

NDEMSA

Spring Regional Conference Edition



January 21-23, 2022 - Northwest Conference, Minot

February 11-12, 2022 - Southeast Conference, Fargo

February 19-20, 2022 - Northeast Conference, Grand Forks



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FROM THE PRESIDENT

The 2022 Northwest, Northeast, and Southeast EMS Regional Conferences are on the calendar and schedules are almost complete!

We hope you will be able to join us this January and February for one or more of the regional conferences. The North Dakota EMS Association is fortunate to have dedicated directors in each region who put together these incredible conferences to ensure providers get the education they need to for exceptional patient care and obtain the hours required for recertification.

Starting with the South West Region Conference in Medora, all 4 regions will follow a set pattern of NCCR hours offered at each conference. This pattern will allow members to plan their 2 year training a little easier. EMTs can meet all of their NCCR hours in a couple of ways:

- They can attend the same regional conference 2 years in a row; or
- Attend opposite regional conferences in one year (one from Track A and one from Track B);
- Go to one regional conference and the state conference.

We are excited to see everyone. We can't wait to see old friends, new faces, and be able to network in person.

January 21-23, 2022- Northwest Conference, Minot
February 11-12, 2022- Southeast Conference, Fargo
February 19-20, 2022- Northeast Conference, Grand Forks

Stay Safe,

Kelly Dollinger President, ND EMS Association



CONTINUING EDUCATION

Applications have been sent to the North Dakota Division of EMS and the ND Post Board for CEUs for each regional conference.

DEMS Grant and Continuing Education Credits: The Division of EMS made the Continuing Education Grant available to help cover costs of travel and attendance to each regional conference. This grant must be applied for by a licensed North Dakota EMS Agency. The grant can be found at

<https://www.health.nd.gov/epr/emergency-medical-systems/emergency-medical-services-system/ems-grants/>



UPCOMING NDEMSA EVENTS

- December 31, 2021** - Board of Director Nominations Due
- January 5, 2022** - EMR Course Begins (Registration Ends December 20th)
- January 21-23, 2022** - Northwest Conference, Minot
- January 26, 2022** - Situational Leadership Concepts, Virtual
- February 11-12, 2022** - Southeast Conference, Fargo
- February 19-20, 2022** - Northeast Conference, Grand Forks
- February 21, 2022** - Award Nominations due
- February 26-27, 2022** - Prehospital Trauma Life Support (PHTLS), Medora
- March 9, 2022** - EMR Course Begins (Registration Ends February 22nd)
- March 12, 2022** - Psychological Trauma in EMS Patients (PTEP), Medora
- April 7-9, 2022** - 46th Annual Conference, Bismarck
- April 23-24, 2022** - Prehospital Trauma Life Support (PHTLS), Devils Lake
- May 2-3, 2022** - 8th Annual EMS Management Conference, Bismarck
- May 25, 2022** - EMR Course Begins (Registration Ends May 9th)
- May 21, 2022** - Psychological Trauma in EMS Patients (PTEP), Devils Lake
- June 4, 2022** - North Dakota EMS Foundation Golf Tournament
- August 12-13, 2022** - North Dakota EMS Foundation Fishing Tournament

For more information visit www.ndemsa.org



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THE 2022 NORTHWEST Conference

CONFERENCE HOURS

FRIDAY, JANUARY 21, 2022 - 6:00-9:00 PM
 SATURDAY, JANUARY 22, 2022 - 8:00-5:00 PM
 SUNDAY, JANUARY 23, 2022 - 8:00-4:00 PM

FRIDAY, JANUARY 21, 2022

TIME	PRESENTATION INFORMATION
5:00-6:00	Registration and Check- in
5:50-6:00	Welcome and Announcements
6:00-6:30	Culture of Safety • 0.5 NCCR
6:30-7:00	VAD's • 0.5 NCCR
7:00-8:00	Cold Weather Emergencies • 1 NCCR
8:00-9:00	Research • 1 NCCR

