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## What it means to be EMS Strong

EMS Strong is about reminding our colleagues that we are a respected part of the health care community, which will lead to more integrated, patient-centered care

By Michael Gerber

I was recently asking a fellow paramedic about an innovative program his agency had implemented. Like many new community paramedic initiatives, this one involved close cooperation with members of the medical community whom he had rarely interacted with in the past, including primary care doctors and cardiologists.

One of the highlights of his new role overseeing the program was when cardiologists recognized him in the hospital and shook his hand. Isn't it amazing how great it can feel to be appreciated, especially by the members of the medical community "above" us in the food chain?

This month, the *EMS Strong* campaign was launched by the American College of Emergency Physicians (ACEP) in partnership with the National Association of EMTs (NAEMT). In addition to being the theme for the annual EMS Week from May 17-23, the goal of EMS Strong is to celebrate EMS professionals and bring attention to the industry throughout the year and beyond.

### Don't expect respect — earn it

In a former job, I was responsible for organizing EMS Week events for the department. We were lucky — the local hospital proudly sponsored and hosted a breakfast every



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year, and city officials and hospital executives attended to thank us for what we did.

As a department, we focused our EMS Week efforts those years on community outreach and education — but education on how bystanders should respond to certain medical emergencies, not education on the critical role EMS plays in the community. Perhaps that was my fault — I struggled with the idea of organizing a week of events to honor ourselves.

But not everyone has a hospital that recognizes the true value of EMS. Some EMS providers go their whole careers and hardly interact with the emergency department physicians, some of whom prefer to use the nurses as a buffer between themselves and the ambulance crews.

EMS Strong is about reminding our colleagues that we are part of the health care community, and the care we provide is part

of the health care continuum — not because we need accolades, but because gaining the respect of the community and other medical providers will lead to more integrated, patient-centered care.

I've worked with some colleagues over the years who lament the lack of respect EMS receives from the community compared to times in the past. They miss being treated like heroes, something I got a taste of briefly when I first became an EMT, less than a year after 9/11.

But EMS Strong is also about recognizing that respect has to be earned. Communities have the right to question the service they receive and the people who provide it. Whether through taxes or medical bills (or usually both), citizens pay taxes for our services. There are plenty of times when EMS providers and agencies did not deserve the respect we strive for. As a profession, we must hold our colleagues accountable.

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Putting our peers and our reputations ahead of our patients is not EMS Strong.

As you plan your own community's EMS Week events, and other EMS Strong activities throughout the year, remember that we still need to spend each day earning the respect of our communities and our health care partners.

### The meaning of EMS Strong

This is what EMS Strong means to me. EMS Strong means every...

EMT needs to treat patients with respect, no matter how trivial their complaint may seem.

Paramedic needs to think twice before performing a procedure or administering a medication that may cause as much harm as good.

Medical director needs to continuously evaluate protocols and training to ensure the care being provided under his or her license is patient-centered and evidence-based.

Supervisor needs to create an environment where providers are not afraid to admit their errors and learn from them.

Administrator needs to know how well the system is performing and be able to demonstrate the value it provides to its patients, its health care partners, and the community.

Member of the health care community needs to appreciate the role that EMS plays and hold EMS systems accountable and ensure they are continuously improving and working as part of a broader health care team.

So while EMS Week is a time to recognize EMS professionals for the great work they do, it is also a time for members of the EMS community to look internally and ask what they've done to earn that recognition, and how they've demonstrated that value in a meaningful way. We can't expect the community to support us simply because we wear badges or have sirens.

*What does EMS Strong mean to you? How will EMS Strong look in your community?*

*Michael Gerber is a paramedic, consultant and frequent EMS1 contributor who lives in the Washington D.C. area.*

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“As a profession, we must hold our colleagues accountable. Putting our peers and our reputations ahead of our patients is not EMS Strong.”

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# 5 ways to hold a productive EMS meeting

An EMS leader who uses these techniques to ‘flip the meeting’ will have a more engaged and efficient staff and a more agile and effective agency

By Jay Fitch

Not many people love meetings (especially people who got into EMS/public safety because they liked the excitement and hated sitting at a desk), but they are critical to organizations, including EMS agencies. I've been in many meetings where each person gives a report, but few listen to what others are saying, and nothing is accomplished.



and PowerPoint presentations are always used.

