

**2024 Council of New Jersey  
Symposium Schedule with Course Descriptions\*  
(\*may be subject to change)**

**Pre-Convention Workshops**

**Thursday, October 17**

**1300 – 1600 (1pm – 4pm 3 hours)**

**Airway Interventions and Cardiology Lab**

**Kelly Grayson, NRP, CCP, EMS-I**

**Nancy Magee, AEMT, NREMT, EMS-I**

*“Wow, the heart isn’t anything like I thought it was. I just envisioned this bag of blood...”*

We hear variations on that statement at every pluck lab we conduct. There is only so much you can learn from a medical illustration or an anatomical model, and the kinesthetic learners so common in EMS assimilate and understand information much better when they can put their own hands on the subject material. Join Kelly Grayson and Nancy Magee for this hands-on look at how our organs work, and how dysfunction of those organs manifests itself in the patient’s clinical presentation. Prepare to get your gloves bloody and your mind stimulated!

**1900 – 2030 (7pm – 8:30pm)**

**Fireworks Operations Safety Awareness**

**John Thomas, Fire Investigator, Instructor**

This course will give 1st Responders an awareness of how to react if something goes wrong at a fireworks shoot. We will review how the field is set up during a fireworks shoot, things to look out for, and possible injuries encountered at a fireworks show.

**Friday, October 18, 2024**

**9:00 – 12 noon (3 hours)**

**New Jersey Transit Rail Incident Response**

**Christopher Scanlon, Sr. Instructor - Emergency Response - Rail Operations**

The following topics will be discussed: NJ TRANSIT - System Map; Safety Awareness; Train Crews. From the ground up familiarization: Tracks, Station Hazards; High- and Low-level platforms; Electrical Safety; Locomotive-Emergency Shutdown procedures; Emergency brakes; Hand brakes and chocking; Emergency Window Operations. How to stop a train: Emergency Contact Phone numbers, Incident Command Concerns, Prepare/pre-plan for train emergencies, best practices and tactics. Sample Scenarios.

**9:00 – 10:00 am**

**Bleeding Like a... Current Concepts in Hemorrhage Control**

**Jon Politis, MPA, NRP**

From every armed conflict has come advancements in emergency medicine. The war in the Middle East is no different. From hemostatic agents to wound packing and modern tourniquets, how we manage external bleeding has changed considerably. Even the reliance on the “time honored” pressure point has changed. This presentation is a review of the why, when, and how of modern hemorrhage control and its use in modern civilian EMS.

**The Cops gave him 14mg of Narcan! Now what? Managing Overdoses**

**Kelly Grayson, AGS, NRP, CCP**

You hear it all over the news: yet another heroic police officer barely survives an occupational fentanyl exposure; public officials are worried that nefarious drug dealers are rubbing fentanyl on shopping cart handles; and “the stuff we see on the street” is so powerful that corrections officers at the jail just had to administer a boxcar full of naloxone to an entire cellblock. Sadly, even some EMS providers buy into the hysteria and attach unreasonable fear to a medication that, when used correctly, is an extremely effective and safe weapon in our pain management toolbox. Join Kelly Grayson as he dispels the myth of occupational exposure overdose to fentanyl and discusses the assessment and treatment of true opioid overdoses, and how to avoid catching the fentanyl cooties.

**Gizmos and Gadgets: An Introduction to Driver Monitoring Systems**

**Justin Eberly, MPA, CTO, NRAEMT**

Driver monitoring systems can help improve EMS fleet safety and impact overall vehicle maintenance costs. This seminar will describe how the data generated by these systems can be used to address risky driving behaviors within an EMS organization.

**Monitoring Respiratory Patients**

**Bryan Fischberg, NRP**

EMTs now have CPAP, PEEP, and nebulizers among new respiratory interventions. This session will review foundational respiratory physiology and monitoring for respiratory patients with an eye to physical exam, pulse oximetry, and capnography by ALS.