SATURDAY, JANUARY 22, 2022

TIME	PRESENTATION INFORMATION
7:00-8:00	Registration and Check- in
7:50-8:00	Welcome and Announcements
8:00-10:00	Special Health Care Needs • 2 NCCR
10:00-11:00	Psychiatric • 1 NCCR
11:00-12:00	Trauma Triage • 1 NCCR
12:00-1:00	Lunch Provided
1:00-1:30	Medical Director-Minutes • 0.5 NCCR
1:30-2:00	Pediatric Transport • 0.5 NCCR
2:00-3:00	Trauma Case Studies • 1 NCCR
3:00-4:00	Hemorrhage Control • 1 NCCR
4:00-5:00	At-Risk Populations • 1 NCCR

JANUARY 21-23, 2022

THE GRAND HOTEL • MINOT, ND

SUNDAY, JANUARY 23, 2022

TIME	PRESENTATION INFORMATION
7:30-8:00	Registration and Check- in
7:50-8:00	Welcome and Announcements
8:00-9:30	Stroke • 1.5 NCCR
9:30-10:00	Post-Resuscitation • 0.5 NCCR
10:00-11:30	Toxicology/Opioids • 1.5 NCCR
11:30-12:00	Neurological Seizures • 0.5 NCCR
12:00-1:00	Lunch Provided
1:00-2:00	NDEMSA Happenings • 1 NCCR
2:00-3:00	Medical Case Studies • 1 NCCR
3:00-4:00	TBD

CONFERENCE HEADQUARTERS

GRAND HOTEL

1505 North Broadway • Minot ND 58703

For reservations call: (800) 735-4493 • <http://www.grandhotelminot.com/>

*Rooms are \$80.00/night plus tax • *Ask for the EMS Conference Block**

The room block will be released on January 7th at the Grand Hotel. Make your reservations soon!! Be sure to mention that you are with the EMS Conference when making your reservations.

NORTHWEST BOARD OF DIRECTORS

Holly Grubb • Corey Johnson
Shawn Kaylor • Tami Petersen-Ness

THE 2022 SOUTHEAST Conference

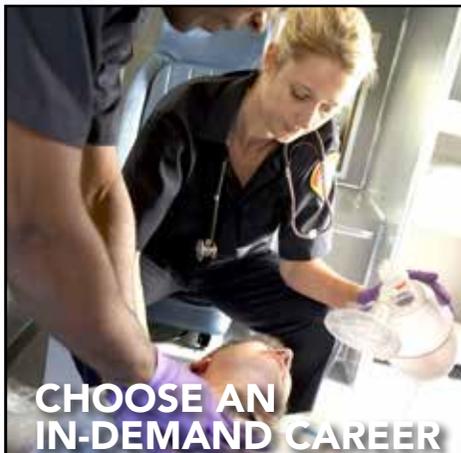
CONFERENCE HOURS

FRIDAY, FEBRUARY 11, 2022 - 11:00- 8:00PM
SATURDAY, FEBRUARY 12, 2022 - 8:00- 6:00PM

NCCR CLASSES OFFERED AT THE 2022 SOUTHEAST CONFERENCE

Post Resuscitation	0.5 Hour
VADS	0.5 Hour
Stroke	1.5 Hours
Trauma Triage	1 Hour
Hemorrhage Control	0.5 Hour
Special Healthcare Needs	2 Hours
Psychiatric	1.0 Hour
Toxicological/ Opioids	0.5 Hour
Neurological/ Seizures	0.5 Hour
At Risk Populations	0.5 Hour
Culture of Safety	0.5 Hour
Pediatric Transport	0.5 Hour
Research	1.0 Hour

**Sanford Health's Trauma Tactics is on
Sunday February 13th. Visit
sanfordhealth.org/conferences
for more details.**



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or email kelli.sears@bismarckstate.edu



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FEBRUARY 11-12, 2022

HOLIDAY INN • FARGO, ND

CONFERENCE HEADQUARTERS

HOLIDAY INN

3803 13th Avenue South • Fargo, ND 58103

For reservations call: 701-282-2700 • Rooms are \$104.00/night plus tax

Ask for the ND EMS Association

NDEMSA has made lodging arrangements with the Holiday Inn. The room block will be released on January 12th at the Holiday Inn. Make your reservations soon!! Be sure to mention that you are with the EMS Conference when making your reservations.

