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From the President **Harry E. Sibold, MD, FACEP**

Overdose, Naloxone and Montana

This year's Montana legislative session brought forward a number of medical issues for debate by your legislators. One of the issues brought forward was on recognizing and addressing the opioid overdose problem, by increasing naloxone availability for the public.

Many don't realize that naloxone has long been approved for "3rd party" use by the FDA and labelled as such by the manufacturer (meaning you can write a prescription for naloxone to be used on a 3rd party, who is not the person listed on the prescription). Another fact is that Montana can obtain naloxone directly through a pharmacy that has participated in a collaborative practice agreement.

One of the goals of the stakeholders during this session was to seek additional means for more widespread distribution of naloxone. To that end, House Bills HB 323 and HB 333 were passed. HB 323 authorizes naloxone to be procured and administered by school nurses. HB 333 authorizes a standing order by the state public health medical director so that the general public as well as police, fire and harm reduction coalitions can obtain and administer naloxone (and provide them with some limited immunities for doing so).

While naloxone offers a resource to treat the acute opioid overdose, we need to continue to advocate for broader access to drug counselling and definitive treatment resources.

The current bottom line for emergency physicians to recognize, though, is that you are likely to see larger numbers of patients who have been administered nasal naloxone prior to their presentation to the emergency department by law enforcement, school nurses or bystanders in the near future.

Asthma, COPD and Air quality: Fires, fires and more fires

I'm sure all of us in emergency departments across the state have seen the effects of the fire season and air quality on our respiratory patients. Although the visibility is a reasonable estimate for the local air quality, the AQI is a more complex and accurate rating of the impact of air quality on health.

Especially in Missoula, Seeley Lake, Philipsburg, Lincoln and Helena, the visibility and air quality have been rather consistently poor during the second half of the summer for obvious reasons. While nighttime temperatures have been falling, fire season is not over.

I recall journeys past, Missoula twice in a week's time. One day, I could not see the mountains or the airport from the freeway, yet the AQI was only "unhealthy". Five days later, while the visibility was better (I could see the town and the mountains) the AQI was listed as "hazardous" and recommended that children not even play outside.

If you are interested, a couple of quick references for you:

[Air Quality Index](#) (with conditions searchable by location)
[Daily updates on Wildland Fire](#) (also searchable by state)

For the academics out there: would anyone be interested in assembling a brief statistical comparison of frequency of respiratory complaints during MT wildland fire season vs. the rest of the year? This is somewhat unique to the west and might make a fascinating editorial or brief case history.

DC Here We Come - [ACEP17](#) Scientific Assembly

Well it's that time of the year again already...heading rapidly towards October and ACEP Scientific Assembly. This year's dates are Oct 29-Nov 1, 2017 with the meeting.

The number of lectures, courses and labs seems to become more expansive each year, with >25 topical areas being covered. So it doesn't matter if you want education on administration, policy and medicolegal topics or pediatrics and trauma, you will find it there. As a matter of fact, I have difficulty getting to all the courses I am directly interested in and make use of VirtualACEP every year to make sure I don't miss anything.

Somewhat of a change from previous years will be a "Whitecoat Day on Capital Hill". Although

it didn't keep your Montana ACEP members from visiting our congressional representatives, weather hampered visits during the Spring ACEP LAC meeting. As a result, this was planned as a Special Event during *ACEP17* to be sure we continued to have the influence and presence on the Hill that we have in the past. If you would like to sign up, please click [here](#).

Having been given a glimpse of resolutions that will be presented for debate prior to *ACEP17*, I believe that this year's ACEP Council promises to be a lively event. If you are interested in knowing more about how the organization of ACEP functions and the interaction between Council (the deliberative, "legislative" body of ACEP) and the ACEP Board (which I think of as the "executive" body of ACEP), come sit in as an observer. The 50 states, Washington DC and Puerto Rico as well as ACEP "Sections" of membership all have voting representation at the [Council](#). Feel free to reach out to [me](#) or [Adriana Alvarez](#) if you would like to know more about council.

The Scientific Assembly is still the best opportunity to network with your emergency physician, friends and colleagues from across the country and the world. Don't miss it!

For more information, click [here](#).

Adriana's Corner

Due to your busy work schedules, most of you will probably not be able to attend [ACEP17](#) this year.

However, it does not mean that you cannot be part of important decisions that affect you as an emergency physician and express your opinion on important Resolutions that will be discussed at this year's [Council Meeting](#).

Your Chapter Board will hold a Chapter Board Meeting via conference call at the end of this month to review the Resolutions that will be discussed at this year's [Council Meeting](#). If you'd like to participate in the meeting, send me an [email](#) and I will send you the meeting details.

For those that are attending [ACEP17](#) this year, I look forward to seeing you at the **Council Meeting** and at the **Montana Chapter Meeting** that will be held in DC.

The meeting will be held on **Sunday, October 29th** from **6:00 pm-7:00 pm**. The meeting will be held at the [Marriott Marquis](#) in the **Adams Morgan Conference Room**.