**11:00 – 12:00**

**Care of the Entrapped Patient**

**Jon Politis, MPA, NRP**

Critically injured patients who are entrapped are some of the most difficult to care for: the ABC's, temperature control, analgesia, sedation, extrication. The essence of pre-hospital care is the treatment of patients in these circumstances, but many providers today understand little about this type of "rescue" medicine. This presentation is an in-depth look at caring for patients who are entrapped and essentials of packaging and removal. (JEMS feature story in April 2009)

### **Infectious Disease - What you need to know in 2024**

**Nancy Magee, NREMT, EMSI**

The pandemic may be over, but there are still plenty of "bad bugs" lurking in the EMS workplace. This session will present an overview of infectious and communicable diseases on the rise in 2024 and the importance of awareness for pre-hospital providers. We will discuss how these diseases spread and emphasize the importance of understanding transmission to prevent exposure.

Specific diseases relevant to EMS providers. Influenza, COVID-19, tuberculosis, hepatitis, and MRSA will be highlighted, as well as best practice for patient and provider safety including what PPE is appropriate and where providers are at the highest risk.

### **Good Faith at the End of Life**

**Margaret A. Keavney, Esq.**

One of the hardest EMS situations to prepare for is when we are called to the patient at the end of their life. Whether it is a conscious and alert patient with a DNR, or a code that must be called at the scene, providers are faced with complex decisions that must be made immediately with little or no information. This class will review the use of POLST, out of hospital DNR forms, and other advance directives. We will explore the concepts of good faith and statutory immunity as they apply and the end of life.

### **Not Just A Drunk: Alcohol Withdrawal in Prehospital Care**

**Daniel Schwester, NRP, MICP**

Alcohol withdrawal is a potentially life-threatening emergency and will be seen by most EMS clinicians at some point in their practice. Recognition and treatment have significant benefits to the patient. Patients with alcohol use disorder are a marginalized population in EMS, although a significant percentage of the population suffers from some form of the disease. Withdrawal from alcohol without medical oversight is dangerous and can lead to significant morbidity and mortality requiring intensive care. EMS clinicians are often the first to encounter these patients in the field. The assessment and care provided pre-hospital can have a strong impact on patient outcome. This presentation will discuss the assessment, diagnosis, and treatment of alcohol withdrawal for both ALS and BLS clinicians.

**1330 - 1430 (1:30pm - 2:30pm)**

**Wild Medicine...Case Studies in Trauma Jon Politis, MPA, NRP**

Off road or back-country EMS is a different “ball game” and requires an EMT to think differently about response, rationing of care, the method, speed, and relative risks of transportation. Trying to respond to an emergency in an austere environment with a standard EMS response can cause major problems for the patient and rescuers. This presentation provides an overview of the response, assessment, patient care, and transportation considerations for back-country rescue. Four (4) trauma case studies will review assessment, treatment, and transportation decisions used in an austere field environment. *(Please Note Class is 1 hour)*

**1330 – 1500 (1:30pm – 3pm)**

**Recognizing Abuse and Neglect in children and the elderly as Mandated Reporters**

**Nancy Magee, NREMT, EMSI**

**Kelly Grayson, AGS, NRP, CCP**

EMS providers are taught during their initial education that they are mandated reporters of suspected abuse and neglect in children and elderly patients.

Unfortunately, the limited education received often does not prepare us for what we see in the field. While some cases are obvious, others are more subtle. Nobody wants to make a report based on “gut instinct” that could likely have serious consequences for the patient and their family; however, failure to report could be just as dangerous. How do you recognize these situations? What signs, symptoms, history, and patterns should be considered red flags?

In this session we will discuss types of abuse and neglect including physical, emotional/psychological, and sexual abuse, and self-neglect and financial exploitation of the elderly. We will talk about what to look for and how to document when making a report.

