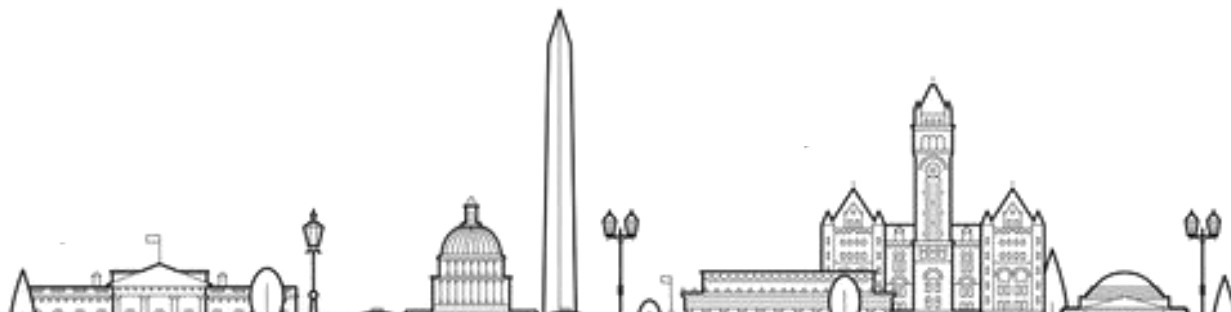




# 33rd Annual Conference of the National Collegiate Emergency Medical Services Foundation

**February 20-22, 2026**  
**DoubleTree by Hilton**  
**Washington, DC-**  
**Crystal City**  
**Arlington, VA**



## About the National Collegiate Emergency Medical Services Foundation President's Welcome

I am pleased to welcome you to the National Collegiate EMS Foundation (NCEMSF) Conference. For thirty-three years, our conferences have focused on strengthening campus-based Emergency Medical Services. The educational experience gained from the workshops and sessions, combined with networking opportunities, will enable you to learn and exchange ideas. We hope you return to your campus energized with new initiatives to implement and creative solutions to problems you may encounter in the future. I look forward to meeting you at the conference.

George J. Koenig, Jr., DO, NCEMSF President

## Mission Statement

The National Collegiate Emergency Medical Services Foundation's (NCEMSF) purpose is to support, promote, and advocate Emergency Medical Services (EMS) on college and university campuses. The Foundation is committed to the advancement of existing response groups and assisting in the development of new response groups. The Foundation provides a forum for the exchange of ideas of campus-based emergency response issues. To these ends, the Foundation is committed to scholarship, research and consultancy activities and to creating a safer environment on college and university campuses.

## NCEMSF History

In the early 1990s, with the widespread use of computers linked via the precursor to the Internet, e-mail communication among campus emergency responders was commonplace. For readers of the emergency services Usenet group (misc.emerg-services) and its related e-mail list (EMERG-L), there was occasionally a thread about campus-related EMS. However, discussions about campus EMS were frequently shunned as inappropriate or obscure. As a result, the campus EMS groups were isolated since there was no good forum where they could openly communicate.

In 1993, in response to a need for information exchange among campus EMS groups, the National Collegiate EMS Foundation (NCEMSF) was established. A loosely associated nationwide group of campus responders was formally brought together by Jon Diorio of Georgetown University (Washington, DC) and others.

Filling a niche, NCEMSF quickly grew. In April 1994, NCEMSF held its first conference at Georgetown University. Representatives from over twenty campus EMS organizations spent the weekend of April 8-10 learning about EMS and networking with each other. Since 1994, annual conferences have been a cornerstone of NCEMSF. Networking and exchanging information among campus emergency responders remain the Foundation's primary goals.

## Volunteer Leadership

### **Board of Directors**

*President:* George J. Koenig, Jr., DO  
*Vice President:* Scott C. Savett, PhD  
*Secretary:* Joshua A. Marks, MD, FACS, FCCM  
*Treasurer:* Matthew D. Ricci, MPA  
*Director-at-Large:* Yoni Litwok, MD

### **Division and Program Chairs**

*Membership:* Karolina A. Schabses, MPH  
*National Coordinator:* Lucas Rappert, DO, MS, MA  
*Startup:* Joseph M. Grover, MD, FACEP, FAEMS  
*Startup:* Zachary Gant, NRP, CCEMT-P  
*Education:* Zachary Matuzsan, DO  
*Alumni:* Joshua E. Glick, MD, FACEP  
*EMS Week:* Jeffrey J. Bilyk, ACP(f)  
*Emergency Management:* Eric Pohl, MS, NRP  
*Emergency Management:* Ryan M. Hay, MSN, PHRN  
*Information Technology:* Timothy J. McMichael, NRP  
*Webmaster:* Ian Feldman, FF/LP  
*Skills:* Michael Rounding  
*Skills:* Paul Stromme, BHSc(P), ACP  
*Best Practice:* David Afienko, DO  
*Career Development:* Kathryn Hilton, MPH  
*Division Chair:* Steven J. Lanieri

### **Regional Coordinators**

*Canada:* Ellika Greaves, EMR  
*Central:* Laura Hanson, DO  
*Central:* Nicole Behnken, EMT  
*Massachusetts:* Joseph Mendes, BS, AEMT  
*Mid-Atlantic:* Gabe Gan, MPH, NRP  
*Mid-Atlantic:* Jack Childs  
*Midwest:* POSITION AVAILABLE  
*New England:* Meghann Zapcic-Desrochers, MD  
*New England:* Jack Dunn  
*New York:* Emily Locke, RN  
*North Central:* Kris Kurtz  
*North Central:* Margaret Dickey  
*Pennsylvania:* Catherine Gibbs, BSN, RN, PHRN  
*Pennsylvania:* Nicholas Melchiorre  
*Southeast:* Sarah Torzone, EMT-P  
*Southeast:* Sophia Dhrolia, BS, NRP  
*West:* Tom Renner, MD  
*West:* Joseph Gocke

**To join our team, please visit  
[ncemsf.org/apply](http://ncemsf.org/apply)**

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## Conference History

NCEMSF Conferences were originally hosted by Institutional Members. Representatives from the host squad would secure speakers, arrange lodging, and develop the program. However, as more schools began attending the NCEMSF Conference, the event outgrew the accommodations that Institutional Members could provide. With a shift to hosting Conferences at hotels, the responsibility for organizing the Conference now falls to NCEMSF Staff members. Below are the locations of the NCEMSF’s past Conferences.

1994: Washington, DC (Georgetown University)  
 1995: Philadelphia, PA (Villanova University)  
 1996: Albany, NY (Rensselaer Polytechnic Institute)  
 1997: Huntington, WV (Marshall University)  
 1998: Hartford, CT (Univ. of Hartford and Trinity College)  
 1999: Syracuse, NY (Syracuse University)  
 2000: Newark, DE (University of Delaware)  
 2001: Rochester, NY (Rochester Institute of Technology)  
 2002: Long Island, NY (SUNY Stony Brook)  
 2003: Washington, DC (George Washington University)  
 2004: Baltimore, MD (Johns Hopkins University)  
 2005: Philadelphia, PA (Villanova Univ. and Ursinus Col.)  
 2006: Boston, MA (Brandeis, Boston Univ., MIT, and Tufts)  
 2007: Baltimore, MD (UMBC and Johns Hopkins Univ.)

2008: Philadelphia, PA  
 2009: Washington, DC  
 2010: Baltimore, MD  
 2011: Philadelphia, PA  
 2012: Baltimore, MD  
 2013: Washington, DC  
 2014: Boston, MA  
 2015: Baltimore, MD  
 2016: Philadelphia, PA  
 2017: Baltimore, MD  
 2018: Philadelphia, PA  
 2019: Pittsburgh, PA  
 2020: Boston, MA  
 2021: Virtual (COVID-19)

2022: Pittsburgh, PA  
 2023: Boston, MA  
 2024: Baltimore, MD  
 2025: Pittsburgh, PA  
 2026: Arlington, VA

**Save the Date:**  
**34<sup>th</sup> Annual**  
**NCEMSF**  
**Conference**  
**February 26-28,**  
**2027**

## NCEMSF Social Media

Share your Conference experience on social media with the hashtag #NCEMSF and be sure to follow us!



[facebook.com/NCEMSF](https://facebook.com/NCEMSF)



@NCEMSF



@ncemsf.org



@NCEMSF



NCEMSF



[ncemsf.org/discord](https://ncemsf.org/discord)

## Conference Policies

The following exist to ensure a safe and enjoyable conference experience for all attendees:

1. Conference ID badges are required for entry to conference lectures and events and are to be worn by attendees at all times while on the conference premises.
2. Attendees are expected to conduct themselves as the adult professionals that they are and to display the same degree of decency and respect toward other conference attendees, hotel guests, and staff that they would exhibit while responding to campus medical emergencies and interacting with patients.
3. Noise production is to be kept to a level appropriate to an indoor hotel environment and is to be respectful of the hour and considerate of the surroundings.
4. The consumption of alcohol by those younger than the federal legal minimum drinking age of 21 years as well as the use of drugs or other illegal substances by attendees of any age is strictly prohibited. Open containers containing alcohol are also forbidden in all conference common areas.
5. Common areas and private rooms of the host facility are to be left in the same fashion in which they were found upon arrival. Any damage to, or destruction of, property will be the financial responsibility of the offending individuals.
6. Participation in conference lectures and activities grants permission for the use of one's image in NCEMSF publications, promotional materials, social media posts and website.
7. Conference speakers are experts in their given fields. The information they present and opinions they express, however, are not necessarily those of NCEMSF. Attendees are reminded to follow their prescribed operating procedures and to contact their agency's medical director before changing medical protocol.

The aforementioned apply in addition to stated policies of the host facility as well as local and federal laws. Failure to comply with any of the above may result in eviction from the conference and/or hotel without a refund. Additionally, civil and/or criminal penalties may apply.

Your conference participation attests to your acceptance of the policies listed.

## Safety and Security of Attendees

In addition to striving for high-quality educational experiences, NCEMSF also takes steps to ensure the safety and security of attendees at NCEMSF activities.

In the event of a medical emergency, please contact **9-1-1** for emergency services. Also notify an NCEMSF staff member so that we can assist.

The hotel has an AED located in the main (second floor) lobby at the hotel front desk. During conference programming hours, NCEMSF staff will have a bleeding control kit at the Conference check-in desk.

NCEMSF also contracts with law enforcement officers and private security companies. These individuals are primarily present for the safety of our attendees, but they may also assist with enforcing the Conference Policies outlined above. Please heed their directions and instructions regarding Conference Policies and acceptable behavior.

NCEMSF encourages all participants to take appropriate precautions to keep themselves and others safe and healthy. If you are not feeling well during the Conference, please reconsider your attendance. If you become ill during the Conference, isolate yourself as much as possible to protect yourself and others.

## Schools in Attendance

Listed are all 107 universities representing over 1100 delegates registered to attend the 33<sup>rd</sup> Annual Conference (as of 2/15/26). *italics* - celebrating a milestone anniversary; **Bold** - New Group Initiative scholarship recipient

School Name	Number of Attendees	State	Region	Level of Care	Service Type
Bates College	1	ME	New England	BLS	QRS
Binghamton University	27	NY	New York	ALS	Ambulance Transport
Boston College	7	MA	Massachusetts	BLS	QRS
Brandeis University	13	MA	Massachusetts	BLS	Ambulance Transport
<i>Brigham Young University</i>	7	UT	Central	BLS	QRS
Bucknell University	7	PA	Pennsylvania	BLS	QRS
Carleton College	1	MN	North Central	Startup	
Carnegie Mellon University	11	PA	Pennsylvania	BLS	QRS
Case Western Reserve University	34	OH	Midwest	BLS	Ambulance Transport
Clark University	19	MA	Massachusetts	FR	QRS
<i>Clarkson University</i>	9	NY	New York	BLS	QRS
College of Charleston	4	SC	Southeast	ILS	Ambulance Transport
Colorado College	4	CO	Central	BLS	QRS
Columbia University	12	NY	New York	BLS	Ambulance Transport
Cornell University	21	NY	New York	BLS	QRS
Drexel University	19	PA	Pennsylvania	BLS	QRS
Duke University	14	NC	Southeast	BLS	QRS
<b>East Carolina University</b>	5	NC	Southeast	Startup	
Eastern Arizona College	5	AZ	Central	ALS	QRS
<i>Eckerd College</i>	15	FL	Southeast	FR	QRS
Embry-Riddle Aeronautical University	2	FL	Southeast	BLS	QRS
Emory University	13	GA	Southeast	ALS	QRS
Fordham University	22	NY	New York	BLS	Ambulance Transport
Georgetown University	15	DC	Mid-Atlantic	BLS	Ambulance Transport
Gettysburg College	4	PA	Pennsylvania	BLS	QRS
Harvard University	12	MA	Massachusetts	BLS	Event Standby
Hobart and William Smith Colleges	5	NY	New York	BLS	QRS
Indiana University - Bloomington	5	IN	Midwest	BLS	Event Standby
<i>John Carroll University</i>	4	OH	Midwest	BLS	QRS
Johns Hopkins University	12	MD	Mid-Atlantic	BLS	QRS
Lafayette College	3	PA	Pennsylvania	BLS	QRS
<i>Lehigh University</i>	8	PA	Pennsylvania	BLS	QRS
<i>Loyola Marymount University</i>	9	CA	West	BLS	QRS
Massachusetts Institute of Technology	12	MA	Massachusetts	BLS	Ambulance Transport
McGill University	20	QC	Canada	FR	QRS
McMaster University	28	ON	Canada	BLS	Non-Emergent Transport
Montclair State University	1	NJ	Pennsylvania	BLS	Ambulance Transport
<b>Moravian University</b>	2	PA	Pennsylvania	Startup	
Muhlenberg College	8	PA	Pennsylvania	BLS	QRS
Northeastern University	11	MA	Massachusetts	Startup	

