antonio, managed the staging of over 350 state and federal ambulance assets while returning from and awaiting assignment. Challenges were overcome that present an opportunity for shared knowledge above and beyond traditional Staging Area Manager courses offered by the Texas State Forest Service. Presenters will discuss the case-based specifics of proper use of the ICS within the greater picture, plan development for success, communications/radio-interoperability during a remote incident and demobilization.

CE: Clinically related operations

**Kyle McKnight, BS, LP**

**Aubury Holmes, PSC3**

### **Tuesday 4:30–5:30 pm**

#### **Human Trafficking: Developing a Protocol / Program to Identify and Care for Victims**

This lecture will briefly discuss components of human trafficking and its prevalence in Texas. It will then move on to a discussion of locating resources and tools to help EMS providers develop a protocol or program to help identify and care for victims of human trafficking. Finally, ideas for implementation and education of a protocol or program will be covered.

CE: Special considerations  
**Crissie Richardson, RN**  
**Cassandra Campbell, RN**

**Tuesday 4:30–5:30 pm**

**When Medical and Trauma Collide . . .**

Understanding the importance of assessment is essential for treating trauma patients, what happens when your patient is having a medical issue as well as trauma, how does that change your treatment? We will discuss these scenarios and what to do.

CE: Medical or Trauma

**Jason Martin, RN, NREMT-P**

**Tuesday 4:30–5:30 pm**

**Why Isn't My Scene Safe?**

Too often we enter scenes and say the words, "My scene is safe," just like we learned in EMT, AEMT and paramedic class; only to find out later that that we had walked into was the wrong situation at the wrong time. The goal of all public safety providers is to not just provide a service, but to make it back home to our loved ones. In this session we will review the warning signs to look for while en route to the call, upon arrival and once you are on scene. These warning signs can make the difference between your life and your death. Through case studies and call reviews (including that of Mittelman himself being shot on a call) we will go through the mental checklist that everyone should use to stay safe on the job and get home to our families.

CE: Clinically related operations

**Kirk Mittelman, M.Ed., NRP**

**Tuesday 4:30–5:30 pm**

**Making Sim Sexy Again**

Is it time for homegrown simulation training to make a comeback? Has the rumor of its demise been premature? In this lecture, the benefits and challenges of creating your own simulator training will be explored. The lecture will include demonstration of sim trainers you can create.

CE: Administrator of record or Preparatory

**Elizabeth Fagan, MD, FACEP**

**Tuesday 4:30–5:30 pm**

**Poor Prognostic Indicators 2.0 – Trauma: A BLS Patient Assessment Review**

This lecture will be a review of key signs and symptoms that will help prehospital care providers quickly identify immediate life threatening conditions. Through case studies and discussion, we will focus on the importance of developing critical thinking skills needed during patient assessment and identifying the need for rapid and appropriate interventions and transport decisions. We will discuss how our using appropriate patient assessment skills in all patients can help prepare us for triage in an MCI.

CE: Trauma

**Stu Rosenhaus, BS, CIC, EMT**

**Tuesday 4:30–5:30 pm**

**Are You Prepared? Get Immunized While There's Still Time!**

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 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 and strategies found in the First Responder Toolkit to increase the number of first responder organizations offering and administering ACIP-recommended 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.

CE: Preparatory

**Denise Starkey, MPH, MA**

### **Wednesday 8:30–9:30**

#### **What Do You Mean, Leave the Dog Behind?**

Assistance dogs are becoming more common for a wide range of medical conditions. Once the preserve of the blind, the purpose of the dog may not be immediately obvious to EMS providers, yet very few services (or hospitals) have a clear policy on what staff should do if they are dealing with a patient who relies on a dog or other animal. We will further discuss various conditions for which assistance dogs are being used, infection control issues with conveying animals, and risks to the patient and/or legal implications of not conveying an assistance animal. Peacocks not included!

CE: Special considerations

**Stephen Hines**

### **Wednesday 8:30–9:30**

#### **Bleeding Control: From the Inside Out**

Hemorrhage control has been a foundation of emergency medicine throughout recorded history. New approaches are constantly under development, and EMS is now moving from bleeding control measures placed *on* the wound to those placed *into* the body. Join us as we discuss tranexamic acid (TXA), K-Centra, freeze-dried plasma, the pathophysiology behind hemorrhage and hemorrhage control, and a variety of case scenarios.

CE: Medical

**Larry Torrey, RN, EMT-P**

### **Wednesday 9:45–10:45**

#### **They Put What in the Tea?! Radiation Poison Case Study**

Taking a trip back to London 2006, we will look at the death of Alexander Litvinenko. The signs and symptoms seen by healthcare providers will be investigated. Would you have put yourself at risk in the situation? Would you have suspected radiation poisoning given the evidence? Using the case study, attendees will learn symptoms of radiation poisoning, risks to rescuers, how radiation exposure of one person could lead to multiple secondary cases and what can be done to enhance safety of responders at risk from radiation sources.