**Infection or Sepsis, or Not**

**Dr. Michael Berkenbush, MD, NRP**

This interactive presentation reviews assessment techniques and criteria for sepsis, as it relates to emergency medical services. Multiple patient cases of different infectious etiologies and severity are reviewed.

**EMS Family Feud**

**Richard Van Der Wall, EMT**

Family Feud – EMS Style! This Family Feud style game reviews various medical and trauma emergencies and their associated BLS interventions.

**Medications – Clues in Patient Assessment**

**Dirk McKenny, NRP, MICP, EMT (I)**

Learn about assessment findings with principles of epidemiology and pathophysiology to formulate a field impression, differential diagnosis, and implement a comprehensive treatment plan for a patient with a medical complaint.

**1530 – 1630 (3:30pm – 4:30pm)**

**What's the Story... The lost art of history taking and presenting the patient**

**Jon Politis, MPA, NRP**

No matter what the medical problem, getting an accurate history is often the “crux” of the assessment process. But getting a history is an art that takes time and effort to learn. In addition, EMS providers must be able to communicate their findings to others in the health care chain in a format they can understand. This presentation focuses on obtaining a history in the field environment and techniques to effectively present the patient verbally and in writing.

**(Please Note Class is 1 hour)**

**1530 – 1700 (3:30 – 5:00pm)**

**PAPPA-Rapid Recognition & differential diagnoses for chest pain patients**

**Nancy Magee, NREMT, EMSI**

**Kelly Grayson, AGS, NRP, CCP**

Initial dispatch for potential cardiac emergencies is often vague or broadly characterized as simply “chest pain”, “cardiac history”, or “difficulty breathing”. On arrival, we may find a patient in significant distress suffering from a condition that could be extremely time sensitive. The ability to quickly differentiate between what is a relatively stable but serious patient and the patient who needs immediate intervention including ALS and rapid transport to an appropriate facility comes from pattern recognition.

For rural responders and volunteers who might not be exposed to the volume of calls necessary to develop that pattern recognition, additional assessment tips and tools can help bridge that gap.

**‘PAPPA’ is the acronym for Pulmonary Embolism, Acute Coronary Syndrome, Pneumothorax, Pericarditis, and Aortic Aneurysm.**

Each of these conditions has subtle differences that a specific assessment and focused history will reveal. Learning how “one of these things is not like the others” can narrow the differential diagnosis, enable better/faster treatment, and handoff information to enhance the continuum of care for critical patients.

This session will be an overview of the PAPPA conditions and the specific examinations and questioning that will create the pattern of recognition needed to assess and treat these patients quickly and confidently.

**The EMS Detective**

**Charles Chinnici, MICP**

This is a patient assessment driven scenario class based on real cases. Cases include sepsis, multi trauma, Psych vs Dementia, Exercise induced anaphylaxis, elder abuse, and end of life care.

**EMS Jeopardy: Protocol Review****Richard Van Der Wall, EMT**

This Jeopardy style game session includes a review of a variety of medical and trauma emergencies and their associated BLS interventions.

**Pediatric Mental Health Emergencies****Jonathan A. Stone, LCSW**

Pediatric patients experiencing mental health emergencies are often treated by providers and law enforcement as simply behavioral problem children. EMS providers will be provided an overview of mental health concerns and conditions often associated with pediatric patients in crisis. Discussions will include overview of DSM-5 diagnosis & symptomology as well as de-escalation supports and interventions. Additionally, effective patient advocacy techniques will be explored.

**KEYNOTE ADDRESS**

**8PM – 9:30 PM**

**The Role of Healthcare Organizations in the Fight Against Human Trafficking****Ingrid Johnson, MSN, RN, NE-BC**

Human Trafficking will be defined and discussed. Ingrid will review what efforts are being made in NJ in terms of advocacy. There will be a focus on the identification of Red Flags during patient interaction and what steps healthcare professionals can take in the fight against Human Trafficking. Resources for EMS will be reviewed.