While conference calls are sometimes necessary — for instance when clients are several time zones away or employees are traveling — they should be avoided when possible. You've all been on conference calls where you can barely hear the conversation and where you're doing other work while barely listening. If calling in is offered as an option because it seems like a burden to make people attend the meetings, think about having fewer meetings or find ways to make them more engaging, and have people attend in person.

If a PowerPoint is necessary so information can be displayed, use it — but not in order to present information that participants could have easily read on their own.

## 2. Use technology — before the meeting

Part of the magic of “flipping” is to use technology to your advantage before the meeting. Send PowerPoint presentations out prior, or even better — have the presenter record the presentation. For example, a leader of an organization that is considering implementing a new disciplinary policy could send the policy out before the meeting along with a short video of a summary and explanation by the policy's author. The meeting could then focus on any points of discussion raised by the proposed policy.

Many organizations utilize learning management systems that allow them to assign videos or documents to members of the organization. Send out the agenda, relevant documents, and video presentations prior to the meeting. Meeting attendees can read or view them on their own time, and come to the meeting prepared to ask questions and offer feedback.

On the other hand, I've participated in meetings that truly drive an organization forward and energize everyone in the room. A great meeting brings leadership teams together and ensures that everyone is working toward the same goal. They provide a safe forum for open and honest conversation, including divergent viewpoints that need to be heard. Often it's during the breaks in those meetings when real innovation happens, because people are in one room and talking face-to-face.

So how can a leader keep meetings engaging and productive? One way is to “flip the meeting.”

The idea of “flipping the classroom” is not new to education, including EMS. Some EMT and paramedic programs have adopted the strategy, which has students watch or listen to lectures on their own, and then spend more classroom time on problem-solving and practical skills learning. In some cases, that means they go to “class” at home and do their “homework” in class.

EMS leaders can learn from what teachers have already discovered. Here are five ways to flip a meeting and make it worth everyone's time to be there.

## 1. Avoid technology during the meeting

A lot of leaders have a tendency to use technology during meetings. They have conference lines set up to allow people to participate without being present. Projectors

## 3. Come prepared

If you, as the meeting leader, come prepared with questions to spur discussion and receive feedback, then others will come prepared as well. One fear of flipping the meeting is that no one will actually read or watch the materials prior to the meeting. But once they see that you're prepared, they will be too. Give people assignments that are easy and not time-consuming but create discussion. Tell them to come with a question, and to be prepared to answer yours.

## 4. Don't set a time limit — but don't allow time wasting

We've all worked with people who say “a meeting should never last more than an hour.” But I've been to meetings that were productive for several hours — and others that were only 45 minutes but served no purpose. If a meeting needs to be longer, let it be longer — but ensure that minutes aren't being wasted. Allow for discussion, but keep control of the meeting.

## 5. Accomplish something during the meeting

Instead of having a meeting in order to decide what should be accomplished later, use the meeting to accomplish something. In other words, make decisions. Yes, at times more research and deliberation will be required. But almost any meeting can have a resolution of certain items and agenda setting for the future. The meeting agenda should not just list topics to be discussed — it should list decisions that need to be made.

Flipping a meeting and focusing on having an open discussion and accomplishing goals will create an environment where employees feel that you are listening to them and not just lecturing them. If your leadership team dreads coming to meetings, those meetings will not be very productive. An EMS leader who uses these techniques will have a more engaged and more efficient staff and much more agile and effective organization.

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# How EMS is impacted by in-home caregivers' use of digital information

## Technology, apps, and machines are essential for the sandwich generation caring for their ill parents and growing children

By Nick Nudell, MS, NRP

*Editor's note: This is part 1 of a series on how technology is changing EMS and our encounters with patients.*

More than one in three patients you encounter living at home will be receiving care from a family member for chronic disease conditions. The burden of medical information and health care tasks for those family members can range from trivial to overwhelming, and may impact your ability to efficiently and effectively assess the patient.

### Frequent family caregiver encounters

When I attended paramedic school more than 15 years ago, the only time we really considered "family caregivers" was when discussing children with special health care needs. We learned that a small percentage of severely ill kids were cared for by their parents at home and to expect the patient's mom to tell you everything about their special child.

We were reminded to listen for an indication that "something isn't right" because mom knows their child better than anyone else. We imagined that meant we would find kids on ventilators, with feeding tubes, or with severe cognitive disabilities. Does that sound familiar?