Schools in Attendance

School Name	Number of Attendees	State	Region	Level of Care	Service Type
Norwich University	7	VT	New England	BLS	Non-Emergent Transport
Quinnipiac University	8	CT	New England	BLS	QRS
Rensselaer Polytechnic Institute	6	NY	New York	BLS	Ambulance Transport
<i>Rice University</i>	6	TX	Central	ILS	QRS
<i>Rochester Institute of Technology</i>	16	NY	New York	BLS	Ambulance Transport
Rowan University	10	NJ	Pennsylvania	BLS	Ambulance Transport
<i>Saint Anselm College</i>	7	NH	New England	BLS	QRS
Saint Michael's College	4	VT	New England	ALS	Ambulance Transport
Santa Clara University	4	CA	West	BLS	QRS
Smith College	6	MA	Massachusetts	BLS	QRS
Southern Maine Community College	1	ME	New England	BLS	QRS
St. Bonaventure University	8	NY	New York	BLS	QRS
St. Lawrence University	7	NY	New York	BLS	QRS
<i>St. Olaf College</i>	7	MN	North Central	BLS	QRS
Stanford University	5	CA	West	BLS	Event Standby
<b>Stetson University</b>	5	FL	Southeast	Startup	
Stony Brook University	10	NY	New York	ALS	Ambulance Transport
<i>SUNY Canton</i>	7	NY	New York	BLS	QRS
SUNY College at Cortland	11	NY	New York	BLS	QRS
SUNY Geneseo	5	NY	New York	BLS	QRS
SUNY Oneonta	9	NY	New York	BLS	QRS
<i>SUNY Oswego</i>	1	NY	New York	BLS	Ambulance Transport
Susquehanna University	2	PA	Pennsylvania	Startup	
Syracuse University	11	NY	New York	BLS	Ambulance Transport
Temple University	3	PA	Pennsylvania	BLS	QRS
Texas A&M University	13	TX	Central	ALS	Ambulance Transport
The George Washington University	22	DC	Mid-Atlantic	BLS	Ambulance Transport
The University of Texas at Dallas	19	TX	Central	BLS	QRS
Tufts University	10	MA	Massachusetts	BLS	Non-Emergent Transport
<i>Tulane University</i>	11	LA	Central	BLS	Ambulance Transport
United States Merchant Marine Academy	6	NY	New York	BLS	Ambulance Transport
United States Naval Academy	9	MD	Mid-Atlantic	Startup	
University at Albany, NY	10	NY	New York	BLS	Ambulance Transport
University of Arizona	8	AZ	Central	BLS	QRS
<b>University of California - Berkeley</b>	4	CA	West	Startup	
University of California - Los Angeles	3	CA	West	BLS	Ambulance Transport
<b>University of California - San Diego</b>	2	CA	West	Startup	
University of Colorado at Boulder	13	CO	Central	BLS	Event Standby
University of Dayton	12	OH	Midwest	BLS	Ambulance Transport
<i>University of Delaware</i>	49	DE	Mid-Atlantic	BLS	Ambulance Transport
University of Florida	13	FL	Southeast	BLS	QRS
University of Illinois at Urbana-Champaign	6	IL	North Central	BLS	Event Standby

Schools in Attendance

School Name	Number of Attendees	State	Region	Level of Care	Service Type
University of Maine	10	ME	New England	ALS	Ambulance Transport
University of Maryland - Baltimore County	1	MD	Mid-Atlantic	Edu	
University of Massachusetts Amherst	36	MA	Massachusetts	BLS	Event Standby
University of Massachusetts Lowell	12	MA	Massachusetts	BLS	Non-Emergent Transport
University of New England	10	ME	New England	BLS	QRS
University of New Hampshire	3	NH	New England	ALS	Ambulance Transport
University of North Carolina at Chapel Hill	8	NC	Southeast	BLS	QRS
University of Ottawa	2	ON	Canada		Non-Emergent Transport
<i>University of Pennsylvania</i>	38	PA	Pennsylvania	BLS	QRS
University of Pittsburgh	21	PA	Pennsylvania	Edu	Event Standby
University of Rhode Island	29	RI	New England	BLS	Ambulance Transport
<b>University of Rochester</b>	4	NY	New York	BLS	QRS
University of South Florida	16	FL	Southeast	BLS	Event Standby
University of Southern California	23	CA	West		Event Standby
<b>University of Texas at Austin</b>	6	TX	Central	BLS	Event Standby
University of Vermont	11	VT	New England	ALS	Ambulance Transport
Villanova University	16	PA	Pennsylvania	BLS	Ambulance Transport
Virginia Military Institute	7	VA	Mid-Atlantic	Startup	
Virginia Polytechnic Institute and State University	14	VA	Mid-Atlantic	ALS	Ambulance Transport
<i>Wake Forest University</i>	19	NC	Southeast	BLS	QRS
Washington University - St. Louis	8	MO	Central	BLS	QRS
West Chester University	10	PA	Pennsylvania	BLS	Ambulance Transport
Western Carolina University	4	NC	Southeast	BLS	Ambulance Transport
Whitman College	3	WA	West	BLS	QRS
Yale University	9	CT	New England	BLS	Event Standby

## Programming Information

### About NCEMSF Lectures, Roundtables, and Skills Labs

All lectures at the NCEMSF conference strive to expand a collegiate EMS provider's scope of knowledge. We believe that you are the future healthcare leaders. Therefore, we encourage our speakers to present information at a level that challenges you to reach beyond the scope of a traditional EMT class. While some of our lectures will review basic EMT skills, most lectures will strive to provide additional information designed to foster leadership and convey advanced medical knowledge.

Sessions are open to all. However, seating in all rooms is intentionally limited, so plan ahead to avoid being shut out of a lecture you want to hear. In deciding which lectures to attend, consider your personal and your squad's needs. For example, new startup organizations may wish to prioritize lectures in the administrative/leadership genre. Larger groups in attendance may want to divide up so that delegates attend multiple lectures rather than all sitting together in one lecture session. Closed Captioning Service will be available upon advanced request.

**Lightning Talk Sessions** offer three 15-minute high-yield, fact-filled talks, exposing attendees to various relevant topics. Each block of three sessions is considered one lecture for Continuing Education purposes.

**Roundtable and Panel Discussions** allow squads to network formally with their fellow schools and discuss issues facing their organizations. NCEMSF Leadership will moderate conversations specific to various campus-based EMS core issues, providing a forum for communication and creating an environment where ideas can be exchanged and problems solved. Roundtables are limited to one or two representatives per school and are ideally attended by current or aspiring leadership. Panels are open to a wider audience and provide an opportunity to directly ask questions of your peers and colleagues. Share your successes and failures and learn from one another. Continue conversations throughout the conference weekend and the year.

**Skills Labs** provide an opportunity for hands-on learning in a small-group environment. As such, these sessions are **limited to 25 participants**. Sign-ups for these Skills Labs are online only at [ncemsf.org/skills-labs](https://ncemsf.org/skills-labs) beginning at 7 AM on Saturday. Sign-up will no longer be available once a Skills Lab has reached capacity. All attendees must register themselves individually.

- To register:
  - Log into the NCEMSF website.
  - Pick the Conference Skills Labs link from the Conference menu.
  - Select one Skills Lab and add it to the cart. From the cart page, press Finish to finalize your registration.
  - If you wish to sign up for additional Skills Labs, return to the Conference Skills Lab link under the Conference menu and repeat this process.
- To ensure that skills labs are available to all attendees, you are limited to **one sign-up per transaction**. In addition, the system will not let you sign up for two simultaneous Skills Labs.
- For Skills Labs that have reached capacity, no formal waiting list is available. In place of a waiting list, you may form an orderly line outside the Skills Lab room, and the proctor or instructor will let in additional students as space allows.

### Continuing Education Credit

All NCEMSF conference sessions are eligible for continuing education provided through the Texas Department of State Health Services (CE License Number 600865). The Texas DSHS uses CE content area definitions that may differ from other states or national organizations. Details of the Texas CE topic areas can be found online at [ncemsf.org/topicareas](https://ncemsf.org/topicareas). Some topics are not eligible for Texas CE but may be accepted by other states or national organizations. Attendees are responsible for aligning lecture content with the CE submission requirements for their EMS certification body.

Pre-Conference Workshop participants will receive hard copy CE certificates at the conclusion of their session, but all other sessions will be tracked in NCEMSF's online system. In order to receive credit for your conference attendance and the sessions that you attended, please follow these directions:

### Attendance Tracking

- Record your session attendance during the conference via text message (SMS).
  - To register for SMS attendance tracking, text your seven-digit personal code (provided at check-in) to **781-2-NCESF (781-262-3673)**. Standard messaging/data rates may apply. You will receive a reply confirming your registration.
  - Each workshop has a 4-character session code that can be found in the conference program and on the room signs outside each session. At any time during the session, **text that 4-character code** to the number above to record your attendance. You will receive a reply confirming the session you attended. If the session is not correct or you switch to a different session, send another message with the correct session code.
- If you do not have SMS capability, you can manually enter your attendance via the “My CE Records” utility when you rate the speakers and topics as described below.

### Generating Your CE Report

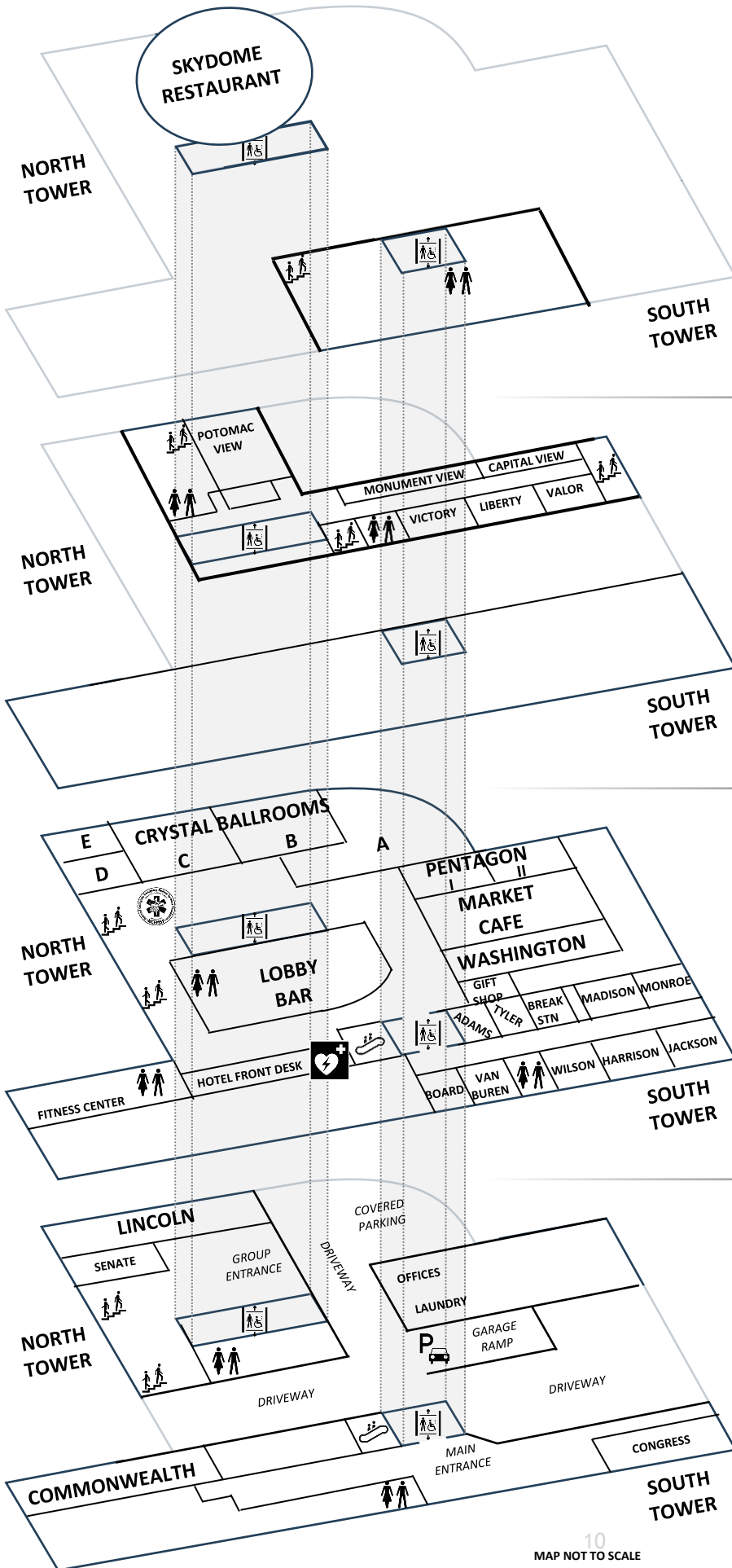
- After the conclusion of the conference, you will receive an **email** with two different survey/evaluation links. **Both** must be completed to receive Continuing Education credit.
  - Log into the NCESF website and visit the **Conference Evaluation / Claim CE** link in the Conference menu.
  - Complete the **Post-Conference Survey**.
  - Visit the **My CE Records** page on the Conference menu.
  - Verify attendance and rate sessions **one session at a time**. Regardless of whether you used SMS tracking or are manually entering attendance, the steps below must be completed.
    - If you used text message attendance tracking:
      - Validate the lecture for the session or change it for an incorrect or missing listing.
      - Complete all the ratings for that lecture.
      - Press the **green plus button** to add the session to your list of completed ratings and wait for the page to reload.
    - If you did not use text message attendance tracking:
      - Enter the lecture for the given session manually.
      - Complete all the ratings for that lecture.
      - Press the **green plus button** to add the session to your list of completed ratings and wait for the page to reload.
  - Repeat the steps above for each workshop session, one session at a time. If you see an incorrect session on your list of completed ratings, use the red X button next to it to remove that session, allowing you to correct the lecture or other information.
  - Once lectures for all sessions you attended have been rated, review the list of completed ratings.
  - Click the PDF link to view your CE report. Please note that **viewing the PDF report will finalize your attendance records, and you will no longer be able to remove lectures after that point**.
- **Print your personalized PDF document** from the “My CE Records” utility. Sign and submit it along with any other necessary identifiers (e.g., address, certification number, date of birth) to your state’s EMS regulatory agency or NREMT as state-approved CE. Some states may require a copy of this conference program or other information as well.
- All steps must be completed by **May 1st**. After that date, you will only be able to access finalized records but cannot modify records or generate a PDF records document for the first time. If you have not completed the post-conference survey, validated your attendance, rated the topics and speakers, and finalized your personalized PDF document by **May 1st**, you will forfeit all continuing education credit from this conference.

### Submission of Continuing Education

It is each attendee’s responsibility to submit continuing education records per the procedures of their EMS certification body. NCESF’s CE is accepted by the National Registry of EMTs (NREMT) as state-approved content, though the topic areas may need to be adjusted to align with NREMT’s topic area definitions. For states that do not utilize NREMT for certification, it is the attendee’s responsibility to determine how (if at all) their state will accept continuing education credits. For certain states, the process of **Continuing Education by Endorsement** is the appropriate method for submitting records. You can also download this conference program from the NCESF website as additional documentation if required.