**Saturday, October 19, 2024**

**800 – 1100 (3 Hours)**

**Active Shooter – Preparation and Response****Eric Prach, EMT, Patrol Sergeant HTPD**

This class focuses on considerations for EMS, both prior to and during an active shooter / killer incident, as well as treatment for the most frequently seen injuries. It includes an introduction to the concept of Rescue Task Force (RTF).

**800 – 900 (8am – 9am)**

**Putting Pops back to Bed...Understanding the Perils of the Routine Lift Assist**

**Jon Politis, MPA, NRP**

This tasks seem innocuous enough, the acts of picking up elderly patients and helping them back to bed. In some cases, these patients are adamantly refusing medical attention and transportation. But did you know this situation (and a few others) are “high risk” situations? This presentation reviews the need for a thorough assessment with a focus on common life-threatening conditions in the elderly.

**(Please Note Class is 1 hour)**

**800 – 930 (8am – 9:30am)**

**A Series of Unfortunate Events**

**Nancy Magee, NREMT, EMSI**

**Kelly Grayson, AGS, NRP, CCP**

It begins innocuously enough: a simple treatment error that starts a physiologic cascade that ends in the patient’s death, or perhaps a misdiagnosis that, due to anchoring bias, continues a treatment pathway that is harmful to the patient. The stress and drama of EMS calls have a way of leading to a series of unfortunate events that have the scene controlling you rather than you controlling the scene. Join Kelly Grayson as he explains how to recognize these critical errors and stop the bias cascade before it does harm.

**Narco-terrorism and the Mexican Cartels**

**Timothy Kelly, Detective Sgt. NYPD (Ret.)**

Every eleven minutes someone in United States dies from an opioid overdose. This opioid epidemic costs the country fifty billion dollars. Ninety percent of the drugs come across the Mexican border. It’s a fifteen-billion-dollar drug industry for the Mexican cartels. The border is controlled by several cartels that are constantly fighting each other for control of the border.

The violence has now spread throughout the country along the drug pipeline. The local street gangs –Bloods, Crips, and Latin Kings – are now selling drugs for the cartels. The violence has increased for first responders when they are responding to these drug locations. This course will help the first responder recognize if he/she is in one of those locations.

**Qigong on Duty**

**Jennifer Steffener, LMT, CTQI, RYT**

**Jennifer Schwester, BA, E-RYT-200**

In this session participants will experience Qigong, a traditional Chinese practice, which incorporates synchronized body postures, movements, controlled breathing,

visualization, and meditation. First responders often encounter high-stress scenarios, resulting in both physical and mental strain. Through Qigong techniques such as deep breathing exercises, gentle movements, and meditation, participants can effectively mitigate stress levels, induce relaxation, and elevate emotional well-being. This class offers invaluable tools to help manage the demanding nature of the profession and foster resilience in the face of adversity.

**1000 – 1100 (10 – 11am)**

**Old Guys Rule....And take a lot of meds, too!**

**Jon Politis, MPA, NRP**

Looking at a shoebox and meds and trying to sort it all out can be daunting. However, those meds are usually the key to what the patient's medical history is. This session will cover some of the most common prescription meds and why your patients may be taking them... Cardiac meds, anti-hypertensives, statins, diuretics, anti-coagulants, psychoactive, pulmonary, and common pain medications.

**(Please Note Class is 1 hour)**

**Lessons from the Other Side: Hemorrhagic Stroke, the Cerebellum, and Me**

**Daniel Schwester, NRP, MICP**

December 22, 2023, started as a normal day. Little did I know that by the end of that day I would be facing my own mortality as I suffered a hemorrhagic stroke. My journey to recovery involved multiple levels of medicine from pre-hospital, to emergency and critical care, to rehabilitation over the next four months. During this process, I learned many lessons from my own care that translated to my current practice, from assessment and treatment to nutrition and exercise. This presentation will share these lessons with the hope of advancing patient care.