SOUTHEAST BOARD OF DIRECTORS

Jason Eblen • Kelli Just
Loretta Haas • Kristen Moos

NEED NCCR?

EMTs can meet all of their NCCR hours in a couple of ways:

They can attend the same regional conference 2 years in a row; or
Attend opposite regional conferences in one year (one from Track A and one from Track B);
Go to one regional conference and the state conference.

To see the Tracks offered at the regional conferences, visit
<https://www.ndemsa.org/NCCR-Hours-Offered>



THE 2022 NORTHEAST Conference

CONFERENCE HOURS

SATURDAY, FEBRUARY 19, 2022 - 8:00-5:00PM
SUNDAY, FEBRUARY 20, 2022 - 8:00-5:00PM

SATURDAY, FEBRUARY 19, 2022

TIME	PRESENTATION INFORMATION
7:30-8:00	Registration and Check- in
7:50-8:00	Welcome and Announcements
8:00-8:30	Ambulance Safety • 0.5 NCCR- Andrew Joyce, Paramedic, Altru
8:30-9:00	Evidence Based Guidelines • 0.5 NCCR- Kirsten Hager, Paramedic, Altru
9:00-10:00	Endocrine/ Diabetes • 1 NCCR- Kirsten Hager, Paramedic, Altru
10:00-11:00	CNS Injury • 1 NCCR- Kirsten Hager, Paramedic, Altru
11:00-11:30	Infectious Disease • 0.5 NCCR- Wilson McGraw, Paramedic, Altru
11:30-1:00	Lunch on Your Own
1:00-2:00	Crew Resource Management • 1 NCCR- Lewis Liang, Associate Professor, UND Aviation
2:00-3:00	Pain Management • 1 NCCR- Dr. Lohstreter, Altru ER Physician
3:00-4:00	Pediatric Cardiac Arrest • 1 NCCR- Sean Roed, Lake Region Ambulance
4:00-5:00	ACS • 1 NCCR- Sean Roed, Lake Region Ambulance

NORTHEAST BOARD OF DIRECTORS

Todd Elfman • Greg Martinson
Sean Roed • Bill Tuttle

FEBRUARY 19-20, 2022

HILTON GARDEN INN • GRAND FORKS, ND

SUNDAY, FEBRUARY 20, 2022

TIME	PRESENTATION INFORMATION
7:30-8:00	Registration and Check- in
7:50-8:00	Welcome and Announcements
8:00-8:30	Immunological • 0.5 NCCR- Dr Weiser, President, Altru Health System
8:30-9:00	Hygiene/ Vaccinations • 0.5 NCCR- Dr Weiser, President, Altru Health System
9:00-10:00	Field Triage • 1 NCCR- Todd Elfman, Paramedic, Altru
10:00-10:30	Sports Injuries • 0.5 LCCR- Altru Advanced Orthopedics
10:30-11:00	OB Emergencies • 0.5 NCCR- Kim Spivak, RN, Altru OB
11:00-11:30	Rural EMS Counts • 0.5 LCCR- Lindsey Narloch, Project Manager, Rural EMS Counts
11:30-1:00	Lunch on your Own
1:00-2:00	Neonates • 1 LCCR- Dr Panda, Neonatologist, Altru Health System
2:00-3:00	NDEMSA Happenings • 1 LCCR - Regional Advisors, NDEMSA
3:00-3:30	Fluid Resuscitation • 0.5 NCCR- Taylor Clark, Paramedic, Altru Health System
3:30-4:30	Safe Sleep • 1 LCCR- Carma Hanson, Safe Kids Grand Forks

CONFERENCE HEADQUARTERS
HILTON GARDEN INN

4301 James Ray Dr. • Grand Forks ND 58203

For reservations call: 701-775-6000

A block of rooms have been reserved at the Hilton (\$86.40+ tax) until January 19, 2022. For room reservations, please call 701-775-6000. Make sure to indicate that you are with the EMS Association group when making your reservations.