Our perception about the frequency and type of patient receiving in-home family care was likely wrong then and is definitely wrong now. In 2010 the Pew Research Foundation found 30 percent of adults in the U.S. were caring for an adult or child with significant health issues.<sup>1</sup> By 2014 that number had risen to 39 percent, which totals roughly 93 million caregivers. In 2010 children made up only 5 percent of those being cared for in the home. That number has since grown to more than 8 percent.

### Meet the Sandwich Generation

This phenomenon of middle-aged adults caring for both children (under age 18) and at least one aging parent, is known as the Sandwich Generation. These families currently make up 15 percent of our population.<sup>2</sup>



That figure does not include those also living with 'boomerang generation' children, the 29 percent of adults aged 25-to-34-years-old who have moved back in with their parents for an extended period of time.<sup>3</sup> Another nickname for this group is the 'Club Sandwich' generation.

### Sandwich Generation is highly connected to digital information

Due to technological advancements, members of the Sandwich Generation (of which I am a part of) are likely to be highly connected consumers of digital information, especially compared to the Baby Boomers. Recent Pew Research found that Sandwich Generation caregivers rely significantly on this online data.

Although many of us did not grow up with technology, we've learned how to use it effectively, so much so that caregivers display what the Pew Research Center says is a "core social impact of the Internet: the ability to quickly gather information on a complex topic to make decisions."

Sandwich Generation caregivers are more likely to get some or all of their health related information online as compared to non-caregivers in that:

- 86 percent of caregivers have Internet access
- 84 percent of caregivers with Internet access say they went online within the past year to research medical procedures, health insurance, and drug safety
- 46 percent of caregivers reported going online to try to diagnose a medical condition they or someone else had
- 7 percent used websites or apps to manage medications

### Medical expertise by web browser and smartphone app

The digital connectivity of the Sandwich Generation presents new challenges for EMS providers responding to scenes (especially homes) with family caregivers. Whether the family caregiver is caring for a child with

special health care needs, an aging adult, or both, they're more likely to have done research before calling 911 than ever before. Any new information found then adds to what they already knew about the patient's ailments, which may be much more than the responders.

As a result, EMS providers need to be prepared to adapt to the situation, listen to the concerns of the caregiver, the complaints of the patient, and recognize the possibility that there is also potentially some mixture of Internet-based conjecture mixed in too.

### Different modes for caregivers

It is important to consider the role that the Internet plays to be prepared for these situations. You may have already noticed that health care and social services information has become the 'currency' of family caregivers. As it turns out, caregivers need different health information at different points in time, depending on the phase of caregiving one is providing. In fact, mHealth consultant MaryAnne Sterling refers to this as the Caregiving Information Cycle.<sup>4</sup>



Caregiving Information Cycle

(Image PCH Alliance)

Sterling suggests the everyday cycle involves tracking routine health 'maintenance' information such as medical records, prescription refills, dietary or nutritional needs, and doctor appointments. For many Sandwich Generation caregivers this also involves 'care transition' information such as in-home care and services, care plans, and medication administration. Unfortunately for many, it also involves periodic 'crisis' modes that involve test results, medication lists, insurance information, health care proxy forms, and diagnosis or disease information.

### Information overwhelms caregivers

It is no surprise then that having access to this much information can overwhelm family caregivers. It sounds logical enough, and it is, but when you consider the magnitude of information to learn, memorize, keep track of, and manage; and then consider the other family members to also keep track of, being a family caregiver can become overwhelming.

Indeed, with all of these 'data sources' it is not difficult to imagine the necessity and usefulness of technologies and apps to help the Sandwich Generation care for their parents and children. What will these tools do? To start with, a family caregiver could outsource health decision-making, letting an app assist with or direct decisions that need to be made. This is something the Institute for the Future calls "cognitive off-loading."<sup>5</sup>

### Off-loading health care tasks to machines

As powerful computing tools become more accessible, many caregivers will manage their own personal well-being (or sanity) by off-loading various tasks and functions to machines. For instance, some will rely on apps to make their food choices as a way of sticking to diets. Others will off-load decision making to save time and 'cognitive energy' when there is too much information to sort through and choices are overwhelming. Some will even employ computers to take on social functions, and find companionship for themselves and for loved ones with apps.<sup>5</sup>

Saving the Sandwich Generation from the time spent just collecting and organizing data to make it useful, that cognitive off-loading, is a tremendous value proposition for technologists. Technology companies are developing more apps and capabilities for these caregivers; you've seen them on your own smartphones and elsewhere.