Please note that NCESF cannot apply for CE approval in all states our attendees may be from. NCESF has no control over state regulations or whether a specific state or other certifying organization accepts our content.

# Conference Floor Plans



## 15<sup>th</sup> Floors

### North Tower

**Skydome Restaurant**  
 Take North Tower Elevators to 14  
 then transfer to  
 dedicated Skydome elevator.

### South Tower

No Meeting Rooms in  
 South Tower on 15.

## 14<sup>th</sup> Floors

### North Tower

Potomac View	Victory
Monument View	Liberty
Capital View	Valor

**Skydome Elevator will Run  
 Express Lobby to 14<sup>th</sup> Floor**

### South Tower

No Meeting Rooms in  
 South Tower on 14.

## Lobby

**2<sup>nd</sup> Floor Combined North/South**

Hotel Front Desk (**AED**)  
 NCEMSF Check-In

Crystal A-E	Pentagon I/II
Washington	Van Buren
Adams	Wilson
Tyler	Harrison
Madison	Jackson

## Lower Lobbies

### Ground Floors

### North Tower

Lincoln Senate  
 Take North Tower Elevators to LL.

### South Tower

Commonwealth Congress  
 Use Escalator next to Front Desk or take  
 South Tower Elevators to LL.

## Conference Schedule

Friday, February 20, 2026

**04:00 PM - 11:00 PM Conference Check-In**

*Crystal Ballroom Foyer*

After checking into the hotel, stop by the conference registration table to check-in. All attendees must check-in individually regardless of how they registered. (Photo ID required). Upon check-in, attendees will receive a name badge that must be worn throughout the weekend as admittance to conference lectures and activities require it. Alumni, presenters and exhibitors should identify themselves to receive the appropriate identifiers on their badges.

**04:30 PM - 11:00 PM Stryker EMS Skills Classic**

*Presidential Hallway (Lobby South)*

Showcase your organization's medical knowledge, problem-solving skills, and teamwork in this exciting activity. Pre-registered and non-registered teams alike (space remains for all schools to participate!) should check-in at the skills information table (located next to registration on the ballroom level) to receive their team number, copy of the rules, and start time - team numbers and start times are assigned based upon check-in time. Each team member must check-in and sign the liability release form. Don't miss out on this cornerstone NCEMSF Conference experience -- we would love for each school attending to participate. Trophies will be presented to the overall winners of this always fun-filled event on Saturday evening.

**06:00 PM - 06:50 PM Workshop Session 1**

**From Campus to Cannulation: A Primer on ECMO and eCPR**

*Ayal Pierce, MD*

*Washington*

Extracorporeal Membrane Oxygenation (ECMO) and extracorporeal cardiopulmonary resuscitation (eCPR) are advanced resuscitative therapies increasingly used in critical care and prehospital medicine. Once reserved for specialized centers, these technologies are gradually being integrated into select EMS systems worldwide. For collegiate EMS providers-often the first link in the chain of survival and often more interested in future careers in medicine-this advanced tool will be good to have a basic knowledge base. This session will introduce ECMO and eCPR in clear, accessible terms, focusing on the physiology, indications, and emerging data surrounding their use in cardiac arrest and how ECMO may be used in the prehospital works more frequently. *CE Code:*

**111A**

**Campus on Lockdown: EMS Integration in Real Time**

*David Muse, MPA, CEM, NRAEMT*

*Commonwealth*

On September 3, 2025, the University of Massachusetts Lowell experienced a large-scale campus lockdown following reports of an individual with a long-gun style weapon near student housing. What began as a rapid police response evolved into a complex, multi-hour incident involving coordination across campus police, city police, federal agencies, and campus emergency management. This presentation will walk participants through the timeline and key decisions from the incident, emphasizing the role and integration of Collegiate EMS in the response. Attendees will learn how the UMass Lowell EMS team balanced safety with operational readiness during lockdown, how they coordinated with law enforcement and emergency management partners, and what systems supported (and challenged) real-time decision-making. The session will also explore the human factors: how student responders, dispatchers, and administrators managed communication overload, misinformation, and emotional impacts during and after the event. Lessons learned will help Collegiate EMS programs strengthen their policies, training, and preparedness for weapons or violence-related incidents on campus. *CE Code: 111B*

**Medical Decision- Making Capacity - The Paramedic's Perspective**

*Colin Bauer*

*Monument View*

Medical decision-making capacity is a challenging and often misunderstood component of prehospital care, yet it carries significant legal and ethical implications for EMS providers. Collegiate EMS agencies frequently encounter refusal situations, but many student clinicians receive limited training on how to determine whether a patient can make informed decisions or how to manage refusals in a legally sound and clinically responsible manner. This lecture provides a clear and structured framework for evaluating medical decision-making capacity in the field. Participants will review the legal foundations of patient autonomy, including the constitutional principles and case law that guide modern EMS refusal practices. The session then outlines a step-by-step approach to capacity assessments, with attention to factors that commonly impair decision-making, such as intoxication, psychiatric concerns, communication barriers, and evolving clinical conditions. Strategies for discussing risks, benefits, and alternatives with patients will also be highlighted. *CE Code: 111C*

## Responding to Expected Death: EMS and Medical Aid in Dying

*Tharun Potluri*

*Capital View*

Medical Aid in Dying (MAiD) is an emerging end-of-life practice in the United States, with a growing number of states authorizing its use. As MAiD utilization increases, collegiate EMS providers may be more likely to encounter situations related to MAiD, including expected deaths and lethal medication-related complications. These cases often occur in medically, ethically, and legally challenging circumstances that can complicate EMS responsibilities on scene. This talk explores the growing utilization of MAiD in end-of-life care and its implications for EMS operations and clinical decision-making. Attendees will gain practical strategies for preparing their agencies to respond to MAiD-related calls, including guidance on education, training, and incorporation of MAiD considerations into standard operating procedures. *CE Code: 111D*

## Roundtable: Startup

*Joseph M. Grover, MD, FACEP, FAEMS*

*Potomac View*

This roundtable discussion will be devoted specifically to aiding new startups in applying all that they learn at this year's conference and helping them determine the next steps in furthering their organizations. *CE Code: 111E*

## 07:00 PM - 07:50 PM Workshop Session 2

### AHA Emergency Cardiovascular Care Guidelines: Does the AHA 'Get' EMS?

*Kenneth Navarro, PhD (c)*

*Washington*

Stay ahead of the latest American Heart Association guideline recommendations with this essential session for EMS providers, leaders, and educators. Join one of the AHA's Content Consultants as he presents EMS-specific highlights from the latest AHA Guidelines. This session will also pull back the curtain on the guidelines development process and provide some practical strategies for implementing the guidelines changes. *CE Code: 112A*

## Catamount Emergency Care: A Safer Campus Through Collaboration

*John Marcus, Matthew Christina, AEMT and Christopher LaMonda, MPH*

*Commonwealth*

The Catamount Emergency Care Program ("Cat ECare") is a relatively new public health and public safety program at the University of Vermont (UVM). A unique collaboration among students, faculty and staff, it has tripled the number of AEDs on campus, added public access bleeding control kits and Narcan®, developed more than 100 student Basic Life Support and Stop the Bleed® instructors and trained more than 1,600 individuals on and around the UVM campus since its inception in April, 2023. Other notable results include UVM being designated an NCEMSF Heart Safe Campus, and the UVM College of Nursing and Health Sciences becoming an authorized training site for American Heart Association certifications. This program serves as outreach for UVM Rescue (our student run EMS organization), UVM Emergency Management, and UVM's Initiative for Rural Emergency Medical Services. Powered by the energy and ideas of students, the program provides educational opportunities including internships, teaching assistantships and public health field experiences. The program model can be replicated at other campuses. *CE Code: 112B*

## Sepsis and Septic Shock

*Jacob Miller, DNP, NP, CNS, NRP, FAEN, FAEMS*

*Monument View*

Sepsis is a significant cause of death and disability, affecting over 50 million persons each year across the globe. This presentation will describe the identification of sepsis in the prehospital setting (spoiler alert: it's not easy!) and evidence-based guideline-recommended treatments for patients with suspected sepsis. *CE Code: 112C*

## Unconventional Medicine in Law Enforcement

*Mark Warren, MS, NRP*

*Capital View*

Emergency Medical Services encompasses a wide range of capability in various environments. The law enforcement arena requires a unique combination of personality, skill, experience, and forward thinking for medical providers to be successful. This presentation aims to provide attendees with real-world examples and lessons learned from law enforcement operations that will serve to spark conversations, evolve training scenarios, and inspire new medical providers to support law enforcement objectives as first responders or imbedded team members. *CE Code: 112D*

## 08:00 PM - 08:50 PM *Workshop Session 3*

### **This Can't Be BLS! The BLS vs ALS Mindset**

*Steven Norman, NRP*

*Washington*

This session is to add critical thinking for both BLS and ALS providers. Some agencies are finding it more difficult to staff a full-time ALS provider and are geared more towards staffing with only BLS. They may also have a fly-car, chase car, or another name for a solo Paramedic for assistance. What makes this patient actually ALS? We will look at the different mindsets of ALS staffed vehicles, BLS staffed vehicles, and solo Paramedics. Will the patient need critical interventions by an ALS provider before making it to a hospital when your Paramedic is far away from where you actually are. Is every chest pain call cardiac related? What are the advantages of waiting for ALS to arrive instead of transporting? Does every patient require an IV? These are some of the questions we will discuss. *CE Code: 113A*

### **Understanding the EMS Compact:**

#### **Changing the Landscape of Interstate Licensure**

*Donnie Woodyard, MAML, NRP*

*Commonwealth*

This session delves into the EMS Compact, a groundbreaking initiative that revolutionizes interstate licensure for EMS clinicians. This transformative agreement enables over 400,000 EMS professionals in the U.S. to practice in multiple states with a single Home State license. The session explores the history, structure, and purpose of the EMS Compact, emphasizing its dual role as state law and a multi-state agreement. Attendees will gain insights into how the EMS Compact benefits all member states, currently 25, by addressing workforce recruitment and retention challenges, enhancing provider mobility, and maintaining high standards across the board. The presentation will examine the compact's impact on state licensure requirements, local credentialing processes, and the regulatory landscape. Additionally, the session will provide a comprehensive overview of the practical and legal aspects of the EMS Compact, elucidating its significance for EMS clinicians, employers, regulators, and the public. *CE Code: 113B*

### **Why is the First-in Bag Beeping? CO Response for EMS**

*J. Dominic Singh, NRP, I/C*

*Monument View*

Many EMS agencies have started carrying portable carbon monoxide (CO) meters on their gear bags, but do you know what to do when it starts flashing and beeping? Is it a false alarm? How much danger are you in? This program will review concepts of CO exposure, available atmospheric and patient monitoring devices, and provide framework for EMS providers to develop appropriate response and treatment plans through review of real-world scenarios. *CE Code: 113C*

### **Special Events Medical Planning**

*Jeffrey Huggins, NRP, CEM and Todd Tracey, EMT*

*Capital View*

Over 1.8 million special events occur across the United States annually. These events bring unique challenges for EMS at both a clinical and operational level. Through dissection of the special event planning lifecycle, attendees will learn how to effectively prepare and pre-plan for mass gathering events. Using real-world case studies including gubernatorial inaugurations, professional sports events, National Special Service Events (NSSE), and music festivals we will discuss lessons learned and best practices to apply to your own events. *CE Code: 113D*

### **Roundtable: Chiefs and Presidents Leadership**

*George J. Koenig, DO*

*Potomac View*

This roundtable discussion designed for squad chiefs and presidents will be devoted to addressing campus leadership issues and sharing problem solving strategies. Several campus based EMS chiefs and presidents from a variety of different types of agencies have been selected to help drive the discussion, which will hopefully continue throughout the weekend. *CE Code: 113E*

## 08:45 PM - 12:30 AM Welcome Social and Mixer

*Sponsored By Philadelphia College of Osteopathic Medicine*

*Lincoln*

Mingle with other collegiate EMS responders as they arrive. Challenge yourself to see how many people you can talk to in a short period of time - it is freshman orientation all over again! Enjoy the refreshments and sing along with our dueling pianists Dan Sawyer and Drew Bayura. Exchange your squad's patches, pins and shirts with those you meet. Watch as photos from past years flash on the screen. As has become NCEMSF tradition, show your squad's pride by making a banner to be presented by your squad at the Meet and Greet Saturday morning.



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## *Stryker CPR Challenge*

*Lincoln*

Test your strength, endurance, and precision in a quest to outperform the machine. Contestants will perform two minutes of high quality CPR as per the AHA Guidelines. Prizes will be awarded Saturday evening to the top performers.

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## Saturday, February 21, 2026

### 07:15 AM - 08:30 AM *Continental Breakfast*

*Presidential Hallway & Lobby*

Join your fellow attendees for coffee and light items to start your day!

### 07:45 AM - 08:15 AM *Group Introductions / Meet and Greet*

*Crystal A/B/C*

Bring the banner you created on Friday night and show your organizational spirit. Each collegiate EMS organization will have an opportunity to briefly introduce itself (school, location, number of members, level of service, and one unique thing about the group). Sit by NCEMSF Region so you have a chance to further mingle and meet your fellow collegiate EMS providers. Milestone anniversary awards will be presented at this time.