WHAT DOES HB 1463 MEAN TO YOU?

Corey Johnson



While writing this article, I took a brief break to reflect. While looking through my new emails, one immediately stood out to me. The headline read “Gunman targets EMS providers, firefighter in Arizona shooting.”

An EMT shot in the head, a paramedic in the chest, and a firefighter in the arm. One civilian was also hit in the event. An alarming increase in events like this are reasons for laws like North Dakota House Bill 1463.

On April 20th Governor Burgum signed HB 1463 into law. This law is unique in that North Dakota now joins a select few states that have a clear and defined process for first responders other than law enforcement to be armed during the performance of their duties. Before we jump into what the law is, let's first address what it is not.

The Act establishes a clear and defined process; it is not an authorization for any and all first responders to carry a firearm. In fact, by having this law, it arguably makes it illegal for first responders to possess a firearm unless the many steps in the legislation are followed. This law does not mean that we are going to have a room full of EMS providers at our next EMS conference with firearms strapped to their hips. This is a concealed carry concept and rightfully so.

I believe that this Act was very well written. It allows for each organization to adapt its use to their unique organization and needs. Some are opposed to the legislation, and my simple response would be, do not utilize it.

Let's look at the requirements:

- Each organizations governing body must approve each individual
 - Not an organizational permission but an individual selection
- Possession of a Class 1 CCP to meet minimum standards of other citizens
- Completion of a specialized first responder training course
- Notification to BCI of current roster of those carrying

What this means is each organization will need to develop their own policies and procedures on how to apply this, if at all. Armed Fire and EMS providers is not something that should be taken lightly. There is obviously a culture shift in the country that has made laws like this come to fruition, but a best practice is to take a step back and first ask:

- Is this right for my organization?
- How can we apply this safely and effectively?
- Do we need to implement this?
- Who in my organization can be armed & still effectively perform their duties?

It is not realistic that EMS providers who we choose to arm be armed all the time. There are many situations that we would have to accommodate for. Do you have a jail, prison, or juvenile center in your jurisdiction? If so, how would you handle the firearm? Do those facilities have resources in place to take a firearm from non-law enforcement? Would they? Do you respond to psychiatric facilities or transport to them? The answer should not be to leave the firearm unsecured and unattended in the front seat of your ambulance! Do we really want firefighters taking extra time to secure their firearm at the scene of a structure fire before stretching hose lines or making entry for a rescue? Some ambulance services and fire departments have implemented a safe policy in their apparatus for these very concerns, but doesn't that defeat the purpose? Just tell the bad guy with a gun to hold on a second while you go back

to your rig and get your gun to make it an equal fight. I believe that services who are looking at implementing policies take a long hard look at how to apply this to their service. My recommendation is to consider nonoperational staff and non-frontline staff; EMS supervisors, Battalion Chiefs, Drivers, etc. Does your agency provide TEMS support, and is it appropriate for them? Do you have a Rescue Task Force policy, and can it be applied here?

The next challenge that is going to be faced is the unfortunate event where that firearm must be used. In a situation in Arkansas where two EMS providers were shot and returned fire and neutralized the shooter, no questions were asked. Let's look at this further; what if fire is returned and something unthinkable happens like we miss our target and hurt an innocent bystander. You may have been well within the law but was it executed properly? There is a huge chance of opening yourself and your organization up for civil action. If we in fire and EMS are going to start carrying firearms, shouldn't we be held to similar standards as law enforcement?