**(Please Note Class is 1 hour)**

**1000 – 1130 (10 – 11:30am)**

**BLS Interventions & Medication Administration**

**Kelly Grayson, AGS, NRP, CCP**

BLS-certified providers play a critical role in pre-hospital care, ensuring timely and effective interventions. In this session we will review both the why and the how of BLS medication administration and discuss emergency interventions requiring confident, immediate action. We'll also talk about myths, urban legends, and understanding variations in EMS practice and protocols across the US.

Medications covered in this session include Epinephrine, Oral glucose, Naloxone, Aspirin, Albuterol and Nitroglycerin.

**Yoga on Duty**



**Jennifer Schwester, BA, E-RYT-200**

**Jennifer Steffener, LMT, CTQI, RYT**

In this session, participants will discover practical methods to identify and alleviate the impact of daily stressors, both mentally and physically. Learn simple yet effective tools to diminish negative stress reactions, enhance resilience, and foster self-compassion. Easily applicable to your work environment, these techniques aid in seamlessly transitioning from duty to home life. By integrating mindfulness into your daily regimen, you'll boost productivity, ensure safety, and promote overall health and well-being, both at work and beyond.

**1400 – 1500 (2:00 – 3:00 pm)**

**Taking Stock of Taking Charge.... Field Leadership of Emergency Care (FLEC)**

**Jon Politis, MPA, NRP**

The only thing worse than nobody in charge is having too many providers, all trying to take charge. Effective leadership during clinical care is critical to effective assessment, care, and patient outcomes. It's an art that must be developed and honed over time. This session will cover the elements of emergency scene leadership, critical thinking, and how to be an effective follower.

**HIPAA for EMS Providers**

**Nancy Magee, NREMT, EMSI**

At all provider levels, EMS who work or volunteer for an agency that provides and bills for health care services are part of a "HIPAA Covered Entity".

In this session, we will discuss what that means to individual providers and to their employer in terms of the legal and ethical responsibility involved with communicating protected healthcare information to hospitals, law enforcement, billing services, lawyers, family members, and other first responders. Strategies for dealing with bystanders and busybodies will be considered as well as the potential for the fallout that can happen if EMS fails at its inherent duty as a guardian of the public trust.

What constitutes Protected Healthcare Information as well as how case reviews can be utilized for training without violating patient privacy will also be reviewed.

Using case studies based on everyday calls and work situations, we will discuss the role of EMS in safeguarding patient privacy both on and off duty, and the potential legal and financial consequences involved when there is a breach of that trust.

**This Ain't Judge Judy**

**Marjorie O. Smith, Esq., EMT, RMC, CMR**

**Lt. James Troisi (ret.), BA, NREMT, EMT-Instructor, CBHC**

This seminar utilizes real life instances where EMS agencies and/or personnel were named as defendants in New Jersey and, in some cases, federal litigation. Utilizing the actual court records, the facilitators present the fact pattern of each case as it was provided to the judge and/or jury. Participants are then invited to express their

positions on the issues before the court. Guilt, innocence, negligence, misconduct, breach of duty, and other caveats enlighten attendees regarding the pitfalls that should be avoided to steer clear of being named in a civil lawsuit. The presenters close each case study with a review of the court's actual ruling.

### **Caution Advised! My Trauma Patient is Pregnant**

**Joanne Piccininni, EdD, NRP, MICP**

Pregnant patients who are involved in trauma pose a special challenge to EMS. Instead of a single patient with a normal physiological response to the injuries sustained, you have TWO patients with special needs depending on you: the mother and her unborn fetus. Whether the trauma is minor or severe, it will require you to understand and apply your knowledge of the pregnant patient to your assessment and emergency care. This talk seeks to give the EMS provider the knowledge to responsibly manage pregnant trauma patients.