In the meantime, if I can be of any assistance, please feel free to send me an [email](#).

ACEP assists DMAT teams as they prepare to respond to Hurricane Harvey

Rick Murray, EMT-P

Director, Dept of EMS and Disaster Preparedness

ACEP was pleased to furnish classroom space over the weekend to DMAT teams from several states that were staged before they deployed. MN Chapter Executive Shari Augustine, who is a member of the MN DMAT, contacted ACEP staff to inquire of the possibility of using the ACEP Board Room for training for the various teams. Space was provided for training for over 240 members for DMAT teams and U. S. Public Health Service personnel. This provided them the opportunity to receive some last-minute training and briefings before they deployed to various areas of the Texas coast that were impacted by Hurricane Harvey.



ACEP has a lot of [resources for the public](#) about preparing for and surviving disasters and they are being promoted to general public audiences.

Also, here are some [general talking points](#) about responding to disasters. They can help in talking with the news media.

National Disaster and Life Support Foundation

The National Disaster Life Support Foundation is very pleased to have partnered with the American College of Emergency Physicians (ACEP) to provide disaster medicine training and

to further develop the NDLS education materials.

The NDLS program began in the late 1990's with a realization that there was a lack of standardized training for medical and nursing providers who may be responding to disasters. Individuals were medically trained within their specialty to the same National Standard, however disaster specific education was not included in the majority of medical and nursing curricula. Examples of the missing material included:

- Scene safety
- Standardized triage methodology
- Incident Management
- Identifying and requesting needed resources
- What constitutes a disaster
- Public Health impact of disasters

The NDLSF established an affiliated membership-based organization for the purpose of overseeing the development and revision of the curriculum. This organization is the National Disaster Life Support Education Consortium (NDLSEC).

The NDLSEC Annual Meeting will be held in conjunction with ACEP's 2017 Annual Scientific Assembly in Washington, D.C., October 29 – November 1, 2017.

National Disaster Life Support™ Foundation & **The American College of Emergency Physicians**

Collaborating to offer programs that provide essential training for strengthening healthcare preparedness and response.

- Core Disaster Life Support® (CDLS®) 
- Basic Disaster Life Support™ (BDLS®) 
- Advanced Disaster Life Support™ (ADLS®) 

For more information - www.ndlsf.org
email us: info@ndlsf.org

White Coat Day on Capitol Hill at ACEP17

Decisions made by Congress influence the practice and the future of emergency medicine on a

daily basis. Join your emergency physician colleagues in Washington, DC on November 1 and spread the word to legislators and their staff about the critical role of emergency physicians in our nation's health care delivery system. White Coat Day participants will be asked to attend a special advocacy training session prior to heading to Capitol Hill. Transportation will be provided and all participants will receive a customized schedule and materials to share in the meetings.

There is no fee to participate but advanced registration is required. Participants can sign-up as with their ACEP17 registration or may sign-up separately if not registered for ACEP17. Go to [White Coat Day](#) for more information or contact [Jeanne Slade](#) in the ACEP DC Office.

Register for White Coat Day at ACEP17!

DON'T MISS THE OPPORTUNITY TO VISIT CAPITOL HILL
WITH YOUR EM COLLEAGUES WHILE IN WASHINGTON, DC



**Spread the word about the critical role of emergency physicians
in the health care delivery system**

ACEP staff will schedule your visits in advance. Participants will receive advocacy training prior to the visits. Transport to and from Capitol Hill is provided. Please bring your white coat!

Advanced registration is required. Participants can sign-up with ACEP17 registration or may register separately if not attending ACEP17.

WWW.ACEP.ORG/ACEP17/HILLDAY

ACEP17 Wellness Activities and Resource Center Giveaways

Wellness & ACEP Resource Center

Sunday, October 29 - Tuesday, October 31

Location: Exhibit Hall

Stop by the Wellness Center in the ACEP Resource Center of the exhibit hall and discover tips from the experts to improve your well being daily. [View full list of activities and schedule.](#)

Product Giveaways

Held daily in the Resource Center

Sunday-PEER

- PEER one-year membership
- PEER Print Companion

Monday-CDEM

- Trauma special edition
- 2- year print
- One-year Residency Education Portal

Tuesday-ACEP eCME

- My Residency Learning Portal
- Trauma, Stroke, Cardiovascular bundle
- Procedures and skills course
- Featured guest on ACEP Frontline

Articles of Interest in *Annals of Emergency Medicine*

Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. [Read More](#)

No Emergency Department is Immune from Violence

But you can be better prepared and reduce the risk of harm to your patients, your staff, and yourself. You can implement security measures, changes in your processes and policies, education and training, and attention to design details. Learn how with these new free resources from ACEP, all in one place, easy to find -- [Violence in the Emergency](#)

[Department: Resources for a Safer Workplace](#)

Welcome New Member!

Ryan M. Grow - Medical Student

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