Some policies and training to consider in addition to carrying a firearm:

- Use of force policy and training
- De-escalation training
- Shooting qualification courses annually, at a minimum
- Firearms maintenance
- Firearms in the station and apparatus
- Policies to ensure all mutual aid law enforcement agencies are aware of who is armed

At the end of the day, it is your agency, and this is the law. How are you going to use this effectively? Are you going to use it? Regardless of what your choice may be there needs to be an extensive internal risk versus benefit analysis. This topic cannot be taken lightly.



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RISK MANAGEMENT

JUGGLING RISK ON EMS CALLS

Reed Groth



Juggling 101: Do not drop the ball.

Juggling 102: If things start to fall apart, you are trying to juggle too much at once!

Running a call can sometimes feel like a circus juggling act, especially when you are trying to manage an unfamiliar situation or get dispatch information that is not always correct. There are many times during the course of a call when you may feel overwhelmed. Mastering the unfamiliar call, dealing with rarely used equipment, or multiple patients on a scene are just a few scenarios that come to mind.

Many EMS crews feel rushed or stressed on an unfamiliar call and can even get a little panicked when multitasking is required. And when panic sets in, the **ball gets dropped!**

When dealing with the unfamiliar, the level of stress is unavoidable. What do we do when multitasking is required and the EMS crew's stress level becomes uncomfortable or even dangerous? In addition, how do we avoid putting ourselves in those situations in the first place?

There have been several times during the course of my EMS career when a stressful environment has managed to pop its ugly head. This is when we as providers need to follow four simple rules:

1. **Heads up, eyes out. Avoid multitasking.** There is no need for one provider to do it all. A call I remember is a time that I pushed RSI drugs and placed the tube on a trauma patient. Everything went fine, and the patient outcome was good, but does this mean I should do it again? Heavens no- this is a situation that we should avoid at all cost.
2. **For Pete's sake, slow down.** There is no reason to drive across town or the county as fast as the ambulance will go. I always remember the wise words from one of my early mentors, Todd Neman, "It's not your emergency!"
3. **Situational awareness is key.** That means if you get confused; do not be afraid to ask for help.
4. **Plan patient care en route, but watch out for expectation bias.** Talk through the call with your partner or crew. Have a plan, but be ready to deviate once unforeseen circumstances pop up.
5. **Listen.** I know I only said four simple rules, but this one is the most important. Keep nonessential conversation to a minimum and listen to what everyone else is doing on the call.

This is when implementing a STOP policy in your practice is essential for a safer environment for the patient and the crew.

- **Stop** what you were doing as soon as it is safe to do so.
- **Talk** about the problem and identify immediate risk to the team and/or patient.
- **Organize** a plan to address the risk or problem.
- **Proceed** when the plan fully addresses concerns and all team members agree.

Ensure entire team is aware that a STOP has been resolved before moving forward.



NDEMSA is Hiring a *Northwest Regional Advisor*

Job Title - Regional Advisor

Location- Northwestern North Dakota

Hours- 20 a month

Positions to be filled- Northwest Regional Advisor

Closing Date- 12/15/2021



Summary of Work

The Regional Advisor is responsible for providing membership outreach, resources to ambulance services and EMS providers as well as a direct link between the ND EMS Association and the ND EMS industry. Typical responsibilities would include: Consulting and technical assistance for EMS agencies; act as a liaison and coordinate activities with local EMS units, hospitals, fire, law enforcement, city and county agencies, DES, and dispatch centers; conduct needs assessments of the EMS system and components; promote enhancement of regional EMS partnerships; promote NDEMSA educational offerings and assist providers in locating EMS training; provide NDEMSA staff and directors information on regional EMS matters following attendance at local and regional informational meetings; assist with the preparation and distribution of public education campaign initiatives. The Regional Advisor will assist the regional directors in their conference planning as well as attendance at the conference in the region of which they represent and also assist the Response Times editor in gathering news or educational articles from their region. Regional Advisors will also be expected to provide monthly reports to their supervisor and may be called upon to deliver reports during the quarterly board of directors meeting. This position will help advance the missions of both the ND EMS Association and ND EMS Foundation.