### 08:15 AM - 09:05 AM *Plenary Session*

*Sponsored By Uniformed Services University (USU)*

#### **Strategies to Address Implicit Bias and Health Disparities**

*Rickquel Tripp, MD, MPH, CDR, USN, FAEMS*

*Crystal A/B/C*

Recent research has demonstrated a lack of EMS workforce diversity and the presence of health disparities in prehospital care. This course provides a comprehensive perspective to strategize solutions to address health disparities and inequities in EMS and combat bias, which will help to change EMS culture, improve health outcomes and care for patients, and foster a true environment of equity, excellence, and a feeling of belonging. At the end of this course, participants will be able to understand how implicit bias and microaggressions directly impact healthcare and interactions with colleagues and patients; identify social determinants of health and its impact on EMS and patient care; utilize power and privilege to become better allies and practice UPSTANDER behavior; and discover how to create a safe and inclusive work environment for all members. This course is open to all EMS educators, EMS clinicians, EMS supervisors, and EMS medical directors. *CE Code: 211A*

### 09:15 AM - 10:05 AM *Workshop Session 4*

#### **College of Hard Nocks:**

#### **Why Cervical Collars and other EMS Traditions Must Be Expelled**

*Benjamin Abo, DO, Paramedic, EMTT, WP-C FAWM FAEM*

*Washington*

EMS has evolved dramatically over the past several decades, yet many legacy practices-such as universal cervical collar application, routine long-board immobilization, and other dogma-based interventions-continue to persist in the field long after the evidence has moved on. This lecture examines why certain outdated traditions became so entrenched in EMS culture and explores the growing body of research demonstrating their limited effectiveness and potential for harm. Through a blend of humor, history, and high-quality science, participants will revisit the "curriculum" of prehospital care and learn which interventions deserve academic expulsion. We will discuss the operational, clinical, and cultural barriers that allow myths to survive, as well as strategies for implementing modern, evidence-based decision-making that prioritizes patient outcomes and provider safety. Attendees will leave with a clearer understanding of how to update their agency's "course catalog," promote evidence-driven assessment of spinal injury, and ensure that outdated practices finally graduate-permanently-from EMS education and protocols. *CE Code: 212A*

#### **Special Pathogens Awareness for EMS**

*Michael Gardner, Paramedic*

*Wilson/Harrison/Jackson*

With no end in sight for global travel there is a growing need for EMS responders and healthcare workers to recognize and respond effectively to potential high-consequence pathogen or special pathogen patients. Collegiate EMS has a unique role in identifying these patients as they are positioned to be first on scene for an emergency call due to patient populations including international travel by students, faculty, visitors, and families. Agencies may also respond to healthcare and research faculties within of the campus area where patients can present. This presentation will provide an overview of what constitutes a high-consequence special pathogen, including their defining characteristics and potential impact on public health. Participants will explore the current state of EMS readiness and response protocols, with emphasis on the unique challenges and responsibilities faced in campus-based emergency medical services. In addition, the session will highlight available state and national resources-including training, response frameworks, and communication pathways-that EMS providers can access to strengthen preparedness and response. *CE Code: 212B*

## EMS Research in 2025

*Joshua Glick, MD, FACEP*

*Commonwealth*

We will review some of the most notable research publications in the field of prehospital medicine published in 2025. Our review will cover a wide spectrum of topics including cardiac arrest care, airway management, prehospital medications, and more. Don't miss this opportunity to gain valuable insights and stay up-to-date with the latest advancements in prehospital emergency care. *CE Code: 212C*

## Leading in Emergencies: Skills, Strategies, and Practices Utilized by Paramedics

*Paul Froman, PhD, NRP*

*Lincoln*

Since the development of Emergency Medical Services (EMS) in the early 1970s, the role of the paramedic has expanded far beyond its original mission of providing basic first aid to trauma patients. Modern paramedics deliver advanced life support, make complex clinical decisions, coordinate with multiple agencies, and serve as essential members of both the healthcare and public safety systems. Yet, despite this evolution, little is known about how paramedics actually lead during emergency incidents. This presentation shares findings from a qualitative multiple-case study examining the leadership skills, strategies, and practices paramedics use in the field. Through interviews and case analyses with practicing paramedics, the study identified several key leadership behaviors: maintaining composure, communicating clearly, making rapid decisions, preparing for scene variables, working effectively as a team, and engaging in post-incident reflection. The research also explored how paramedics define leadership, how they perceive their leadership role during emergencies, and how leadership develops through experience, mentorship, and reflective practice. The session introduces a Paramedic Leadership Model and an Incident Leadership Development Process, offering a clearer understanding of leadership in the prehospital environment. *CE Code: 212D*

## The ABCs of Airway Management: How to Manage Airway Emergencies

*Jack Childs and Alexander Sachs*

*Monument View*

Everyone has learned less than 8 ventilate or less than 8 intubate, but when the time comes, the decision to intervene in managing an airway can be stressful and complicated by many factors. At this presentation, we will utilize case-based discussions using real-world examples to review situations that may happen on your campus and when you, as a collegiate EMS provider, should intervene. We will discuss common medical situations such as asthma and anaphylaxis, and how early and aggressive respiratory management at the BLS and ALS levels can improve a patient's outcome. We will also discuss the underutilized airway adjunct, the NPA, and how a frequent call of alcohol intoxication can require aggressive airway intervention. Additionally, we will highlight the importance of early activation of the ALS system or utilization of your internal ALS resources when an airway must be managed by an advanced provider with an advanced airway and rapid sequence intubation or medication management. We will touch on topics related to BLS and ALS medication management of common respiratory concerns, as well as BLS and ALS airway adjuncts and interventions such as CPAP and BIPAP. *CE Code: 212E*

## The Unsung Hero: How A Good Doc(umentation) Saves The Day

*John Mercun, MA, EMT*

*Capital View*

This fast-paced, high-energy, and humorous, "would attend again" NCEMSF favorite transforms EMS charting from a dreaded obligation into a skill you'll actually feel confident about. Packed with real-world stories, relatable missteps, and immediately usable strategies, this session breaks down why documentation matters and how to chart effectively-even at 3 a.m. You'll learn practical techniques for crafting a clear, confident, bulletproof narrative that stands up to QA review and outside scrutiny, along with proven approaches for securing stronger, more defensible refusals. We'll also tackle common charting pitfalls and share strategies for building a culture of consistent, high-quality documentation within your agency. Walk away with sharper skills, renewed confidence, and tools you can put to work on your very next PCR. *CE Code: 212F*

## Translating Prehospital Excellence into a Career in Military Medicine

*J. Austin Cox, MD, LTC, USA*

*Potomac View*

For many prehospital providers, the siren's call is driven by a desire for service, teamwork, and the ability to perform under pressure. These core values are the bedrock of the U.S. Military Health System. This session, led by Dr. J. Austin Cox, explores the diverse pathways into military medicine, specifically focusing on the Uniformed Services University (USU) and the Health Professions Scholarship Program (HPSP). Dr. Cox will discuss how your current experience in EMS-navigating "the rig," triaging in the field, and working within hierarchical team structures-perfectly prepares you for the rigors of military medical training. We will demystify the two primary routes to becoming a military physician and highlight additional opportunities across the health professions, including nursing and allied health. Attendees will learn how the military culture of

"Learning to Care for Those in Harm's Way" mirrors the dedication of the EMS community, offering a seamless transition for those looking to elevate their clinical impact on a global scale. *CE Code: 212G*

### Lightning Talk Session:

*Crystal A/B/C*

#### **EMS Research for Dummies (or How to Get Involved in EMS Research)**

*Delaney Kenyon, NREMT, WEMT, FFT2*

EMS is often touted as an "evidence-based" field. But what does that even mean? What is EMS research? Who is doing it? What does it look like? How can YOU get involved? EMS is a massively understudied field and one of the only ways to radically change systemic issues is to produce data and results that support that there are systemic disparities. As collegiate EMTs, you have the knowledge, skills, and experience to contribute to a research gap and advance our field, even as an undergrad. Learn what EMS research even is, who's doing it right now, and how to get involved from an EMT, retired collegiate EMS Director, and EMS researcher who thought they were alone and was very glad to be proven wrong. *CE Code: 212H*

#### **Bias in EMS: What is it? What can we do about it?**

*Delaney Kenyon, NREMT, WEMT, FFT2*

What is unconscious bias? How does it factor into clinical decisions? Is it inherently bad? This lecture introduces participants to inherent bias and gives them actionable steps to begin their educational journey. We will discuss the nuance of bias and how it sometimes works in our favor while learning how to disentangle institutional stigmas from our decision-making process in the prehospital setting.

#### **Shared Classrooms: Partnership of Collegiate EMS and Medical Students**

*Shabbir Bohri, EMT, Rakshak Ravichandran, EMT and Dharsan Selvakumar, EMT*

Collegiate EMS agencies provide early clinical exposure, leadership development, and systems-based learning for undergraduate students, yet remain an underutilized partner in graduate medical education. This presentation explores scalable, bidirectional partnerships between medical schools and collegiate EMS agencies that strengthen pre-medical training while enhancing medical student education. Drawing on models of mentorship, educational collaboration, and structured career pipelines, we highlight strategies through which medical students and faculty can support collegiate EMS agencies via skills instruction, quality improvement initiatives, and medical direction engagement. Particular emphasis is placed on mentorship that connects collegiate EMS members with medical students and EM physicians, fostering sustained interest in emergency medicine and EMS leadership.

### Roundtable: Administrator/Advisor/Medical Director

*Joshua A. Marks, MD, FACS, FCCM and Scott C. Savett, PhD*

*Madison*

In this roundtable dedicated to campus administrators, EMS advisors and medical directors present, NCEMSF Leadership will begin discussing concerns of university officials and address issues that they may be facing on their campuses. Meet your fellow university administrators, advisors and medical directors in attendance. *CE Code: 212I*

### Roundtable: The Pros and Cons of Social Media

*Jeffrey J. Bilyk, ACP(f)*

*Monroe*

Social media platforms have widely enhanced the ability of organizations to interact with their constituents, message their mission and educate the public. Social media can be used to engage, advertise and celebrate achievements. Conversely, an organization's image can be equally damaged by a single post. In this roundtable discussion, NCEMSF leadership will facilitate discussion about responsible social media utilization for campus based EMS. *CE Code: 212J*

### Skills: Communication Isn't Optional: EMS Care for Deaf Patients

*Jason Collins, NREMT, Jennifer Lanza, NRP, Joanna Ross, and Josie Shiff, MS, NREMT* *Valor*

People with disabilities comprise more than a quarter of the U.S. population and experience persistent inequities in health care access, quality, and outcomes. These disparities are especially pronounced in EMS, where time pressure, limited information, and communication barriers can amplify risks to patient safety. Prior studies have shown that patients with disabilities are more likely to encounter inaccessible communication practices, incomplete assessments, and delays in care. Yet disability-specific content remains largely absent from EMS education and continuing training. To address this gap, Ohio EMS funded a statewide research initiative led by investigators at Northeast Ohio Medical University. Phase 1, a mixed-methods study involving

over 400 EMS professionals, found that communication differences are among the most significant challenges providers face when caring for patients with disabilities. These findings underscore the need for integrating disability-conscious communication training into EMS curricula. This session uses those findings to highlight practical ways EMS education can better prepare providers to care for patients with communication differences. Drawing on current research and community collaboration, it will explore strategies for improving provider preparedness, confidence, and communication in diverse field settings. The work lays the groundwork for new training approaches that promote accessible, patient-centered care in EMS. *CE Code: 212K*

## Skills: Wilderness Wound Care

*James Wynn*

*Van Buren*

Wounds, aka soft tissue injuries, are the most reported injuries on wilderness adventures (NOLS data = 30% of injuries). We all have experience treating various types of wounds. It may have ranged from minor cuts and abrasions to serious life-threatening injuries. Your ability to quickly recognize and treat the wound will determine whether the patient can remain on the adventure or needs to be rapidly evacuated. Even minor injuries left untreated or inappropriately treated may end a person's adventure prematurely! At the end of the presentation, I will discuss our science based approach and introduce you to the three primary principles to wound care - 1st Bleeding Control, 2nd Prevent Infection, and 3rd Promote Healing. *CE Code: 212L*

## Skills: Mission-Ready Hemorrhage Control: "Stop The Bleed" Instructor Certification

*Joseph Gocke*

*Crystal D/E*

Uncontrolled hemorrhage remains the leading cause of preventable death in both tactical and civilian trauma. In this high-intensity, hands-on skills lab, medical students from the Uniformed Services University (USU)-the nation's federal medical school-will facilitate the American College of Surgeons (ACS) "Stop the Bleed" curriculum. This session is specifically designed for prehospital providers who already possess a foundation in emergency care but seek to formalize their expertise as educators. Participants will master advanced techniques in tourniquet application, wound packing, and pressure dressings using high-fidelity task trainers. Beyond clinical mastery, this lab features a dedicated "Train-the-Trainer" component. USU student-instructors will guide participants through the administrative and pedagogical requirements to become certified Stop the Bleed Instructors. By the conclusion of the session, attendees will not only have refined their own life-saving skills but will also be equipped to return to their crews and communities to certify others. This workshop bridges the gap between individual proficiency and community resilience, utilizing the "See One, Do One, Teach One" model prevalent in military medical training to ensure every attendee leaves as a force multiplier for trauma survival. *CE Code: 212M*

## 10:15 AM - 11:05 AM Workshop Session 5

### March into the Warm Zone: Trauma Care for the Severely Injured

*Gary Hecker, RN, CCRN, EMT-CC, CIC, NHDP-BC*

*Washington*

Response to mass-casualty events has demonstrated that a gap exists between the capabilities of prehospital trauma care and the needs of patients during these events. The military medical care arena has focused on tactical combat casualty care for several years. There is a need to bring the lessons learned from combat care into the civilian world. The Federal Emergency Management Agency (FEMA) has identified multi-casualty incident (MCI) preparation as a national priority. This course serves as a brief introduction to the principles of civilian tactical casualty care. Additional detailed training opportunities will be identified later on. *CE Code: 213A*

### The Art of the Refusal -

### Common Gaps in Assessment for EMS Providers During a Informed Refusal

*Joseph M. Grover, MD, FACEP, FAEMS*

*Wilson/Harrison/Jackson*

Capacity assessment is an essential skill for all medical providers while navigating the complex area of informed consent and refusal. Despite this area posing major liability risks for medical providers, limited education is provided. This lecture will provide participants with the key concepts for how to perform and document capacity assessment effectively to ensure patient autonomy is protected while also protecting providers from liability. *CE Code: 213B*

## Ultrasound in EMS

*Joshua Glick, MD, FACEP*

*Commonwealth*

We will cover the basics of how to use an ultrasound machine, followed by a review of some relevant research related to how prehospital providers can use this technology. We will then spend some time discussing concrete examples of how EMS can use this technology for specific cases. *CE Code: 213C*

## Breaking Barriers: Building Relationships with Off-Campus Resources

*Joshua Bishop, MA, EMT-B*

*Lincoln*

Have you ever gotten "the look" from non-campus mutual aid responders during an incident? This session is designed to highlight some opportunities to collaborate with off-campus mutual aid companies to increase operational effectiveness during incident response and improve relationships across agencies. The goal of this session is to provide tools for reaching across the emergency services aisle to improve relationships between agencies and showcase that collegiate EMS squads are not "just" student EMT's. *CE Code: 213D*

