

# EMS Update

An Emergency Medical Services Learning  
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*Iowa Disaster Medical Assistance teams will deploy in any Iowa medical disaster such as terrorism, tornado, plane crash, hazardous industrial exposure or accident, or train derailment.*



## Iowans helping Iowans in times of disaster

**T**he volunteer Iowa Disaster Medical Assistance Team(s) are designed to assist a local medical system should it be overwhelmed in a massive

disaster or terrorist attack. The teams will provide medical care to disaster victims and support local medical resources when they have been overburdened or exhausted.

The volunteer Iowa Disaster Medical Assistance Team (DMAT) provides emergency medical services during the period from the disaster to the arrival of federal medical assistance. The state teams are deployed to give care within four to six hours

after the call and may or may not request federal assistance.

The purpose of the Iowa DMAT subcommittee is to develop and implement a statewide plan to deploy assistance in any medical disaster such as terrorism, tornado (or other weather-related incident), plane crash, hazardous industrial exposure or accident, or train derailment.

*continued on page 2*

## IA-DMAT cont'd



**Steve Scheckel, MD, DDS**



**Doug York**



**John Stark**

"We are in the building phase right now with recruiting, planning and equipping," says Steve Scheckel, MD, DDS, associate professor, clinical, Program in Emergency Medicine, and director, University of Iowa Hospitals and Clinics (UIHC) DMAT.

An IA-DMAT may be deployed only by the Iowa Department of Public Health in response to a request from the Iowa Emergency Management Division and a disaster proclamation from the Governor.

Doug York, PS, director, EMS Learning Resources Center, is the administrative leader of the UIHC Disaster Medical Assistance Team.

"Teams will be on a call schedule. A team is on first call for approximately one month with a back-up team ready to assist," says York. "Deployment will occur based upon the incident: all or part of a team may be deployed."

The hospitals that will sponsor Iowa Disaster Medical Assistance

Teams include: Iowa Health, Des Moines; Mercy Medical Center, Des Moines; Mercy Medical Center, Dubuque; Mercy Medical Center, Sioux City; University of Iowa Hospital and Clinics, Iowa City.

"I'm pleased and grateful these facilities and their partners have stepped forward and offered to further serve the needs of Iowans in the event of a large scale disaster," says Scheckel.

"These hospitals and volunteer teams will provide a valuable resource to Iowans across the state, as well as provide an extension of the hospital's role as a community health care provider."

John Stark, MPA, EMT-P, operations officer, Center for Disaster Operations and Response, Iowa Department of Public Health, says the teams are designed to fill the gap between a disaster and federal medical assistance.

"In a disaster—natural or man-made—medical systems can become

overburdened and overwhelmed in an instant."

The Iowa DMAT will consist of three "teams-within-a-team" Medical, Public Health and Environmental Response teams.

Medical teams may be sent to either a local hospital or the disaster site and consist of: Physicians with emergency and trauma experience; registered nurses with trauma, emergency and intensive care experience; paramedics and EMTs with extensive pre-hospital skills and knowledge; pharmacists and other health care professionals. DMAT will assign duties depending on each person's expertise.

Additionally, the Department of Public Health is forming disaster response teams consisting of public health professionals and specialists in environmental health.

Public health teams will be staffed with epidemiologists and public health nurses to work surveillance, as well as mass vaccination clinics and education needs.

Environmental teams will assist in identification and clean-up of hazardous or unknown substances.

Medical equipment will be available to supplement the local facility and to provide prehospital and emergency department-like care to victims of the disaster.

"I recommend anyone who has an interest in DMAT should get involved in this exciting way to help others within the state and nation and learn," adds Scheckel.

"It's a way for Iowa health care professionals to feel a sense of community statewide for disasters happening on state soil. We are excited about the opportunity to collectively play a vital role in ensuring the health and security of our state and nation."

For more information on the volunteer Iowa Disaster Medical Assistance Teams, please contact John Stark at (515) 242-5129 or [jstark@idph.state.ia.us](mailto:jstark@idph.state.ia.us)



**Eric Dickson,  
MD**



**Hans House,  
MD**



**Fred Hansen,  
MD, PhD**



## Emergency medicine residency training program approved

**T**he University of Iowa Hospitals and Clinics and St. Luke's Hospital in Cedar Rapids have received approval to begin training resident physicians in the specialty of emergency medicine. The residency is the only emergency medicine residency in the entire state of Iowa.