Minimum Qualifications

EMT or Higher

Written Communication and Composition Skills

Knowledge of the EMS System and Operations, Training Standards, and Administrative Rules.

Effective collaborator, strong leadership, creative and independent thinking.

The Application can be found at <https://www.ndemsa.org/Regional-Advisor-Position/>

Please Submit the Application to ndemsa.office@ndemsa.org

CALL FOR CANDIDATES

FOR THE 2022 NDEMSA OFFICER AND REGIONAL DIRECTOR POSITIONS

Positions up for election in 2022 include:

President

Secretary/Treasurer

Two (2) Directors in each region

All officers and director terms are for two (2) years.

To be eligible for the President position, candidates must be a current NDEMSA member and have previously served a full term on the NDEMSA board. The President term will begin after the annual meeting.

To be an eligible candidate for the regional director positions, he or she must be a current NDEMSA member and will run in his or her respective region. The officer terms commence after the voting results have been counted and verified (on or around March 1st).

How to Become a Candidate

Nominations began on July 1, 2021. Interested candidates are required to submit a nomination statement and photo to be published in the winter Response Time and on social media sites. Nominations are due on or before December 31, 2021. This deadline allows for adequate time for candidates' biographies to be shared on NDEMSA news outlets prior to voting.

For Information on the voting process and how to submit your nomination visit www.ndemsa.org/Nominations-&-Elections



NDEMSA

IS NOW ACCEPTING AWARD APPLICATIONS

The deadline for all awards, both regional and statewide, is February 21, 2022. All nominations must be submitted online at www.ndemsa.org/Awards.

The awards committee reviews the submissions and notifies the nominator whether or not their submission was selected. Some nominators choose to keep the award a “secret” while others are told ahead of time. The awards committee will only notify the nominator, not the nominee.

The 2022 regional awards include Siren Award, Rising Star Award, Telecommunications Award, and the Service of the Year Award. One regional service of the year nominee is chosen for the state EMS Service of the Year.

The statewide awards for 2022 include Media Award, Medical Director of the Year, Grace Knapp Award, Distinguished Service Award, and EMS Provider of the Year Award.

The Table of Honor Ceremony pays tribute to those volunteers and career EMS/Fire personnel who are no longer with us. You can help us honor such a person by nominating them for the Table of Honor Ceremony. The first ten Table of Honor nominations will be chosen.

The simple online form listing the criteria and nomination information for both the regional and statewide awards and the Table of Honor Ceremony can be found on our website at www.ndemsa.org under the “Awards Programs” tab.





The Rural EMS Counts Project is the name of a project the North Dakota EMS Association has undertaken to empower improvement through the use of measures. Rural EMS Counts is a play on words to both mean that rural EMS is important along with rural EMS using measures and numbers.

What is a measure?

A measure is simply how often something happens. Still not sure what that means? Let's look at a Rural EMS Counts example:

12 Lead Performed for Suspected Cardiac Chest Pain- If you run the measure, you will get a percentage. The percentage gives you how often your agency is performing 12-Lead ECG's on patients with suspected cardiac chest pain, based on the provider's primary or secondary impression. If you get 75% and had 4 patients, that would mean 3 of 4 suspected cardiac chest pain patients received a 12-Lead.

What are the Rural EMS Counts Measures?

This project focused on five areas: Vital Signs, Stroke, Cardiac, Pain and Safety.

These measures will tell you things like how often blood glucose is checked for stroke patients or if pulse, respiratory rate, blood pressure, and pulse ox were all documented for a patient.

What does an agency "participating" require?