## Beyond the Obvious: Medical Zebras Seeking Quality Prehospital Care

*Becky Valentine*

*Monument View*

We will explore high-risk medical presentations that don't follow the textbook or protocol flowchart. Designed for collegiate EMS providers and students planning medical school, this session uses real-world cases to examine cognitive bias, atypical findings, and subtle clinical red flags in patients who don't fall into the category of typical presentation, AKA "Zebras." Participants learn to recognize when something feels off, ask better questions, and avoid the tunnel vision of expecting usual presentations that our protocols are written for, while strengthening clinical instincts that protect patients when the chief complaint doesn't respond to routine/traditional care. *CE Code: 213E*

## Is My Patient Going to Die?

### A Deep Dive into Shock Index and its Effects on Morbidity and Mortality

*Louis Imperatrice, NRP*

*Capital View*

Shock Index is an easily calculated predictor of patient hemodynamic stability and the use of Shock Index in the prehospital setting has become a standard of care in assessment. During this session, we will discuss what Shock Index is and what it assesses, how to properly calculate shock index, review published data on shock index and its ability to predict morbidity and mortality in patients, and discuss how to treat and manage patients who have a Shock Index of greater than 0.8. *CE Code: 213F*

## Crazy In EMS

*Nicolas Spray, Paramedic*

*Potomac View*

PTSD in EMS providers is real, and we need to know how to spot it, and hopefully how to get the help that you need before it's too late. We will also be talking about responding to behavioral and psychiatric calls, how to be aware of the potential dangers, and how to be safe. *CE Code: 213G*

## Panel: More Than Medicine: Turning EMS Experience into Career Capital *Liberty*

*Kathryn Hilton, MPH, John Mercun, MA, EMT, Matthew D. Ricci, MPA, Steven J. Lanieri, Thomas Goode, MS, NREMT and Jack Dunn*

Many collegiate EMS providers go on to careers in healthcare after graduation—but what about those pursuing non-medical paths? Join NCEMSF alumni who charted careers outside of medicine and successfully leveraged their EMS experience to get where they are today. This engaging panel will explore how collegiate EMS belongs on your résumé—no matter your intended field. Speakers will share practical advice on translating EMS experience into language that resonates with employers, using it effectively in job interviews, and highlighting the leadership, teamwork, crisis management, and decision-making skills developed on shift. Panelists will also reflect on how their collegiate EMS experience shaped their professional journeys and the skills they continue to use every day. Come ready to learn—and bring your questions! *CE Code: 213H*

## Lightning Talk Session:

*Crystal A/B/C*

**They Have What?**

**Approaching Pre-Hospital Infectious Disease Outbreak Response**

*Tatiana Snedeker, MPH, NREMT*

Infectious disease outbreaks vary from the flu to norovirus, and EMS professionals are often the first to be exposed as well as the first to notice trends. 70% of disease outbreak etiology is identified. The relationship between pre-hospital providers and public health officials is a critical component of infectious disease surveillance. Knowing how to recognize the difference between normal and abnormal incidences of infection, identify points of exposure, and epidemiologic links to work through outbreak scenarios aids in providing efficient communication channels between clinical and public health professionals. Working through common EMS infectious disease exposure scenarios, EMS providers will learn what questions to ask their patients, the criteria for an outbreak, as well as how to critically think through infectious disease control and exposure concerns. *CE Code: 213I*

## Don't Miss a Beat! Wearable Cardioverter-Defibrillators Simplified

*Chase Canter, Paramedic, FPC*

Sudden cardiac arrest (SCA) can strike without warning, and for patients at high risk, every second matters. The wearable cardioverter defibrillator (WCD) is a non-invasive, life-saving device that offers temporary protection while patients await further evaluation or permanent treatment. This session provides a clear and concise introduction to WCDs, covering what they are, how they work, who they benefit, and why they are increasingly relevant in modern cardiac care.

## When Lightning Strikes:

### Prehospital Assessment and Management of Lightning Strike Injuries

*Ayal Pierce, MD*

Lightning strikes are rare but high-risk events that pose unique diagnostic and management challenges for prehospital providers. Lightning can cause instantaneous multisystem injury through direct strike, side splash, ground current, or flashover mechanisms. These injuries often present differently from traditional electrical trauma. The most critical threat is immediate respiratory arrest leading to secondary cardiac arrest, making rapid assessment and early ventilatory support essential determinants of survival. Through the lens of recent Lightning Strikes here in Washington, DC and real patient scenarios, we will review the pathophysiology of lightning injuries and evidence-based prehospital priorities.

## Roundtable: Better Leadership Through Better Followership

*Eric Garrison, MAEd, MSc*

*Madison*

Do you feel that there is a disconnect between your leaders and the rest of your crew? Does everyone recognize who is in charge and when? Are you finding that certain duties are executed poorly or ignored altogether? A positive starting point to remedy these situations is through good leadership and followership. Also in this discussion, Eric will talk about how to be a good mentor and the importance of building future leaders. And time permitting, Eric will share with you how to incorporate your former leaders back into your crew as influential members and followers. As he does on your campuses or at our conferences, Eric welcomes your questions throughout his program and looks forward to helping you all become the strongest leaders possible. *CE Code: 213J*

## Skills: Improvised Splinting

*James Wynn, Program Specialist*

*Van Buren*

Some of the most common injuries we see in the outdoors come from slips, trips, and falls. These backcountry injuries could lead to trauma that affects our joints or muscles, like a rolled ankle. Or these injuries might cause a fracture like a broken forearm. We will talk about how to assess and support these and decide if this is a usable or unusable injury in the field. We will learn how to identify a usable injury vs. a unusable, as opposed to a sprain or a fracture, and how to treat accordingly with improvised splinting. *CE Code: 213K*

## Skills: Mission-Ready Hemorrhage Control:

### "Stop The Bleed" Instructor Certification

*Joseph Gocke*

*Crystal D/E*

Uncontrolled hemorrhage remains the leading cause of preventable death in both tactical and civilian trauma. In this high-intensity, hands-on skills lab, medical students from the Uniformed Services University (USU)-the nation's federal medical school-will facilitate the American College of Surgeons (ACS) "Stop the Bleed" curriculum. This session is specifically designed for prehospital providers who already possess a foundation in emergency care but seek to formalize their expertise as educators. Participants will master advanced techniques in tourniquet application, wound packing, and pressure dressings using high-fidelity task trainers.

Beyond clinical mastery, this lab features a dedicated "Train-the-Trainer" component. USU student-instructors will guide participants through the administrative and pedagogical requirements to become certified Stop the Bleed Instructors. By the conclusion of the session, attendees will not only have refined their own life-saving skills but will also be equipped to return to their crews and communities to certify others. This workshop bridges the gap between individual proficiency and community resilience, utilizing the "See One, Do One, Teach One" model prevalent in military medical training to ensure every attendee leaves as a force multiplier for trauma survival. *CE Code: 213L*

### **NCEMSF Poster Session Walk Rounds**

*Lincoln Foyer*

Walk through the poster displays and listen as authors discuss their original campus EMS research and unique campus programs. Ask questions of the authors as they stand by their work. *CE Code: 213M*

### **11:15 AM - 12:00 PM Workshop Session 6 -**

#### ***Richard W. Vomacka Student Speaker Competition***

#### **Sugar High! Assessment and Management Framework for Diabetic Hyperglycemic Emergencies**

*Isra Bashir*

*Washington*

Diabetic Ketoacidosis (DKA) is a life-threatening complication predominantly affecting individuals with type 1 diabetes, resulting from an insulin deficiency that leads to excessive ketone production. Despite the prevalence and long term consequences of hyperglycemic emergencies, current Canadian EMR guidelines largely focus on hypoglycemia, leaving a critical gap in the identifications and interventions for DKA emergencies. This presentation proposes the integration of blood ketone testing through an integrated multi-analyte test strip into collegiate emergency response team protocols to improve patient outcomes, as well as a concrete hyperglycemic emergency framework that includes assessment, treatments and management. Ketone testing offers a reliable, immediate indicator of DKA, surpassing subjective evaluations such as the detection of "fruity breath". By incorporating a novel test strip design that relies on enzymatic redox reactions and amplification of electron concentrations to allow simultaneous testing of blood glucose and ketone concentrations, collegiate EMS teams can more accurately detect DKA emergencies, facilitating timely interventions such as rehydration and oxygen administration while waiting for higher care. *CE Code: 214B*

#### **The Unspoken Call: Trauma-Informed Care for IPV in Prehospital Settings**

*Elodie Krawczyk, NRP*

*Wilson/Harrison/Jackson*

Behind closed doors and behind the scenes, EMS providers are responding to intimate partner violence (IPV) far more often than they realize. Amid the chaos of emergencies, the signs of abuse can be easy to miss - or easy to ignore. But for many survivors, a 9-1-1 call may be their only contact with the healthcare system. What we do in those moments matters. This session challenges the status quo of prehospital care by introducing a trauma-informed approach to IPV that's practical, evidence-based, and built for the realities of EMS. You'll leave with tools to ask better questions, recognize red flags, document safely, and connect patients with the help they need - without adding time, drama, or risk to your scene. *CE Code: 214C*

#### **Mixed-Scope Collegiate EMS: When Does ALS Add Value?**

*Saachi Sharma, AEMT and Savannah Dreas, EMT*

*Commonwealth*

Currently less than nine percent of collegiate EMS agencies utilize a mixed EMT and Advanced EMT structure, but when properly executed this model has the potential to improve both patient care and clinical outcomes. Emory EMS serves as an example of a mixed-scope collegiate system and provides an opportunity to evaluate whether incorporating AEMTs meaningfully strengthens prehospital performance, or whether similar outcomes can be achieved through highly trained BLS teams. This presentation provides a framework for agencies evaluating whether mixed-scope staffing fits their operational capabilities and patient population. *CE Code: 214D*

#### **Cooking Up Culture: Building Belonging in Collegiate EMS**

*Ibrahim Qureshi, EMT and Samatha Belatur, EMT*

*Lincoln*

Just like a great meal, the ingredients for a strong EMS community are carefully selected, mixed, and served with care. Organizational culture is a crucial yet underexamined component of collegiate EMS operations, despite the physically and emotionally taxing nature of working in fast-paced, high-stakes team environments. How a group functions together in these situations often makes the difference

between smooth shifts and chaos. Drawing from existing literature in organizational social psychology and general emergency services teamwork, in conjunction with the cultural successes of our own agency, this presentation aims to highlight why deliberate culture-building is essential for sustaining collegiate EMS organizations through influencing retention, team unity, burnout mitigation, and uplifting patient care. Internal and external engagement initiatives, ranging from shared meals to outreach programs, construct and reinforce the organizational culture that drives these outcomes. *CE Code: 214E*

## Training Compassion as a Clinical Skill in Collegiate EMS

*Isha Gupta, NRAEMT and Asher Seibel, NRAEMT*

*Monument View*

Compassion is often framed as a moral ideal in medicine, yet growing evidence demonstrates that it is a measurable, trainable clinical skill that shapes patient outcomes, provider well-being, and care quality. In EMS, where care unfolds under intense pressure and uncertainty, compassion functions as a clinical factor that directly influences communication, trust, and scene safety. However, burnout, compassion fatigue, and emotional overload can erode the presence and clarity required for compassionate care. This presentation reframes compassion as a clinical competency rather than a personality trait. Drawing on neuroscience, EMS burnout literature, and Emory University's Cognitively-Based Compassion Training, we introduce practical tools that collegiate EMS agencies can implement immediately. *CE Code: 214F*

## Rolling the Dice on Readiness:

### What Tabletop Exercises Reveal About Student EMS

*Viswa Karthic*

*Potomac View*

Collegiate EMS agencies frequently emphasize clinical skills, yet operational failures during complex or high-acuity incidents are more often caused by breakdowns in communication, leadership, and system design. Evidence from emergency management and simulation-based training literature demonstrates that well-designed tabletop exercises (TTX) can effectively identify these vulnerabilities while requiring minimal financial resources and limited training time. This presentation provides an evidence-informed framework for designing and conducting effective tabletop exercises tailored to student-run EMS organizations. Attendees will learn how to structure realistic scenarios, establish clear learning objectives, assign functional command and operational roles, and introduce targeted stressors that test coordination and decision-making rather than medical knowledge alone. *CE Code: 214G*

## Regional Roundtable Discussions

*NCEMSF Regional Coordinators*

*Crystal A/B/C*

The NCEMSF Regional Coordinators invite squad leaders to meet with them and other leaders in their geographic region. Attendance will help organizations to grow within NCEMSF and allow NCEMSF to better serve its constituents. These sessions are recommended for one or two representatives per school, and are ideally attended by squad leadership/squad NCEMSF Liaisons. *CE Code: 214A*

## 12:00 PM - 01:00 PM Lunch On Your Own

With only an hour for lunch, consider one of the various eating establishments and food courts within walking distance of the hotel. The hotel also has a grab and go option at its lobby kiosk.