"We are thrilled to be the primary training site for Iowa's first emergency medicine residency. This is a critical step in improving emergency care for all the citizens of Iowa," says Eric Dickson, MD, newly appointed director of the Emergency Treatment Center at UI Hospitals and Clinics and director of the Program in

Emergency Medicine at the UI Carver College of Medicine.

"It is very rare for a new residency training program to receive approval the first time it applies for accreditation," says David Skorton, president, University of Iowa. "This achievement is the result of literally hundreds of people at St. Luke's and the University of Iowa working together as partners to benefit seriously ill and injured patients."

The approval comes from the Accreditation Council for Graduate Medical Education (ACGME). ACGME is a private professional organization responsible for the accreditation of nearly 7,800 residency education programs. The new emergency medicine residency program received provisional approval for a three-year period.

"There is such a critical need everywhere for specialists in emergency medicine," says Hans House, MD, assistant profes-

sor, Program in Emergency Medicine and associate program director, Iowa Emergency Medicine Residency Program. "The residency program will allow us to train the next generation of emergency medicine physicians and that will greatly enhance our efforts to meet the needs for emergency medicine in rural areas."

The leadership at University of Iowa Hospitals and Clinics and the Carver College of Medicine have created an innovative partnership between a community-based hospital and a major academic medical center.

The Emergency Treatment Center and the Level I Trauma Center at UI Hospitals and Clinics serves more than 30,000 patients a year. St. Luke's treats about 52,500 emergency cases annually.

The emergency medicine residency planning committee which,



**David Skorton, MD**

*continued on page 4*



*continued from page 3*

## Residency cont'd

***The Program in Emergency Medicine faculty includes not only committed educators, but also seasoned clinicians and successful researchers.***

under Dr. Lawrence Marsh's leadership, helped to coordinate the UI Hospitals and Clinics' effort to establish the residency program.

"The Emergency Medicine Residency Program was developed because of a heightened medical student interest in emergency medicine as a career," says House. "The initiative also stems from a statewide interest to increase Iowa's residency-trained, board-certified emergency medicine specialists."

The residency program is a progressive educational experience

with increasing patient responsibilities over the three years of training as residents develop clinical skills and demonstrate medical judgment and competence," says Fred Hansen, MD, PhD, vice-chair for Emergency Medicine Education. "The training program consists of formal training and clinical experiences on assigned rotations, patient care in the Emergency Treatment Center, and structured conferences."

As a unique program, the University of Iowa Emergency Medicine Residency program offers an innovative selection of educational options to provide residents with the education and experience to be successful in their emergency medicine career.

Residents spend the introductory month learning the principles of emergency medicine and becoming certified in Advanced Cardiac Life Support, Advanced Trauma Life Support, Pediatric Advanced Life Support, and EMS base station. First-year rotations include general medicine, anesthesia, pediatrics, trauma, burn, orthopaedics, radiology, psychiatric, and the Emergency Treatment Center.

The second year resident experiences St. Luke's Hospital for the first time, spending two months there in the emergency room and one month on obstetrics/gynecology. Back at UI Hospitals and Clinics, the resident will rotate through the cardiovascular intensive care unit, the cardiology inpatient service, the pediatric intensive care unit, neurology consult, gynecology ultrasound, as well as four months in the Emergency Treatment Center.

The third year resident can expect a significant increase in responsibility. Not only will they spend two months at St. Luke's emergency room and six months in the UI Hospitals and Clinics' emergency room, they will serve as team leaders (senior residents) on the trauma service, and the surgical and medical intensive care units.

The University of Iowa is one of the top medical research institutions in the nation, including a National Institute of Health-funded emergency medicine research laboratory and a dedicated emergency medicine research director.