Fill out a participation agreement, so we know about you. Send agreement to Inarloch@ndemsa.org. Run each of the measures by logging into ESO and then clicking on Analytics > Repository Reports > North Dakota > Rural EMS Counts. If you have questions or concerns, reach out to the project manager, regional advisors or subject matter experts. We are all here to help.

MEASURE/DATE RANGE	% OF PATIENTS WITH THIS COMPLETED
Vital Sign Set (GCS, Pulse, RR, SBP & SpO2 all documented once 911 patient)	73%
GCS documented once on a 911 patient	84%
Pulse documented once on a 911 patient	91%
Respiratory Rate documented once on a 911 patient	92%
Systolic Blood Pressure documented once on a 911 patient	86%
SP02 documented once on a 911 patient	88%

Here are some vital sign stats for October 2021 in North Dakota:

The agencies that have signed on so far are focusing on a component of or overall vital sign documentation and seeing if they can increase the number for their agency. Wondering how to work on the vital sign measure, check out our vital sign toolkit at ndemsa.org. Click on Rural EMS Counts and then toolkits.

Why should my service participate?

1. Participating could mean more consistent care from your agency.
2. Participating could mean a change in protocols.
3. Participating could mean improving patient care.
4. Participating will help the EMS Association show value in what we are doing.

How much time is participation going to require?

We expect the agency project leader could spend between 1-2 hours a month on running the measures and working on the project.

I'm not the agency manager. What can I do?

You could lead the project for the EMS agency. You could offer to help your manager with the project. You could advocate your EMS agency participate. You can attend our townhalls. You could submit a deidentified case for "Minutes with a Medical Director."

My agency doesn't use ESO for our ePCR, can I still run the Rural EMS Counts Measures?

Every EMS agency that submits data to the state of North Dakota has access to ESO and the Rural EMS Counts Measures. If you aren't sure who at your agency has access, email ESO support at support@eso.com with the following language:

"I am with _____ ambulance, a 3rd party participant in the ND Repository. We need access to our account/tenant as we are unsure who currently has access and are unsure of login credentials."

I don't know how to login to ESO.

Email ESO Support at support@eso.com or you can fill out a form on their website at <https://www.eso.com/support/>.

How would ESO know the ED Diagnosis?

The American Heart Association through the Mission Lifeline Stroke project funded Health Data Exchange for the tertiary centers and all EMS agencies. By scanning a barcode into your ePCR or EMS EHR, you can link your patient to their hospital EHR. The patient chart goes directly into the EHR and in return, you receive billing, demographic and outcome data back. Currently, Altru, Trinity, Sanford-Bismarck, Fargo, Mayville, Hillsboro are using this. Jamestown Regional Medical Center will go live 11/30/2021 and McKenzie County Health Center shortly after that.

How does ND stack up against the Nation?

Dr. Remle Crowe and Dr. Brent Meyers will be telling us at the keynote "Rural EMS Performance Measures" Session at the April Conference.

This is a lot of information to take in. If you have questions, please reach out to the project Manager, Lindsey Narloch at 701.221.0693 or lnarloch@ndemsa.org.

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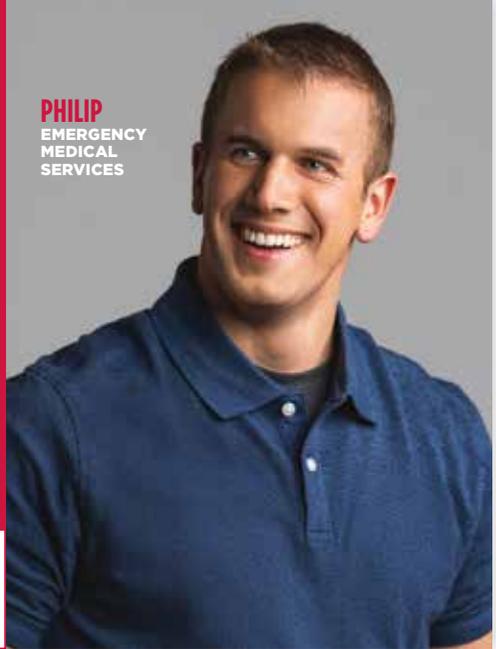
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- RN & Paramedic Team
- Trained in RSI, IABP, 12 Lead EKG, Pressure Monitoring
- Participates with the major insurance carriers