- Health Mate
- FitBit activity monitor and wireless scale
- Azumio's Instant Heart Rate
- RxMindMe Prescription Reminder
- AHA has Instant First Aid & CPR
- MyFitnessPal has nutrition information & tracking for millions of recipes
- UpToDate provides answers to clinical questions for paid subscribers

- Epocrates provides information on medications
- Amwell: Live Doctor Visit Now offers, you guessed it, app based doctor visits
- iHeadache
- Chronic Pain Tracker
- My Baby's Beat
- iHealthTrax

Like you, caregivers and non-caregivers alike are increasingly more comfortable with having digital health technologies and are much more likely to use them with or without the help or benefit of physician involvement. In addition to helping our patient's and their families keep track of health issues and information – they can help us as well.

### Ask patients which apps and website they are using for health information

I challenge you to add a new question to your SAMPLE history questioning – ask if they have researched the problem online or via an app then if so, ask which apps or websites they used. Getting familiar with these tools and sites will enable you to develop a better rapport while providing the best care possible.

### References

1. [Family Caregivers are Wired for Health](#)
2. [The Sandwich Generation](#)
3. [The Boomerang Generation](#)
4. [What Family Caregivers Need from Health IT and the Health care System to be Effective Health Managers](#)
5. [Institute for the Future](#)

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# EMS leaders learn from experience of following

A recent trip to Vietnam shows how our ability to lead is enhanced by understanding what compels others and ourselves to follow

By John Becknell

I am not a natural follower and I'm fairly skeptical when anyone tries to enlist me in their cause. I revel in a fierce independence. I have been my own boss for 18 years and enjoy setting my own course.

So, last month, when I found myself unexpectedly and willingly following a leader while on a humanitarian trip to Vietnam, I paid attention and started talking notes.

The unexpected leader was a Vietnamese woman named Huynh Ngoc Van. While Van is highly regarded and successful in her role as the Director of the [War Remnants Museum](#) in Ho Chi Minh City, there is nothing uniquely leaderly or overtly charismatic about her. She is short, middle-aged and displays a friendly but quiet formal deferential manner common in Vietnamese culture and society. Van was educated in the former Soviet Union and has spent most of her professional life at the museum patiently working within the bureaucracy of Vietnam's communist government.

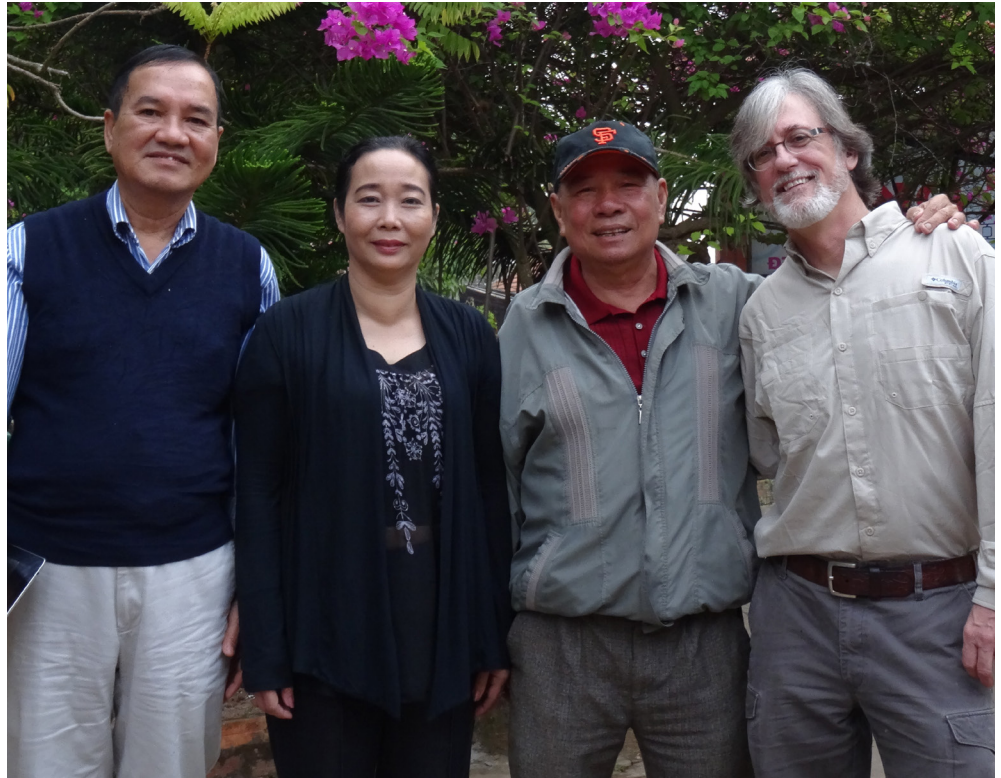
I had come to Vietnam under the auspices of an American not-for-profit organization. I had a specific project, agenda and itinerary unrelated to Van. But in the course of meeting her I ended up expanding the work, changing my itinerary and following her to work on a project in another part of the country.