### **Sick or Not Sick**

**Frederick C. Tempesta, BSN, RN, EMT, CTRN**

This class provides a quick overview of the rapid identification of the patient requiring ALS vs BLS and how to swiftly determine if urgent intervention is needed.

**1530 – 1630 (3:30 – 4:30pm)**

### **Staying Alive...Situational Awareness in Emergency Operations**

**Jon Politis, MPA, NRP**

Being aware of the situation around you and understanding its implications is the foundation of assessment and decision making. Unfortunately, key decisions are often made for all the wrong reasons or because people are simply unaware of the consequences. This hard-hitting presentation uses a series of real case studies to make participants aware of the dangers involved in numerous rescue environments and crucial decisions that rescuers must make.

### **ePCR Documentation- How to make it part of your call choreography & not get flagged!**

**Kelly Grayson, AGS, NRP, CCP**

**Nancy Magee, NREMT, EMSI**

In this session, Nancy Magee will discuss how to organize your thought process and note taking from the time of dispatch through the patient handover, and how to ensure that your report is complete for continuity of care, healthcare research initiatives, and the billing process.

### **Separating EMS Myth from Statute**

**Marjorie O. Smith, Esq., EMT, RMC, CMR**

**Lt. James Troisi (ret.), BA, NREMT, EMT-Instructor, CBHC**

This program is designed to dispel myths, shoot down urban legends, trounce blind belief, and replace them with ideas based in fact, law, and common sense. We're going to discuss who "THEY" are and what it means when someone says, "It's the law."

### **Treating Geriatric Emergencies. When it's more than a lift assist**

**Joanne Piccininni, EdD, NRP, MICP**

This talk will explore the mysteries of the geriatric patient. We will cover the different methods to accurately assess and treat the older patient. Some EMS providers may take it for granted that every adult patient is treated the same. However, what about the geriatric patient? We will look at why it is important to accurately assess a "lift – assist" patient, how age-related changes can affect our assessment, and subsequent treatment of the geriatric patient and more.

### **Cardiac Arrest**

**Frederick C. Tempesta, BSN, RN, EMT, CTRN**

This course will provide an in-depth review of the causes of sudden cardiac arrest in patients and the appropriate patient care techniques that BLS providers can utilize.

**Sunday, October 20, 2024**

**900 – 10:00 (1 hour)**

### **Fire Scene EMS Operations**

**Jon Politis, MPA, NRP**

EMS does lots of standby's at fire scenes and seldom has too much to do! Hours of boredom... but when things happen, they happen quickly! What types of injuries should be suspected – for both firefighters and occupants? What is the most dangerous time on the fire ground? How should EMS be set up to rapidly intervene? This presentation will get you ready by helping you understand basic fire ground operations and how to work effectively in the fire ground environment.

**(Please Note Class is 1 hour)**

**900 - 1030 (9am – 10:30am)**

### ***Who Cares?***

**Nancy Magee, NREMT, EMSI**

EMS students are attracted to the profession for assorted reasons, and surveys show that fewer are interested in being adrenaline junkies or "heroes". Instead, the overwhelming response to the question "Why are you here?" posed on the first day of class is answered with "to help people", or "because I am pursuing a healthcare career".

But what about the students and current providers who see EMS as "just a paycheck"?

Increasing and widely publicized occurrence of inappropriate behavior towards patients which demonstrate a lack of empathy, compassion and professionalism elicit a variety of responses from their EMS colleagues. While many providers express disappointment, disgust, frustration, and anger, there is always a group that pushes back, insisting that “being nice” to all patients is not necessarily indicative of competent clinical care.

“Who Cares?” and why-is a question that needs to be answered.

The 2021 National Education Standards refers to the affective domain as the ‘third dimension’ needed for any skilled EMS clinician, stating that “Compassion is a required characteristic of medical professionals, supporting clinical knowledge and skill”.

Since 2002, NHTSA has included instruction on modeling and evaluating the affective domain as part of EMS education. Yet clearly, there are providers and agency leaders who are missing the message.