For more information on the University of Iowa Emergency Medicine Residency Program, please visit the web site at [www.uihealthcare.com/emergencymedicine](http://www.uihealthcare.com/emergencymedicine). You may also contact Hans House, MD, at (319) 384-6511 or email at [iowa-em-residency@uiowa.edu](mailto:iowa-em-residency@uiowa.edu)

The program is currently not participating in the Electronic Residency Application Service (ERAS) from the American Association of American Medical Colleges. However, applicants may send their common application form (CAF) from ERAS, as their application.

# Dickson named director of UI Program in Emergency Medicine

*The UI Program in Emergency Medicine includes a National Institute of Health-funded emergency medicine research laboratory. Eric Dickson, MD, director of the laboratory, at right, is shown testing a new treatment designed to improve cardiac function after a heart attack.*

**E**ric Dickson, MD, has been appointed associate professor of emergency medicine in the University of Iowa Roy J. and Lucille A. Carver College of Medicine and director of the Program in Emergency Medicine at UI Hospitals and Clinics.

Dickson was an associate professor of emergency medicine, physiology and anesthesiology and director of emergency medicine research at the University of Massachusetts Medical School before joining the UI faculty October 1.

"I am very excited to be at the University of Iowa," Dickson says. "I look forward to working with my new colleagues to build a world-class academic emergency medicine department.

"The priorities of the program will be to continue to provide the best possible emergency care while training future emergency physicians for the state of Iowa," he adds.

"Dr. Dickson is an excellent choice to lead the program in emergency medicine and will be an excellent fit for UI Hospitals and Clinics," says Donna Katen-Bahensky, director and CEO, UI Hospitals and Clinics.

As Iowa's only academic emergency medicine program, Dickson wants the UI program to pursue research to improve the care of critically ill and injured patients.

"Dr. Dickson is an active and accomplished physician scientist," says Jean Robillard, MD, dean, UI Carver College of Medicine. "We believe that under his leadership the program will advance the care of trauma patients and enhance the teaching, research and service missions of the UI Hospitals and Clinics and the Carver College of Medicine, particularly as we strive to meet the needs for emergency medicine in rural areas."



**Donna Katen-Bahensky**



**Jean Robillard, MD**

## EMS Update

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**Director:** Doug York  
**Writer/Editor:** Jeri Irvine

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**View the *EMS Update* at:**  
[www.uihealthcare.com/emslrc/](http://www.uihealthcare.com/emslrc/)

**FAX (319) 353-7508**  
**Phone (319) 356-2597**

**Do you have an interest in certain EMS topics?**

**Would you like to read more about them in the *EMS Update*?**

**Please e-mail your questions and suggestions to [irvinej@uihc.uiowa.edu](mailto:irvinej@uihc.uiowa.edu).**

**All e-mails will receive a response.**

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People with disabilities are welcome at the University of Iowa Hospitals and Clinics where reasonable accommodations will be made upon request. Please contact the UIHC Department of Social Service, (319) 356-2207.

# Adam appointed to national Heart Association committee



*Rosemary Adam*



*Jo Haag*

The American Heart Association's National Emergency Cardiovascular Care (ECC) Committee is composed of volunteers with expertise in science, education, business, and administration. Through its four subcommittees—Basic Life Support, Advanced Cardiovascular Life Support, Pediatric Resuscitation, and Program Administration—the National ECC Committee prepares scientific and educational guidelines for emergency cardiovascular care.

The Program Administration (PROAD) subcommittee develops and observes ECC guidelines for the operation of the emergency cardiac care training network, which delivers training in all American Heart Association ECC Programs.

Rosemary Adam, RN, PS, nurse instructor, EMS Learning Resources Center, was appointed to PROAD in July. PROAD consists of 15 members from across the nation who are either ECC instructors or staff actively involved in the training network.

"Rosemary was named to PROAD because of her long time involvement with the American Heart Association and the ECC programs at the local, regional and national level," says Jo Haag, RN, MSN, director, Training, National ECC programs, American Heart Association, Dallas, Texas.

"She has an understanding of both prehospital and in-hospital needs, as well as both the rural and urban provider. Her extensive teaching history in multiple programs and well as her continued active clinical practice adds to her value as a PROAD member."

PROAD prepares recommendations to the Emergency Cardiovascular Care committee to improve program administration, education, managerial effectiveness, and product development.