How did that happen? How had Van led me? What had turned me from fierce independent to follower?

Exploring our own experiences of following can provide valuable insights into the practice of leadership – especially leading people who may be reluctant followers. Four things stand out in this experience: a positive connection; the glimpse of a compelling dream; an opportunity to do meaningful work; and a sense of belonging.

## A positive connection

In reflecting on the experience, the first thing I noticed was Van had not tried to lead me. She did not ask or coerce. She did not talk



Madame Huynh Ngoc Van, Director of the War Remnants Museum (second from left) with Soldier's Heart, Inc. workers Tran Dinh Song, Lam Van Tien and John Becknell. (Image John Becknell)

about herself or the great things she was doing. She simply took an interest in who I was and why I was there.

We had met through a mutual friend and I was hoping she could assist me in making some contacts in Vietnam. Not only did she help with the contacts, she went out of her way to learn about my project, offer practical assistance and show unexpected hospitality. In short, she made a positive connection with me.

Connections matter. From a neuropsychology perspective, we are not primarily motivated by personal gain, security and status – we are motivated by social connection. Matthew Lieberman's fascinating work with MRI imaging at UCLA's Social Cognitive Neuroscience Laboratory shows that establishing and nurturing connections with others is the primary driver of human behavior.<sup>1</sup>

Maslow was wrong. Our brain's need to connect is even more fundamental and basic than our need for food, clothing or shelter.

An important element of willing and enthusiastic followership may begin with a positive connection based on respect, trust, interest and character. We make these kinds of connections by being present and curious, listening and demonstrating concern.

## A glimpse of a compelling dream

The second thing I noticed was that I was drawn to Van's excitement and passion about the future. She has a powerful dream. I call it a dream because it is huge, idealistic and hopeful.

Her dream is nothing less than world peace. Yes, I know that sounds Pollyannaish, but Van's dream is deeply rooted in reality. She grew up experiencing the Vietnam War

(called the American War in Vietnam) and, as the curator and director of a museum that memorializes that war, she lives the memory and trauma of it daily. But out of that experience she is dedicated to using history, memory, education and awareness to ensure that such violence and trauma stops being seen as a path toward solving problems. It is a compelling dream and one that I found myself wanting to support.

In describing this experience I am deliberately using the word dream – not vision, plan, goal or mission. Van’s dream is just that – a dream. It is bigger than her and probably not fully attainable. But it is certainly a dream that inspires. People don’t want to follow small-minded leaders. We want to follow people who are thinking big. When Martin Luther King gave his famous speech on the steps of the Lincoln Memorial he did not talk about a vision statement or strategic plan – he proclaimed, “I have a dream.” If we are to successfully excite and enthuse followers we need a dream that can become theirs.

### An opportunity to do meaningful work

Dreams may be inspiring but they are only illusions when there is no practical application. The third thing I noticed was an opportunity to do something that matched my abilities and resources.

When I asked, “How can I help?” Van was ready with something I could do. I wanted action. I wanted to translate the inspiration into the perspiration of work and Van had something I could do right away. If she had not matched the dream with action – I doubt the motivation would have stuck. Followers need to be engaged in doing something meaningful.

### A sense of belonging

Finally, getting involved with Van’s dream offered me an opportunity to belong to something larger than myself. It allowed me to belong to a group of people working together on something we all believe matters.

We live in a time and society where individualism is highly prized. But it is largely a myth. A 75-year longitudinal study of 268 Harvard undergraduates from the classes of 1938-1940 (known as the [Harvard Grant Study](#)) found that belonging and relationships are greater predictors of satisfaction and happiness than money or status. Belonging supports our need to grow, learn and feel safe. My sense of belonging was a vital part of my following experience.