## 01:00 PM - 01:50 PM Workshop Session 7

### Basic Science for (Future) BLS: Laboratory Research of Hemostatic Biomaterials

*Sarah Miller, NRP*

*Washington*

Uncontrolled hemorrhage remains a leading cause of preventable death in the prehospital space. Increased focus on this area has spurred a plethora of research ranging from clinical management algorithms, to new mechanical devices, to new drugs, to new hemostatic materials. This talk will focus on the design and evolution of hemostatic materials as they move from the benchtop to the clinic. We begin with a review of the process of hemostasis and look at current management techniques to identify clinical challenges. Next we will explore how basic science research is working to resolve these challenges with novel materials. Finally, we will take a look at FDA regulations and requirements for such a material to reach patients and clinical providers. At the end of this talk, the attendee will be able to describe ongoing work regarding hemostatic materials and the process for impacting clinical outcomes. *CE Code: 215A*

## Moments That Matter: Learning From EMS Incidents on Video

*Gabe Gan, MPH, NRP*

*Wilson/Harrison/Jackson*

EMS clinicians work in one of the most hazardous environments in healthcare, yet most learning occurs after something has already gone wrong. In this session, we will use real video footage from three recent EMS incidents—a high-speed ambulance collision, a stretcher failure resulting in a patient drop, and a violent assault on a paramedic—to explore how these critical events unfold and what they reveal about the systems we work within. Rather than focusing on individual mistakes, this session applies modern safety-science frameworks, including Just Culture and Safety-II, to examine human factors, operational pressures, communication breakdowns, equipment limitations, and behavioral risks that contribute to adverse outcomes. Through guided discussion and interactive debriefing, attendees will learn how to improve ambulance operations, patient-handling practices, and violence-prevention strategies at their own agencies. This session provides a respectful, blame-free approach to incident review while highlighting practical interventions that can strengthen resilience and reduce future risk. Ultimately, the goal is to transform brief moments caught on camera into lasting lessons that enhance safety for EMS clinicians and their patients. **CE Code: 215B**

## The Escape from SCAPE

*Daniel Kowalczyk, MD*

*Commonwealth*

Sympathetic Crashing Acute Pulmonary Edema or SCAPE is a life-threatening complication of heart failure. It is a less common but more serious condition that requires prompt recognition and intervention by EMS professionals. While chronic heart failure generally focuses on fluid management and medication compliance, SCAPE takes a different approach through the utilization of NIPPV and aggressive blood pressure control. **CE Code: 215C**

## When the Dorm Room Becomes the ICU: Critical Care Thinking for Campus EMS

*Cole Matthews*

*Lincoln*

Critical calls on campus are rare, but when they happen, they demand the best from every responder. While most collegiate EMS calls are low-acuity, the outliers—severe asthma, sepsis, head injuries, or overdoses—can overwhelm providers with limited experience. This session bridges the gap between critical care transport medicine and the campus EMS environment by introducing a physiology-driven mindset that helps responders recognize sick patients earlier, anticipate deterioration, and prevent secondary injury. Through real-world campus scenarios, we will explore respiratory failure, shock, neurotrauma, and toxicologic emergencies. Participants will learn how critical care clinicians approach these life-threatening problems and translate that knowledge into practical, universal actions: effective assessment, early interventions, rapid packaging, and seamless communication allowing for continuity of care. The focus is not on advanced procedures, but on building a way of thinking that prepares collegiate EMS clinicians to perform with confidence when minutes matter. **CE Code: 215D**

## Show Me The Money! Approaches to Funding a Campus Agency

*Sheila Elliott, MS, Licensed Paramedic*

*Monument View*

Most campus EMS programs begin with a very small budget or receive no funding at all. In this session, we will discuss innovative and creative ways on how to fund your campus EMS agency beyond your university budget. We will share the experiences we have had in our campus EMS agency at The University of Texas at Dallas, which was started in 2017 by a group of students providing EMTs solely at campus events. Now, our campus agency has incorporated a 24/7 ALS supported response, has 1 full-time campus EMS administrator with no increase in university funding. We will discuss ways to incorporate EMS Education as a funding model in addition to CE opportunities and recertification type courses for alternative resources. In this presentation, we will also discuss ways to incorporate student leadership, how to build morale in any size agency and discuss creative ways to provide incentives for your EMS providers. Lastly, we will have an audience Q&A session with 8 members of our student leadership. **CE Code: 215E**

## Creating a Protocol for Intoxicated Collegiate Patients: A DIY Adventure

*Thomas Goode, MS, NREMT*

*Capital View*

Virtually all collegiate EMS providers encounter a college-aged patient intoxicated from the classic "two beers." While these patients require evaluation by prehospital providers, hospitalization for some may be unnecessary and these patients can be allowed to refuse further care and transport. Yet, in the age of liability where collegiate agencies face scrutiny from medical directors to college or university administrators and risk managers, facilitating a patient refusal is often difficult and inherently risky. This presentation follows the evolution of an agency-specific alcohol refusal protocol, tailored specifically for a collegiate EMS service, from an initial, unofficial set of criteria to a comprehensive, research-based policy developed and iterated between

multiple agencies and departments. This lecture reviews the medical and legal essentials for evaluating intoxicated patients, offers guidance and criteria useful to determining patient outcomes, and provides agencies with the necessary elements to think critically about their own processes for allowing intoxicated patients to refuse transport. *CE Code: 215F*

## Health 34: A Mobile Collegiate Response Model for Mental Health and Campus Crisis Support

*Lisa Mills, MD*

*Potomac View*

Health 34 is a mobile collegiate response program based on the campus of the UC Davis. Developed by the UC Davis Fire Department, the program addresses the growing demand for mental health and basic-needs support on collegiate campuses in the context of a critical shortage of mental health providers. Health 34 is fully integrated into the campus tiered response system and operates 24/7/365, responding to non-emergent requests for service on campus and in off-campus housing. This educational session is needed to increase awareness of innovative, EMS response models that support public safety reform and student well-being. It will highlight frameworks for programs like Health 34 working in conjunction with traditional EMS. The program will highlight equity and access considerations in mental health and basic-needs response for collegiate campuses. Finally, this talk will demonstrate a replicable model that participants can adapt to their own institutions. By understanding the design, implementation, and impact of Health 34, participants will be better prepared to develop, support, or collaborate with similar collegiate response programs, directly improving care for students and young adults in crisis. *CE Code: 215G*

## CBEMS Best Practice Competition

*Crystal A/B/C*

*Sponsored By National Outdoor Leadership School (NOLS)*

The NCEMSF Best Practice Competition highlights innovative and effective strategies in collegiate emergency medical services. Come watch your colleagues showcase successful protocols, training methods, and response strategies that enhance patient care, efficiency, and safety. Judged on impact, scalability, and sustainability, this competition fosters knowledge sharing and sets new standards for excellence in collegiate EMS. *CE Code: 215H*

## Roundtable: Training

*Laura Hanson, DO and Sophia Dhrolia*

*Madison*

For this roundtable discussion, NCEMSF Leadership will moderate conversations addressing training issues on college campuses. Discussion will revolve around building an EMS training program that is effective, long lasting, and influential. Learn from each other how to develop curricula, train on-scene, and create a standardized training module. *CE Code: 215I*

## Roundtable: Leveraging Your EMS Experience to Get the Job

*Kathryn Hilton, MPH*

*Monroe*

Collegiate EMS is a great line to have on your resume, but are you leveraging it to its fullest potential? Aside from a cool extracurricular, your time in EMS can provide you with key skills and work experience many employers are looking for in candidates. This may not be obvious to those reviewing your application, especially if you're pursuing a career in another field. Join your peers in a moderated roundtable discussion to share experiences, ask questions, and develop best practices for speaking to your EMS experience in job interviews regardless of the field or position. *CE Code: 215J*

## Skills: Spinal Protection in a Backcountry Setting

*James Wynn, Program Specialist*

*Van Buren*

Why do we need to protect the spine? Proper care of a patient with a suspected Spinal Injury could make the difference between a healable injury with full recovery, or a permanent injury with life-long consequences. In a wilderness setting, whether climbing, skiing or hiking, the potential is there for a spinal injury. While this occurrence may be rare, we still need to know what to do if and when that injury occurs. Our treatment for the patient with a suspected Spinal Injury is to safely package our patient and prepare for evacuation with the help of Search and Rescue or Emergency Medical Services. *CE Code: 215K*

## Skills: Ultrasound in EMS - Ultrasound-Guided IV Access

*Joshua Glick, MD, FACEP*

*Victory*

Have you struggled with getting reliable IV access on a patient? Sick enough to need medications, but don't really want to reach for an IO? We will cover the use of ultrasound to aid in placement of a peripheral IV. This technology has been a gamechanger in EDs across the country, and there is no reason that the skill set can't be applied in the pre-hospital setting, where IV access is often needed the most! *CE Code: 215L*

## Skills: Mini-Bushmaster at the NCEMSF Conference!

*J. Austin Cox, MD, LTC, USA*

*Pentagon I/II*

Bushmaster is the capstone learning experience for students at the Uniformed Services University. Held in the woods of central Pennsylvania over the course of five days, students stay in barracks and tents while engaging in medical simulation exercises. These exercises teach students medical teamwork while also helping them learn to lead themselves and one another through increasingly difficult adaptive medical challenges. These challenges require students to administer medical care while dealing with the resource constraints of an austere deployment environment. We are happy to bring a version of this Bushmaster training to the NCEMSF Conference. While with us, you will learn how to triage combat casualties, provide ATLS level care, and understand some of the principles in providing the best medicine possible in a resource constrained setting. *CE Code: 215M*

## 02:00 PM - 02:50 PM Workshop Session 8

### Epidemiology Intro: Mind the Gap Between P-Values and Patient Care

*Tatiana Snedeker, MPH, NREMT*

*Washington*

Evidence-based practice guides protocols and clinical decisions in collegiate EMS, yet research findings are often reduced to whether a result is "statistically significant." This session introduces core epidemiologic and statistical concepts using prehospital examples to show why statistical significance does not always equal clinical significance. We'll break down p-values, confidence intervals, effect sizes, bias, and risk, and discuss how small numerical differences can reach statistical significance without meaningfully changing patient care. The focus is on interpreting evidence in real-world EMS settings, where time, resources, and patient context matter, and applying research thoughtfully to protocol review, quality improvement, and on-scene decision making. *CE Code: 216A*

### How Stuff Works: EMS Edition

*Benjamin Potts, NRP*

*Wilson/Harrison/Jackson*

Every EMS provider knows how to interpret a non-invasive blood pressure reading clinically: 120/80 is ideal, too high or too low is bad. But why does the same automatic blood pressure monitor sometimes read 40/40? 200/210? How does your AED know that "no shock is advised" or your glucometer know a patient's blood glucose level is "LO"? This presentation will explain the basic underpinnings of the medical technology that each of us uses every shift, and touch on what to do when it goes awry. *CE Code: 216B*

### Shock Doesn't Have to be a Surprise: Managing Hypoperfusion

*James Dlutowski, NRP*

*Commonwealth*

Not every patient in shock is tachycardic and hypotensive, and occult shock kills. Luckily, obtaining a strong patient history and performing an expert physical exam can help reveal the culprit. In this program we review the types of shock and the various treatment modalities from epi-pens to blood products. *CE Code: 216C*

### Simulation According to Dollar General:

### High Fidelity Thinking, Dollar Store Budget

*Aiden Koplovsky, MBA*

*Lincoln*

This lecture based session focuses on delivering high-quality EMS simulation experiences without the high cost often associated with commercial products. Designed for educators, training officers, and simulation enthusiasts, this presentation highlights creative, low-cost solutions that support high quality learning in resource-limited environments. Attendees will learn how to build and utilize DIY training tools, incorporate technology such as 3D printing, and design effective scenarios even with limited personnel. Participants will leave with immediately applicable strategies and the inspiration to enhance their simulation program regardless of budget size. *CE Code: 216D*

## Little Patients, Big Problems - Responding to Pediatric Emergencies

*Matthew Harris*

*Monument View*

Pediatric patients comprise about 10% of all EMS activations, though are encountered less frequently in the Campus EMS setting. Encountering critical pediatric patients is even more infrequent, creating a challenge for EMS clinicians to obtain and maintain their skills in evaluating and managing pediatric patients. Using a narrative approach, we will discuss both common and high risk pediatric EMS counters, and strategies for maintaining competence and confidence in responding to pediatric emergencies at your institution or the community you serve. *CE Code: 216E*

## Dizzy, Blind, and Confused: A Guide to Posterior Circulation Strokes

*Timothy Harmon, MD*

*Capital View*

Posterior circulation and cerebellar strokes remain a challenging diagnosis for all medical providers, particularly in the pre-hospital setting. Benign and life-threatening conditions often present with strikingly similar symptoms, making early recognition difficult without advanced imaging. This presentation will review key posterior circulation anatomy and outline the characteristic presentations of patients with vision changes, vertigo, gait imbalance, and altered mentation. Participants will learn practical strategies to distinguish emergent from non-emergent conditions using targeted history-taking and high-yield physical exam maneuvers specific to posterior circulation pathology. Several real-world EMS case examples will reinforce red flags and clinical pearls, helping providers sharpen their suspicion for posterior circulation stroke and improve early recognition in the field. *CE Code: 216F*

## Sense and Sensitivity: Trauma-Informed Responses to Sexual Assault Calls

*Eric Garrison, MAEd, MSc*

*Potomac View*

Did you know that the first response to a sexual misconduct call is the most crucial step in the serpentine path from victim to survivor to thriver? Done poorly, your actions could hinder a victim from seeking further treatment or even justice. Yet when done well, your trauma-informed response could help contribute to the healing process and eventual flourishing. Wouldn't you like to know more about handling these delicate situations, so that everyone from the survivor to the EMS crew member feels more comfortable and less anxious? Eric will help you become aware of your own comfort levels and build on your current knowledge and training, so that you and your crew are prepared for that next SA call. Furthermore, Eric will discuss research within forensic sexology on the mind's response to trauma. *CE Code: 216G*

## Panel: Careers in Emergency Management

*Eric Pohl, MS, NRP*

*Liberty*

Emergency management is a growing field in the public and private sector, and the field needs candidates with leadership experience, analytical thinking skills, the ability to solve problems while under stress, and experience working collaboratively with others inside and outside one's organization. Collegiate EMS alumni are uniquely suited for jobs in this field. This panel discussion will feature three emergency managers representing several sectors: Joey Henderson, Director of the City of Baltimore Office of Emergency Management; Kate Murphy, Emergency Management and Preparedness Manager at the Metropolitan Washington Airports Authority; and Olivia SaoBento, Interim SOC Manager and Preparedness Trainer at the George Washington University Office of Emergency Management. *CE Code: 216H*

## Lightning Talk Session:

*Crystal A/B/C*

### Is the Scene Safe??? It Looks Safe?

*M. Carl Flesher, MSIS*

This fun session will give you a lasting mental imprint to survey a scene and stay safe during an operation. *CE Code: 216I*

## Special Field Skills and Considerations for Collegiate Dorm Response

*J. Dominic Singh, NRP, I/C*

Responses to college dormitories and off-campus housing can present some unique challenges not frequently seen in the typical residential environment. The goal of this lecture is to outline some of those unique challenges and share some techniques to mitigate them learned from years of response to that environment.

## The Hidden Dangers of Yes and No

*N. Alex Cutsumbis, MS, NRP*

Many aspects of EMS Education are taught with binary decision making. Is the scene safe... yes or no. Is the airway open... yes or no. When these choices are forced into a binary yes or no they can create biases and blind spots in how to think about and care for patients. Come explore how we can avoid these pitfalls.