## New heliport improves safety, efficiency

The new University of Iowa Hospitals and Clinics heliport, located above Roy J. Carver Pavilion, is in the same location as the previous heliport but is now raised about four feet off the roof of the hospital.

On October 24, 2003, a ribbon-cutting ceremony was held on the roof to re-open the heliport, which closed in September 2003 for construction of two new landing surfaces, improved lighting and other safety enhancements.

"We improved safety by raising the height of the two landing surfaces four feet above the roof parapet and adjacent mechanical equipment," says Jeff Gauthier, administrative associate, Program in Emergency Medicine, University of Iowa Health Care. "We now have full availability of the Federal Aviation Agency's recommended 8:1 glide slope flight path utilized to approach and depart from the landing surface."

"We also increased the heliport's size and weight limits to accommodate military aircraft as part of our response to Homeland Security issues."

Under the concrete helipad floor are tubes that hold glycol, or

antifreeze, which steam-heats the pads to melt ice and snow.

The heated landing surfaces and ramp will ensure safe-footing for staff and save the task of shoveling ice and snow.

"We expanded the snow melting capability to include both landing surfaces," adds Gauthier. "Previously, only one surface was plumbed with the glycol snow-melt system. New lighting fixtures were also added to improve illumination of the landing surfaces at night and to aid in patient unloading."

AirCare aircraft, and other air medical helicopters which bring patients to University of Iowa Hospitals and Clinics using the Carver Pavilion heliport, include those services based in Des Moines; Cedar Rapids; Mason City; Sioux City; Quad Cities; Quincy, Ill; LaCrosse, WI; and Rochester, MN.

A project completed in 2001 enabled the AirCare helicopters to refuel while parked on the Carver Pavilion heliport. This project increased efficiency and generated significant financial savings.

Established in 1979, the Air and Mobile Critical Care Service program at UI Hospitals and Clinics was one of the first 12 helicopter transport programs in the U.S.

The AirCare program regularly works with close to 100 emergency medical services, fire and law programs, and transports patients from 57 hospitals in Iowa, western Illinois and Northeast Missouri.



## EMSLRC celebrates 25 years of teaching

*The Emergency Medical Services Learning Resources Center staff include from left, Lori Hartley, Jeri Irvine, Ginny Henry, Doug York, (director), Rosemary Adam, Clark Christensen, Mike Hartley, Lance Heern, and Alice Mally.*

**T**he EMS Learning Resources Center serves as the primary emergency medicine training department for the University of Iowa and offers emergency medical training through its inhouse and outreach programs.

The Center was established in 1978 to develop and conduct statewide educational programs in emergency medicine for physicians, physician assistants, nurses, EMTs, paramedics and community citizens. More than 7,500 participants attend EMS Learning Resources Center courses each year.

"It has been a privilege to work with so many agencies and people throughout Iowa and the Midwest," says Doug York, PS, director, EMS Learning Resources Center.

Through the EMSLR, specialists in emergency and critical care education provide a variety of EMS-related programs locally for University of Iowa Health Care staff and on

an outreach basis throughout Iowa and the nation.

Approximately half of the more than 100 courses conducted each year by the EMS Learning Resources Center are taught in communities outside the Iowa City area. Since its initiation, the Center has provided EMS programs for more than 70,000 participants in 16 different states and two foreign nations.

The Center offers trauma management courses including Advanced Trauma Life Support which is dedicated to the first hour of trauma management and is designed for physicians who have primary responsibility for managing the critically injured patient.

Trauma Nursing Core Courses are taught to RNs who work in the emergency care setting. Assessment, signs and symptoms, diagnostic procedures, triage and nursing interventions of various types of trauma management are discussed and demonstrated.

In addition, the Center conducts PreHospital Trauma Life Support courses designed to provide EMT-Basics, EMT-Intermediates, paramedics and RNs with specific

knowledge related to the prehospital assessment and care of the ill or injured trauma patient.

The EMSLR also offers the Paramedic Specialist Full-time Training Program, including didactic, clinical and field components, is nationally accredited by the Commission on Accreditation of Allied Health Education Programs. The Iowa Paramedic Outreach Training Program is a part-time program conducted on the Iowa Communications Network one evening a week.