Of course, there is much more to followership than my unexpected experience reveals. When was the last time you found yourself being a willing and satisfied follower? What were the elements of that experience? Our ability to lead may be greatly enhanced by understanding what compels followership.

### References

1. For more about Lieberman’s work see: Lieberman, Matthew D. (2013-10-08). *Social: Why Our Brains Are Wired to Connect*. Crown Publishing Group.

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“When was the last time you found yourself being a willing and satisfied follower? What were the elements of that experience? Our ability to lead may be greatly enhanced by understanding what compels followership.”

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## LEADERSHIP CLIPS

### How new AHA CPR guidelines will impact EMS

Dr. Michael Sayre discusses some of the AHA guideline changes coming in 2015, and the need for more frequent updates.

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# EMS workplaces must treat all personnel fairly, or risk a lawsuit

## EMS chiefs set the tone for workplace behavior and harassment; 'what you allow, will continue'

By Page, Wolfberg & Wirth

A Colorado paramedic recently filed a discrimination lawsuit against his former employer alleging that he was fired for being gay. In his lawsuit he claims that he was subjected to verbal harassment and threats of physical violence after revealing his sexual orientation.

The alleged threats were humiliating and graphic. He claims that when he complained to his supervisor he was placed on probation and later fired for not being a "good fit." He stated that he wants his lawsuit to send a message – "it's not the 1950s anymore."

### Legal protections from harassment and gender stereotyping

This story should serve as a reminder to EMS agencies across the country to evaluate not only their policies that address workplace discrimination, but more importantly, the "workplace culture" that is established by the leadership to ensure that all staff members are treated fairly and without regard to their sexual orientation or gender identity.

The legal protections from workplace discrimination and harassment afforded to employees are increasing. A number of states have amended their non-discrimination laws to prohibit discrimination or harassment on the basis of sexual orientation and gender identity in addition to the more traditional protections related to age, sex, race, national origin, religion and disability. Just about every remaining state has legislation pending to address this type of discrimination.

Gender stereotyping, which can be a form of gender-based discrimination, is also prohibited in the workplace. This can include harassment or discrimination because a woman does not dress or talk in a feminine manner, a man enjoys a pastime that is associated with a woman or an employee participates in same-sex dating or marriage. This type of stereotyping must also be avoided in the workplace.



### Adopt and train on a harassment and discrimination policy

All EMS agencies should have a functional policy that prevents harassment and discrimination in the workplace, with harsh consequences for those who violate it, and an effective process for reporting and investigating alleged violations. But a policy is not enough. All staff members – from leadership to the front line – must be trained on the policy in a meaningful way that emphasizes the importance of proper workplace behavior. In addition, managers and supervisors should be trained on how to properly handle complaints of harassment including investigation, discipline and the prohibition of retaliation for those who make good faith reports under the policy.

### Harassment comes in many forms

Workplace harassment can come in many forms. In general it is severe, widespread and persistent behaviors of disrespect toward each other that the employer allows and does not take steps to stop that can create a dysfunctional work environment where illegal discrimination and harassment are most likely to occur. Harassment most often starts with crude jokes or derogatory comments, invasive or disrespectful personal questions, or denial of access to restrooms, sleeping rooms or changing rooms, among other negative behaviors.

### Chief sets the tone for workplace behavior

A good phrase for managers to remember is, "what you allow, will continue." Far too often supervisors will look the other way when they see or become aware of improper workplace behaviors simply because it takes effort to confront the offender. But that excuse cannot be tolerated either. Every leadership team member has the responsibility to set the proper tone and to send a strong message that these improper behaviors – though tolerated in the 1950s – are not acceptable in 2015.

To help ensure all staff members are treated fairly and to reduce potential liability from a discrimination or harassment lawsuit all EMS agencies should:

- Create and foster a culture that is inclusive of all staff members regardless of differences
- Treat each staff member as an individual, not as a member of a group
- Value every staff member and their suggestions and ideas, regardless of individual differences
- Have "zero tolerance" for discriminatory or offensive words or behaviors
- Educate staff members about reporting incidents of harassment or discrimination and train managers how to properly handle incidents and complaints when they arise.

Now is the time to evaluate your policies and workplace culture to ensure everyone is being treated fairly within your agency. We often emphasize how important it is to be respectful to the patients we serve and to treat every patient with dignity regardless of their circumstances. An EMS agency that creates a culture where all staff members treat each other with respect and dignity are also most likely to carry that same positive approach into their patient care activities as well.

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