Why does “Who cares?” matter, and how does it affect clinical judgement and patient outcome?

In this session, we will open Pandora’s box and discuss the who, why and how of ensuring compassionate and ethical response by clinicians practicing prehospital emergency care.

## **Coughs, Wheezes, and Shortness of Breath Oh My! Recognizing and Treating Pediatric Respiratory Complaints**

**Jennifer Germinario, MSN, FNP-C, RN, EMT**

This session will review the anatomy and physiology of the pulmonary system and common pediatric respiratory complaints. Respiratory complaints that will be covered include asthma, epiglottitis, croup, RSV, bronchitis, and pneumonia. This session will also discuss treatment and management of pediatric respiratory complaints and pediatrics in an emergency setting. We will discuss oxygen administration for pediatric patients. Finally, this session will also cover how to manage difficult pediatric patients in an emergency setting.

## **Diversity In EMS**

**Melissa Padulsky, EMT (I), BS**

There are so many different people and cultures providers will treat during their career. It is important to understand diverse backgrounds and cultures to better understand the patient’s needs. What was once a white male dominated industry of providers has grown to include women and others of widely diverse backgrounds and walks of life. It is important for patients to realize that someone like them can be the provider helping them. While we don’t have every background represented, understanding how to treat different people with varied backgrounds matters. Plus, having a female provider in cases when a woman’s culture requires only a female caregiver can improve the patient care and make an uncomfortable situation easier for everyone involved.

**1100 – 1200 (11am – 12:00)**

**FIRST DUE...MCI Those First Critical Minutes**

**Jon Politis, MPA, NRP**

The first arriving unit's actions set the tone and lay the groundwork for what will happen in the next hour. Are you ready? Do you know what those critical actions are? This is a powerful session on learning to effectively manage serious calls: Establishing command, size-up, arrival reports, triage, requesting and using resources. It's critical operational information that most of us in EMS have had to learn the hard way. This session can help replace years of trial and error and make EMS operations run more smoothly.

**(Please Note Class is 1 hour)**

**1100 – 1230 (11am – 12:30)**

**Special care for Patients with extra parts**

**Kelly Grayson, AGS, NRP, CCP**

Ostomies, ports, catheters, and shunts can pose a daunting challenge to all EMS providers and most especially EMTs. Not only are the patients more fragile, but care for most of these patients wasn't adequately covered in your initial education, making care of special-needs patients particularly stressful. Ultimately, though, they're simply aftermarket parts designed to replace or augment an organ system you already know well. Join Kelly Grayson as he teaches you troubleshooting and treatment priorities for technology-dependent patients.

**Dialysis Emergencies**

**Alfred M. Low-Beer, J.D., N.R.P.**

The number of dialysis centers is increasing yearly in the United States and New Jersey is no exception. Currently in New Jersey there are about 168 dialysis centers. One or more of these centers is likely already in your coverage area, and if not, there will be one soon. Dialysis is a medical procedure in which complications can arise often requiring intervention by EMS. If you have not already dealt with a dialysis emergency you probably will in the near future. This presentation will prepare you for such an emergency. We will review the anatomy and physiology of the urinary tract as well as renal pathophysiologies. We will then focus on renal dialysis, what it does and how it works. We will then focus on identifying the nature of various dialysis emergencies and how to treat them. Finally, we will focus on the risk factors for becoming a dialysis patient and steps you can take to prevent becoming a dialysis patient.

**Dealing With Death and Dying In EMS**

**Melissa Padulsky, EMT (I), BS**

Death and dying are unfortunately a part of the job in EMS. Even though it is probably one of the most critical areas providers deal with, it is the least discussed on how to manage it. This course will discuss situations in which providers will have to make tough decisions regarding whether or not to perform CPR and how to manage the emotions that come with that from both the family's and the provider's perspectives as well as how to convey the news that a loved one has died.