## Roundtable: Recruitment and Retention

*Stephen J. Lanieri, Emily Locke, RN and Megan Thomas, NREMT*

*Madison*

This roundtable discussion will focus on recruitment and retention issues on college campuses. Share your struggles and successes with your colleagues and share innovative programs and how you implemented them on your campus. *CE Code: 216J*

## Roundtable: Pharmacy Management

*Jason Oberoi, MAOL, BSN, CEN, TCRN, CPEN, CFRN, NRP*

*Monroe*

Multiple squads will provide their methods and materials to pharmacy management. *CE Code: 216K*

## Skills: March into the Warm Zone. Trauma Care for the Severely Injured

*Gary Hecker, RN, CCRN, EMT-CC, CIC, NHDP-BC and Lori Hecker, EMT, CIC*

*Valor*

Response to mass-casualty events has demonstrated that a gap exists between the capabilities of prehospital trauma care and the needs of patients during these events. The military medical care arena has focused on tactical combat casualty care for several years. There is a need to bring the lessons learned from combat care into the civilian world. In this skill session, participants will get hands on practice of skills presented in the previously presented lecture. Skills include: wound packing, tourniquets, NPA's, Chest seals and pelvic binders. *CE Code: 216L*

## Skills: Wilderness Medicine

*Benjamin Neustein, MAT, Paramedic, CHSOS*

*Van Buren*

Clinicians of varying skill levels are often faced on and off duty with situations where they have limited resources, limited access, and multiple patients that may take different amounts, time, and levels of care. In an austere environment a person is faced with providing emergent and first response care for a patient or patients while being an hour or more away from definitive care and resources. In Wilderness Medicine one must learn how to utilize limited resources, triage, and make critical thinking-based decisions on how to care for a patient. In this scenario several hikers have fallen through the tree line and require assistance. *CE Code: 216M*

## Skills: Ultrasound in EMS - FAST

*Joshua Glick, MD, FACEP*

*Victory*

This session will allow for hands-on practice of the FAST exam using portable hand-held ultrasound machines. *CE Code: 216N*

## Skills: Mini-Bushmaster at the NCEMSF Conference!

*J. Austin Cox, MD, LTC, USA*

*Pentagon I/II*

Bushmaster is the capstone learning experience for students at the Uniformed Services University. Held in the woods of central Pennsylvania over the course of five days, students stay in barracks and tents while engaging in medical simulation exercises. These exercises teach students medical teamwork while also helping them learn to lead themselves and one another through increasingly difficult adaptive medical challenges. These challenges require students to administer medical care while dealing with the resource constraints of an austere deployment environment. We are happy to bring a version of this Bushmaster training to the NCEMSF Conference. While with us, you will learn how to triage combat casualties, provide ATLS level care, and understand some of the principles in providing the best medicine possible in a resource constrained setting. *CE Code: 216O*

## NCEMSF Poster Session Walk Rounds

*Lincoln Foyer*

Walk through the poster displays and listen as authors discuss their original campus EMS research and unique campus programs. Ask questions of the authors as they stand by their work. *CE Code: 216P*

**03:00 PM - 03:50 PM Workshop Session 9**

**Leveraging Artificial Intelligence to Modernize Orientation in Collegiate EMS**

*James Weber*

*Washington*

Collegiate EMS agencies face unique challenges in orienting new members-high turnover, inconsistent academic schedules, and limited administrative bandwidth often disrupt continuity. This session explores how Artificial Intelligence (AI) can modernize the tracking, communication, and management of orientation programs. Participants will learn how to integrate tools such as automated progress trackers, predictive analytics dashboards, and custom chatbots that provide on-demand information to new members. Emphasis will be placed on low-cost, scalable applications that any agency can adopt-ranging from chatbots built using Microsoft Copilot or Google Dialogflow to automated reminder systems linked to LMS or spreadsheet data. Ethical and operational considerations will also be discussed, including privacy, transparency, and the preservation of human mentorship. Attendees will leave with concrete strategies and sample workflows for implementing AI-enhanced onboarding systems that improve efficiency, engagement, and retention while preserving the personalized mentorship central to EMS education. *CE Code: 217A*

**When Campus EMS Meets Public Safety Broadband:**

**A FirstNet Partnership Case Study**

*Wilson/Harrison/Jackson*

*Charles Hardnett, MS, David Rodgers, EdD, NRP and Adhitya Balaji, NREMT*

This session examines how a collegiate EMS program leveraged a strategic partnership with the FirstNet Authority to implement advanced public safety communications and situational awareness technologies in a campus EMS environment. Using Intra Collegiate Emergency Medical Service at Indiana University (IC-EMS) as a case study, presenters focus on the practical deployment of FirstNet-enabled communications and the Team Awareness Kit (TAK) to support large-scale campus events, including Division I football games. The session highlights how FirstNet connectivity enabled real-time crew geolocation, asset tracking, and secure communications, as well as remote EKG transmission to medical control, improving operational coordination and clinical decision-making. Presenters emphasize the planning, eligibility navigation, interoperability considerations, and academic partnerships (including collaboration with IU RedLab) that made technology adoption possible. Rather than showcasing IC-EMS as an outlier, the session frames these implementations as replicable approaches for collegiate EMS agencies seeking to modernize operations through focused partnerships and mission-driven technology adoption. *CE Code: 217B*

**Lost in Transmission:**

**Fixing Radio Reports, Handoffs, and Other Conversational Disasters**

*Benjamin Abo, DO, Paramedic, EMTT, WP-C FAWM FAEEM*

*Commonwealth*

If you've ever given a beautifully detailed radio report only to hear, "Say again...?" or delivered an ED handoff while the receiving team continued their riveting conversation about lunch, this lecture is for you. EMS communication is supposed to save lives, not create interpretive puzzles for everyone involved. Yet providers often mix up radio-report goals, overload handoffs with irrelevant plot twists, or call medical control sounding like a contestant on a game show who's just run out of time. In this session, we'll break down why your message sometimes gets lost somewhere between your brain and the ED charge nurse's ears. We'll explore high-yield, low-drama communication frameworks (IMIST-AMBO, SBAR, SHERPA) that keep you from rambling, oversharing, or inventing a short novella during patient turnover. We'll dissect the difference between "horizontal" (handoff) and "vertical" (medical control) communication so you stop giving the wrong speech to the wrong audience. You'll leave with clear, tactical, evidence-based tools to make every report short, sharp, and impossible to ignore. In other words: communication so solid that even the busiest ED won't wander off mid-sentence. *CE Code: 217C*

**The Base of Life Support: Rebuilding EMS from the Foundation Up**

*Nicholas Izzo, NREMT-B*

*Lincoln*

Emergency Medical Services (EMS) has evolved significantly since the mid-20th century, transitioning from a loosely organized transport system to a structured, medically driven profession. As advanced life support (ALS) capabilities expanded and dispatch systems prioritized paramedic response, many agencies began to equate higher certification with greater value. This shift unintentionally devalued Basic Life Support (BLS) providers and reduced their exposure to meaningful field experience. Emerging workforce data and studies on EMS culture indicate that certification-based hierarchies contribute to lower confidence, higher turnover, and limited professional development among EMTs. At the same time, research shows that most critical prehospital interventions-such as hemorrhage control, airway positioning, CPR, defibrillation, and stroke recognition-are performed at the BLS level and often determine patient outcomes before ALS interventions can be initiated.

Rebalancing deployment models to emphasize BLS capability is not a step backward, but a strategic correction. As EMS systems continue to advance, restoring respect, training, and autonomy at the foundational level is essential to long-term sustainability and clinical effectiveness. *CE Code: 217D*

## EMS Suicide

*Craig Evans, MEd, Paramedic*

*Monument View*

This class will empower EMS professionals to confidently address and assess suicide risk in the context of emergency care. Participants will learn strategies to normalize conversations about suicide and reduce stigma surrounding mental health within clinical encounters and personal interactions. The session will introduce validated suicide risk assessment tools and facilitate self-reflection on personal risk, promoting mental wellness among practitioners. Attendees will explore the current landscape of suicide risk assessment in EMS and develop skills for discussing suicidal ideation and prevention with patients, peers, and family members. By the end of the session, participants will be equipped to foster open dialogue, conduct risk assessments accurately, and support suicide prevention efforts within their communities and professional environments. *CE Code: 217E*

## The Initial Obstetric Exam

*Jay Rodriguez*

*Capital View*

LMP, EDD, EGA, and who the heck is Naegele? Do you know the language of obstetrics? Giving a concise and technically accurate report is a hallmark of any EMS call. However when your patient is pregnant it is surprisingly easy for technical accuracy and terminology to go right out the window. Come learn the terminology and basic assessments needed to not only properly assess your pregnant patient but also give a technically accurate report utilizing terminology even the newest L&D nurse will understand! *CE Code: 217F*

## We've MARCHED to a New Beat: Initial Trauma Assessment and Resuscitation

*Jacob Miller, DNP, NP, CNS, NRP, FAEN, FAEMS*

*Potomac View*

Many EMS and trauma courses still teach the "ABCD" approach to trauma assessment, despite evidence (in both medical and trauma literature) that "A" might not be the most important first step. This presentation introduces the "MARCH" mnemonic for primary trauma survey used in the military for over a decade and recently adopted in the 2022 National Model EMS Clinical Guidelines, as well as evidence-based interventions to mitigate imminent life threats identified during the MARCH survey. *CE Code: 217G*

## Panel: Pre-Med

*Zachary Matuzsan, DO*

*Liberty*

Many NCEM staff and supporters have gone on to careers in the medical field as physicians. In this panel-style discussion, the panelists will talk about how their own experiences as a collegiate EMS provider prepared them for medical school and beyond. Attendees will have ample time for Q&A to gain better insights in the physician career path. *CE Code: 217H*

## Lightning Talk Session:

*Crystal A/B/C*

### Reflecting on Your Experience: 55 Word Stories

*Lily Nong, NRP*

What do we do when we have a tough call? Followed by another tough call? And another one? In the busy climate of collegiate EMS, providers often have very little time to process their calls and the emotions that lie behind them. The 55 word story, an introduction to narrative medicine, provides a timely yet effective way for students to share their experiences. *CE Code: 217I*

## After-Incident Care Standards for Pre-hospital Clinicians

*Grace Lu and Zainab Iftikhar*

Join for a 15-minute, stakeholder discussion about which after-incident care practices for EMS responders exist, should exist, or need to be further developed within our CBEMS agencies. Understand current research advising institutional PTS-I management and support for student pre-hospital clinicians who experience high-acuity patient encounters. Learn how to bring this conversation to your respective CBEMS agency for potential workshopping & development. All audience members are invited to listen in and/or participate further in the development of care standards within CBEMS agencies.

## Stronger Together: The Value of Teams in Collegiate EMS

*George J. Koenig, Jr, DO, NCEMSF President*

Collegiate Emergency Medical Services (EMS) rely on high-functioning teams to deliver timely, safe, and effective care in dynamic campus environments. Team-based structures enhance clinical performance, communication, and operational efficiency while supporting responder well-being and retention. Collaborative training, shared leadership, and mutual accountability foster resilience and adaptability during high-acuity and high-stress incidents. Additionally, teamwork promotes experiential learning and professional development, preparing students for future healthcare and public safety roles. Investing in team cohesion and structured collaboration strengthens patient outcomes, organizational sustainability, and the overall effectiveness of collegiate EMS systems.

### Roundtable: Fundraising and Financing

*Madison*

*Matthew D. Ricci, MPA, EMT-B, Joseph Mendes, BS, AEMT and Kris Kurtz, NRAEMT, EMD*

For this roundtable discussion, NCEMSF Leadership will moderate a conversation addressing financing and budgeting for campus-based EMS, with a particular focus on fundraising opportunities and strategies. *CE Code: 217J*

### Roundtable: Emergency Management

*Eric Pohl, MS, NRP*

*Monroe*

During this roundtable, NCEMSF Leadership will moderate a discussion about campus preparedness focusing on the basic principles and phases of emergency management, the critical role for collegiate EMS, and how to get involved in the whole process, including information about NCEMSF's EMS Ready Campus. *CE Code: 217K*

### Skills: March into the Warm Zone: Trauma Care for Severely Injured (2)

*Gary Hecker, RN, CCRN, EMT-CC, CIC, NHDP-BC and Lori Hecker, EMT, CIC*

*Valor*

Response to mass-casualty events has demonstrated that a gap exists between the capabilities of prehospital trauma care and the needs of patients during these events. The military medical care arena has focused on tactical combat casualty care for several years. There is a need to bring the lessons learned from combat care into the civilian world. In this skill session, participants will get hands on practice of skills presented in the previously presented lecture. Skills include: wound packing, tourniquets, NPA's, Chest seals and pelvic binders. *CE Code: 217L*

### Skills: Going Beyond Falls and Alcohol Calls

*Joshua Bishop, MA, EMT-B*

*Van Buren*

The goal of this hands-on session is to provide responders with scenarios outside the general scope of collegiate EMS squads. Responders will be presented with incidents that require them to work through hazard recognition skills as well as in depth patient assessments to get to the root cause of what has occurred. Responders will work individually or as a member of a team to "speak treat" injuries and identify the need for additional resources. *CE Code: 217M*

### Skills: This is a Drill: A College Campus MCI Tabletop Exercise

*John Jermyn, MS, NREMT*

*Victory*

Have you had the opportunity to participate in a disaster exercise or drill? Here's your chance to become a player in a tabletop exercise! The purpose of a tabletop exercise is for emergency personnel to discuss simulated scenarios, decide on appropriate response actions, assess plans, policies, and procedures and develop lessons learned from the exercise to improve future outcomes. The goal of this tabletop is to introduce a stressor by creating a complex scenario which forces players (participants) to think quickly about their response to the ongoing incident and then to identify any gaps to create improvements in future planning and response to real-life situations. During this tabletop exercise you will be presented with an emergency scenario with ongoing event injects. You will work together with fellow EMS crewmembers attending this session to identify what your actions and decisions would be as if you were on the scene of the job. This discussion-based exercise will conclude with a group hot wash for players to share their thoughts on the exercise and to discuss positive and negative feedback on their performance. Both strengths and gaps (lessons learned) will be used to improve future response outcomes. *CE Code: 217N*

## Skills: Mini-Bushmaster at the NCEMSF Conference!

*J. Austin Cox, MD, LTC, USA*

*Pentagon I/II*

Bushmaster is the capstone learning experience for students at the Uniformed Services University. Held in the woods of central Pennsylvania over the course of five days, students stay in barracks and tents while engaging in medical simulation exercises. These exercises teach students medical teamwork while also helping them learn to lead themselves and one another through increasingly difficult adaptive medical challenges. These challenges require students to administer medical care while dealing with the resource constraints of an austere deployment environment. We are happy to bring a version of this Bushmaster training to the NCEMSF Conference. While with us, you will learn how to triage combat casualties, provide ATLS level care, and understand some of the principles in providing the best medicine possible in a resource constrained setting. *CE Code: 2170*

### 03:50 PM - 04:05 PM *Snack Break*

Take a brief break, grab a cookie, and recharge. More learning ahead!