Bismarck Air Medical is an experienced air medical transport provider that serves a multi-state region throughout the Midwest. Patients, families, care-givers and healthcare providers depend on Bismarck Air Medical to deliver purposeful and safe emergency transport in "life critical" situations. Our highly trained medical teams and experienced flight crews have earned recognition and respect for their uncompromising attention to safety and quality of care.

Bismarck Air Medical
CORPORATE HEADQUARTERS
2940 North 19th St., Bismarck, ND 58503
(701) 223-1310

*Bismarck Air Medical is a Participating Provider with BCBS,
Sandford Health Insurance, Medicare/Medicaid Expansion
& North Dakota Work Force Safety and Insurance*

We are here to service your air medical needs. When the urgent circumstances settle down, and you or your loved ones are recovering, you can do so knowing that you received great medical care at a reasonable price with no surprise billing. In your time of need, call us for excellent service at an economical rate!



REGISTRATION *Page*

Name _____

Address _____

City _____ State _____ Zip _____

State EMS ID# _____

EMS Affiliation _____

Daytime Phone _____

E-Mail _____

REGIONAL CONFERENCE REGISTRATION

Select Conference(s) you plan on attending

Northwest Conference- Minot (NW) _____

Northeast Conference- Grand Forks (NE) _____

Southeast Conference- Fargo (SE) _____

If you are attending more than one conference, please write NW, NE, or SE behind the registration type



TWO-DAY CONFERENCE

Non-Member \$190.00 _____ Member \$155.00 _____

ONE-DAY REGISTRATION

____ Saturday _____ Sunday

Non-Member \$140.00 _____ Member \$100.00 _____

NDEMSA MEMBERSHIP

All memberships are on an annual basis, with memberships ending on December 31st. Below are one and two year options.

Jan. 2022-Dec. 2022 \$40.00 \$ _____

Jan. 2022-Dec. 2023 \$60.00 \$ _____

Total Amount: \$ _____

SEND REGISTRATION TO:

1622 E Interstate Avenue, Bismarck, ND 58003 • (701) 221-0567

You may also register online at www.ndemsa.org.

Simply click on "Event Registration" and follow the prompts

REFUND POLICY:

Membership Dues are NOT refundable. The conference registration fees, less a \$15.00 processing fee, are refundable if written notice of cancellation is received before 5:00 pm (CST) 2 weeks before the conference. If written notice of cancellation is received after 2 weeks but before 1 week, a \$25.00 processing fee, will be refunded. Substitutions for cancellation will be allowed with written notice. All refunds will be issued after the conclusion of the conference.



SANFORD
AirMed

THE ONLY NUMBER YOU NEED: 844-4-AIRMED

NEW CONVENIENCE FOR CALLERS ACROSS THE REGION

Our expert team is now just one simple phone call – and phone number – away, no matter where you are located within our service area.

Our highly trained, specialized adult, pediatric, maternal and NICU flight teams use the latest equipment and treatments available to care for patients, including:

- Blood products
- LUCAS™ 2 automatic compression device
- Vasoactive medications
- Video laryngoscope
- Advanced airway management
- Invasive hemodynamic monitoring
- Surgical airways
- Tourniquets
- Balloon pump
- ACLS drugs and procedures
- Chest tube placement
- Rapid sequence intubation
- Intracranial pressure
- Antibiotics
- Cardiac assist devices
- CPAP/BIPAP
- Ventilators
- Pacemakers
- Impella
- Kcentra
- Adult, pediatric, high-risk OB and NICU treatment available

Our team is based with the aircraft 24/7. We fly King Air 200 with two pilots on every flight and are CAMTS accredited.