CE: Medical

**Tamsin Fuller, BSc(hons) Minstp**

**Wednesday 9:45–10:45**

**Evaluating the Let Me Aspirate Airway: What’s Good, What’s Not, and What Works**

The original Laryngeal Mask Airway or LMA was invented in the 1980s by Dr. Archie Brain. This session will explain why the original LMA was dubbed the "let me aspirate" airway and what changes have been made that made the laryngeal mask airway the go-to airway for many EMS systems, emergency departments and surgery centers. In this session attendees will learn how to evaluate different versions of the laryngeal mask airway to find for themselves, “What's good, what's not and what works.” The session will end with techniques to improve first-pass success with laryngeal mask airways.

CE: Airway

**Steven LeCroy, MA, CRT, EMTP**

**Wednesday 11:00–Noon**

**From Johnny & Roy to *Nightwatch*: Lessons Learned During 39 Years in EMS**

Closing Session

This historical, controversial and whimsical perspective of the evolution of EMS will highlight the significant changes that have occurred in our profession and a glimpse into the future. The program will also provide harsh realities attempt to dispel long held folklores based on the real-life experiences of a 39-year EMS veteran. Whether you’ve been in EMS for three years or 30, this session will provide both the perfect wrap up of the 2018 Texas EMS conference and a launch point for the rest of your career.”

CE: Preparatory

**Matt Zavadsky**

**Monday 9:45 – 11:45 am**

**Workshop Stethoscopy for Dummies: Lung Sounds**

**Bring your own stethoscope.** 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 and heart sounds presented via stethoscopy sounders, so that participants can hear the sounds with their own stethoscopes. In this session, participants must bring their own stethoscopes with them. Bob brings simulators for all participants to use their own stethoscopes to hear the various sounds. There is even a test at the end of class to see who earns the right to wear the stethoscope and gets a chance for winning a stethoscope sounder and tutorial from Bob Page. This is the class you should have got way back in EMT class but did not.

CE: Medical

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

**Monday 9:45 – 11:45 am**

**Workshop Responder Safety: Situational Awareness and Personal Defense**

The course will begin with how to recognize a potentially dangerous scene, and discuss tactics to

mitigate the danger before ever putting yourself in a situation where you are in danger. However some initially benign scenes 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.

CE: Preparatory

**David Wampler, PhD, LP, FAEMS**

**Derek Frader**

### **Monday 1 – 3 pm**

**Workshop Bring your own Littmann (or equivalent) stethoscope // Prerequisite: Lung Sounds workshop.** This is the class you have been asking for. 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. If possible ring your Littmann stethoscope, as the lower-end scopes such as Sprague or ADC will not be sufficient. 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. *A limited supply of Littman Cardiology III scopes may available to use for the class.*

CE: Medical

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

### **Monday 1 – 3 pm**

#### **Workshop Responder Safety: Situational Awareness and Personal Defense**

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CE: Preparatory

**David Wampler, PhD, LP, FAEMS**

**Derek Frader**

### **Tuesday 9:15–11:15 am**

#### **Workshop I Don't Think a Band-Aid Is Going to Fix That**

On-scene care of trauma victims requires efficient, and often times expedient, bandaging techniques. When considering all the various types of injuries we may encounter (contusions,

abrasions, incisions, lacerations, avulsions, amputations, punctures, penetrations, perforations (in and out), hematomas, impalements, eviscerations, burns, crush injuries, de-gloving injuries, compartment syndrome injuries, sucking chest wounds...just to name a few), are you confident that you remember how to bandage any injuries that may come your way? How long has it been since you bandaged an avulsed eye . . . EMT skills lab days? What did we do to stop that arterial bleed? Remember how tourniquets were only used as a last resort effort to control bleeding, and packing a wound was completely unheard of? This class provides an opportunity for you to practice again many of the time-honored bandaging techniques you have long since forgotten, and to get some hands-on experience with some new procedures, as well. Come get your hands dirty (wait...we will provide gloves) and “wrap up” a few more CE hours!

CE: Medical

**Jackie Langford, CHSE, BFA, L**

**Greg Cox, LP; AAS; TP-C**

### **Tuesday 9:15–11:15 am**

#### ***Workshop* Pediatric ALS Workshop: All the Things that Scare You, Plus What Actually Works**

Pediatric calls are among the most challenging and stressful for EMS providers. Little airways, tiny veins and lack of familiarity with seldom-used procedures all serve to increase the provider's anxiety level. In this interactive scenario-based skills workshop, participants will practice pediatric resuscitation using the newest resuscitation equipment on high-fidelity pediatric ALS manikins. We'll practice all the procedures you're scared of, plus the ones that actually work.

CE: Pediatrics

**Steven Grayson, NRP, CCEMT-P**

**Gary Saffer, EMT-P**

**Jules Scadden, EMT-P**