"Other courses have been added to meet the expanding educational needs of prehospital medical care," says York. "The Critical Care Paramedic Training program is designed for experienced paramedics and offers them hands-on critical care instruction."

The Advanced Medical Life Support course features hands-on physical assessment of patients and is aimed directly at paramedics and EMS nurses. Advanced Cardiac Life Support (ACLS) for Experienced Providers is designed to challenge experienced providers rather than repeat information from the ACLS provider course.

Two pediatric courses have been added in recent years. The Pediatric Education for Prehospital Professionals (PEPP) course was developed specifically to increase the knowledge and skills for EMS providers who care for children in the out of hospital setting. APLS: The Pediatric Emergency Medicine course provides physicians with the information necessary to assess and manage critically ill or injured children during the first hour in the emergency department.

"Our mission is to develop and conduct high quality, comprehensive educational opportunities for physicians, physician assistants, nurses, prehospital and allied personnel," adds York.

For more information on the Emergency Medical Services Learning Resources Center, please visit our web site at [www.uihealthcare.com/emslrc](http://www.uihealthcare.com/emslrc) or contact us at (319) 356-2597 or [emslrc@uiowa.edu](mailto:emslrc@uiowa.edu)

# EMSLRC course calendar

		MD (CMEs)	RN (CEUs)	EMS (CEHs)
<b>2003</b>				
Nov 20-21	Iowa City: APLSóThe Pediatric Emergency Medicine Course	17	1.8	18
Dec 3	Iowa City: Advanced Cardiac Life Support Provider Renewal	ó	.45	ó
Dec 5	Iowa City: Prehospital Trauma Life Support Instructor/Coordinator	ó	.7	7
Dec 8	Iowa City: Neonatal Resuscitation Program Provider/Provider Renewal	ó	.58/.33	ó
Dec 11-12	Iowa City: Pediatric Education for Prehospital Professionals	ó	1.45	ó
Dec 13-14	Washington: Prehospital Trauma Life Support Instructor/Coordinator	ó	.7	7
<b>2004</b>				
Jan 7	Iowa City: Paramedic Specialist Full-time Training Program begins	ó	ó	ó
Jan 10-11	Mason City: Pediatric Education for Prehospital Professionals	ó	1.45	ó
Jan 16-17	Ottumwa: Advanced Medical Life Support	ó	1.4	16
Jan 24-25	Iowa City: Prehospital Trauma Life Support Basic/Advanced Provider	ó	1.4	16
Jan 24-25	Sioux City: Advanced Medical Life Support	ó	1.4	16
Jan 30	Iowa City: Advanced Cardiac Life Support Provider Renewal	ó	.45	ó
Jan 31	Iowa City: Basic Life Support Instructor Trainer/Renewal, Heartsaver Instructor	ó	Varied	Varied
Feb 7	Ottumwa: Advanced Cardiac Life Support and Pediatric Advanced Life Support Instructor Renewal	Varied	Varied	Varied
Feb 7-8	Shenandoah: Prehospital Trauma Life Support Basic/Advanced Provider	ó	1.4	16
Feb 20	Davenport: Advanced Trauma Life Support Refresher	5	ó	ó
Feb 21-22	Iowa City: National Registry Exam	ó	ó	ó
Mar 4-5	Dubuque: Advanced Cardiac Life Support and Pediatric Advanced Life Support Instructor/Instructor Renewal	Varied	Varied	Varied
Mar 5-7	Iowa City: EMS Refresher	ó	ó	24
Mar 8	Iowa City: Advanced Cardiac Life Support Provider Renewal	ó	.45	ó
Mar 15-16	Mason City: Pediatric Education for Prehospital Professionals	ó	1.45	ó
Mar 18-19	Iowa City: Trauma Nursing Core Course	ó	1.4	14
Mar 19-21	Iowa City: EMS Refresher	ó	ó	24
Mar 22-23	Iowa City: Geriatric Education for EMS	ó	TBA	TBA
Mar 25-26	Iowa City: Advanced Trauma Life Support Student	19	ó	ó
Mar 26	Iowa City: Advanced Trauma Life Support Refresher	5	ó	ó



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