### 04:05 PM - 04:55 PM *Workshop Session 10*

#### Mental Health Crisis - I'm Not Okay

*Tim Hite, Paramedic*

*Washington*

From an early age, inspired by my parents' dedication as first responders, I aspired to serve in emergency services. However, I was unprepared for the profound psychological and physical toll this path would take. After a decade as a soldier and first responder, I reached a point where I contemplated ending my life. In this presentation, I will share my journey from seeking help in my darkest moments to becoming someone who now assists others in crisis. This narrative aims to provide both an emotional insight and educational perspective on the challenges faced by veterans and first responders, as well as the pathways to healing and resilience. *CE Code: 218A*

#### Collegiate Critical Care

*Jason Oberoi, MAOL, BSN, CEN, TCRN, CPEN, CFRN, NRP*

*Wilson/Harrison/Jackson*

This session will review tips, advice, and the reality of operating a critical care program in a collegiate EMS program. *CE Code: 218B*

#### Pills, Potions, and Real-World Reactions

*Keshav Reddy, NREMT*

*Commonwealth*

Have you ever arrived on scene only to find that the patient or their friends have no idea what drugs were taken, or you're hearing about a substance you've never encountered before? This presentation is designed to help collegiate EMS providers identify and respond to common drug-related emergencies on campus. We'll cover both illicit and prescription substances, highlighting the signs and symptoms of each, as well as prehospital treatment options and hospital care protocols. By the end, you'll have a clearer understanding of how to manage these situations with confidence. Additionally, we'll explore data from a national toxicology study to help you stay informed about current drug trends and emerging substances. *CE Code: 218C*

#### OSHA and EAP Plans

*M. Carl Flesher, MSIS*

*Lincoln*

Based on OSHA guidelines, attendees will learn the basic elements of an Emergency Action Plan. Using a floor plan and list of employees, attendees will build a fire EAP for a bar/rock club. Participants will see EAP failures and successes taken right out of the headlines. BE PREPARED. *CE Code: 218D*

#### Pediatric Fear Factor

*Garret Shields, NRP, FP-C, VA-EC*

*Monument View*

As EMS providers, we are trained to handle the most critical emergencies, whether it's a 67-year-old male with chest pain, a 72-year-old female experiencing a stroke, or a 65-year-old in cardiac arrest. We often respond to these calls calmly and continue our shift. However, nothing induces more fear and anxiety than a pediatric call. Initial training often limits pediatric care to just a few chapters in a textbook, and continuing education can sometimes be reduced to a quick merit badge course, leaving significant gaps in pediatric knowledge and decreasing our preparedness to care for children. This results in increased stress, a higher likelihood of mistakes, and the instinct to leave the scene quickly before even arriving. This session will cover how to approach pediatric calls in the same way we respond to adult calls, helping providers get into the right mindset

when dealing with children and shifting how we think. We will discuss some of the most common fears, myths, and misconceptions about pediatric care in EMS so that fear won't be a factor for you! *CE Code: 218E*

## Medicine on Ice

*C Lombardi, RN*

*Capital View*

This presentation offers an inside look at the U.S. Antarctic Program and the medical capabilities of the McMurdo Station clinic from the perspective of a flight nurse who spent a six-month season on the ice. Through real-world cases, attendees will explore how trauma, medical emergencies, and occupational injuries are managed when definitive care is separated by thousands of miles. The talk highlights the clinical, logistical, and environmental challenges unique to Antarctica. Lessons learned translate directly to EMS practice in austere, delayed-transport, and high-consequence settings. *CE Code: 218F*

## LGBT+ Affirming Care in EMS

*Delaney Kenyon, NREMT, WEMT, FFT2*

*Potomac View*

LGBT+ patients have had and will always have emergencies, and EMTs and paramedics will always be essential in their treatment. Most EMTs and paramedics, however, have not been properly trained on how to appropriately and respectfully assess queer and gender-diverse patients, which has led to significant disparities in care and community distrust. How should you ask a patient about anatomy? How should you document it? How can you ask the questions you need to ask to help this patient while being respectful? Learn what the difference is between biological sex and gender, how it applies to patient care, and what we can do as providers to help these patients feel safe, cared for, and affirmed when they call 911. *CE Code: 218G*

## Roundtable: Let's Talk About Sex: Taking Patient-Centered Sexual History

*Eric Garrison, MAEd, MSc*

*Madison*

Whether for your current role in collegiate EMS or later as a healthcare provider, this hands-on workshop will teach you the requisite skills to acquire a useful sexual history from even the shyest of patients. Having earned the nickname at the University of London as the "Sherlock Holmes of Sexual History Taking," Eric has provided this training from the CDC to Oxford University to Johns Hopkins School of Medicine - and to countless medical and nursing schools, STI clinics, student health centers, and hospitals in between. *CE Code: 218H*

## Roundtable: Engaging Your Alumni Network

*Joshua Glick, MD, FACEP*

*Monroe*

This discussion will focus on sharing ideas to lay the foundation for and build an alumni organization after graduation. Keeping collegiate EMS members in touch far beyond the graduation date is just as important for the group as building the EMS organization in itself. Be prepared to share ideas, generate suggestions and learn from other alumni in what works and what doesn't when it comes to laying the groundwork for a successful alumni group. *CE Code: 218I*

## Skills: Nitty Gritty ACLS

*Sheila Elliott, MS, Paramedic*

*Valor*

Whether you are an EMT or Paramedic, you will leave this presentation with confidence, recognizing the 7 main rhythms and cardiac drugs that correlate with the ACLS algorithms in a "Nitty Gritty" style. The algorithms are presented in a fun, creative and entertaining format. During the Hands-On Skills Sessions, students will be divided into groups to practice mega-codes. NO STRESS, ACLS! *CE Code: 218J*

## Skills: Simulation Design for the EMS Educator

*Jeffrey Katz, MD, NRP*

*Victory*

Simulation-based education has become a cornerstone of effective EMS training, offering a safe and controlled environment to develop both technical and non-technical skills. This session will introduce EMS educators to the essential components of designing and delivering high-quality simulation experiences for their learners. Participants will explore key principles of simulation-based education, including how to establish clear learning objectives, design realistic and appropriately challenging scenarios, and create a supportive learning environment. The session will review best practices for running a simulation, such as pre-briefing, maintaining realism, and managing logistics. Particular emphasis will be placed on the critical role of debriefing, highlighting evidence-based debriefing models such as PEARLS, GAS, and Plus-Delta to promote reflective learning and performance improvement. Participants will work in small groups to design and administer their own simulation scenarios. Attendees will gain practical skills and confidence in using simulation as an educational tool to foster a culture of safety, teamwork, and continuous improvement. *CE Code: 218K*

## Skills: Mini-Bushmaster at the NCEMSF Conference! (4)

*J. Austin Cox, MD, LTC, USA*

*Pentagon I/II*

Bushmaster is the capstone learning experience for students at the Uniformed Services University. Held in the woods of central Pennsylvania over the course of five days, students stay in barracks and tents while engaging in medical simulation exercises. These exercises teach students medical teamwork while also helping them learn to lead themselves and one another through increasingly difficult adaptive medical challenges. These challenges require students to administer medical care while dealing with the resource constraints of an austere deployment environment. We are happy to bring a version of this Bushmaster training to the NCEMSF Conference. While with us, you will learn how to triage combat casualties, provide ATLS level care, and understand some of the principles in providing the best medicine possible in a resource constrained setting. *CE Code: 218L*

## 05:00 PM - 06:00 PM Major John P. Pryor, MD Memorial Lecture

*Sponsored By United States Army Medical Recruiting Battallion*

### From Founders to Future: Leading EMS into the AI Era

*Donnie Woodyard, MAML, NRP*

*Crystal A/B/C*

Collegiate EMTs and paramedics are entering EMS at a technological inflection point that will redefine every element of emergency care. The pioneers who created modern EMS transformed medicine by questioning norms, embracing tools that did not yet exist, and refusing to accept preventable suffering as inevitable. Today's emerging clinicians stand at that same crossroads, facing changes that are larger and moving faster than anything in EMS history. This presentation will connect EMS's founding leadership principles to the disruptive technologies rapidly moving into frontline reality. AI-driven documentation, real-time clinical decision support, autonomous ground vehicles, telemedicine-enabled drones, and the first generation of VTOL aircraft designed for EMS response are no longer future ideas, they are technologies already in testing or early adoption across the United States. These innovations are reshaping response models, clinical expectations, rural access, workforce mobility, and the very definition of EMS practice. For new EMS clinicians, you are entering EMS at the moment when long-standing challenges can finally be solved. The next decade will bring new tools to expand access to care and reimagine deployment models. These opportunities will only be realized if new leaders embrace innovation, challenge assumptions, and step forward as the next architects of EMS. *CE Code: 219A*

## 06:00 PM - 07:00 PM NCEMSF Business Meeting and Awards Presentation

### NCEMSF Business Meeting and Awards Presentation

*Crystal A/B/C*

Learn how the Foundation continues to grow and mature, where the Foundation is heading and how you can participate. Learn how NCEMSF can better serve you through all of its various programs and member benefits. Includes brief introductions and reports from the NCEMSF Executive Officers, Division Coordinators and Committee Chair-people followed by the annual awards ceremony. NCEMSF recognizes outstanding efforts made by individuals and organizations through its awards program. The winners of the Stryker EMS Skills Classic, Stryker CPR Challenge, and NCEMSF Best Practice will be announced. New additions to NCEMSF's MERIT, HEARTSafe Campus and EMS Ready Campus Programs will also be acknowledged. Campus EMS providers who have participated directly in a CPR save over the past year will be commended. Awards for Richard W. Vomacka Student Speaker Competition Collegiate, EMS Research Award, Collegiate EMS Week Celebration of the Year, Collegiate EMS Video of the Year, Collegiate EMS Community Engagement Program of the Year, Collegiate EMS Advisor of the Year, Collegiate EMS Provider of the Year, Collegiate EMS Organization of the Year, and George J. Koenig, Jr, DO NCEMSF Service Award will all be presented.

## 07:00 PM - 08:30 PM Alumni Mixer and Networking Event

*Monument View*

Campus EMS Alumni are invited to join NCEMSF leadership for the alumni mixer. Reminisce with old friends and catch up on happenings since graduation. Network with our accomplished group of speakers (a significant number also alumni) and exhibitors. Conference badge with "Alumni" designation and proper ID required.

## 07:00 PM

### *Dinner and Evening Activities*

After a long day, it's time to unwind and eat! Venture out and explore the city - try one of the many restaurants around. Consider pairing up with another squad and eating together and continuing conversations from earlier in the day. After dinner, there is plenty to do! Stay out and enjoy Arlington/Washington DC or return to the party at Club NCEMSF and Casino! The hotel is running a shuttle to bypass the closed Metro station.

**10:00 PM - 02:00 AM *Club NCEMSF and Casino***

*Crystal A/B/C/D/E*

Join the party at the NCEMSF Club and Casino! No need to congregate in the halls or cram large groups into a small hotel room, when you return to the hotel from dinner, join the rest of your fellow collegiate EMS providers and "gamble", dance and sing the night away with our live DJ. Try your hand at beating the NCEMSF house at your favorite casino games including Black Jack, Poker, Craps, Roulette, etc...Prizes are available including a plethora of EMS supplies. No worries, there is no penalty for losing and no real money will be exchanged. Play risk free! At the end of the evening, cash your chips out for a chance at winning big. The casino will close at 1:00 am, but the music will continue until 2:00 am, and the room will remain open for an additional while as a place to congregate without disturbing other hotel guests. Please utilize this space. Light refreshments will be served.

## Sunday, February 22, 2026

### 07:30 AM - 08:30 AM *Continental Breakfast*

Join your fellow attendees for coffee and light items to start your day!

### 08:00 AM - 08:50 AM *Workshop Session 11 - Young Alumni Speaker Series*

#### Leadership Development:

#### Because You Can't Treat Everything with Oxygen and a Blanket

*Olivia SaoBento, MPH*

*Washington*

Collegiate EMS (CEMS) members take on challenging clinical and leadership roles-often at the same time and with little formal preparation. Whether responding to emergencies, supervising peers, or managing agency operations, student leaders navigate unique pressures that differ from those in traditional EMS systems. This session focuses on practical, achievable strategies to help students grow as leaders within a collegiate EMS setting. We will break down the core skills that make Collegiate EMS leaders effective, explore the common obstacles created by quick turnover and academic schedules, and share real-world tools and approaches used by successful student-run agencies across the country. *CE Code: 311A*

#### High Altitude EMS: Managing Illness, Injury, and Environment

*Katrina Guterman, NRP*

*Wilson/Harrison/Jackson*

Working in high-altitude environments presents unique challenges for EMS providers. How does the reduced oxygen at elevation affect both our patients and our own performance? Can we always tell if a headache, shortness of breath, or altered mental status is altitude-related or something else entirely? This presentation will review the physiologic effects of high altitude, explore how both medical and traumatic emergencies may present differently at elevation, and highlight the unique challenges EMS providers face when working outside their usual environment. Practical strategies will be discussed, including supplemental oxygen use, decision-making for transport and destination choice, and the role of rapid descent in both medical and trauma care. Case studies will be used to illustrate how altitude-related emergencies can masquerade as routine calls, emphasizing the importance of strong assessment skills and clinical judgment. Topics will be applicable to both BLS and ALS providers. *CE Code: 311B*

#### Helping MEMAW: Collegiate Approaches to Geriatric Care

*Dalton Kruppenbacher*

*Commonwealth*

Americans over the age of 65 make up approximately 57.8 million persons in the population (17.3 percent). With the U.S. geriatric population growing at its fastest rate since the 1880's, are you equipped to handle a geriatric emergency on your campus? Join us for a discussion around handling patient encounters in a patient population that might be outside of your campus agency's average age group. In our discussion, we will review key population differences and healthcare needs for persons over the age of 65, discuss differences in working with Assisted Living/Skilled Nursing Facilities, and learn an approach to determine underlying causes for falls/"lift assists", which make up a substantial utilization for EMS resources. We will also review patient ethics with regard to honoring their wishes through DNR/MOLST forms. *CE Code: 311C*

#### Beyond the Call: The Power of Trauma-Informed Collegiate EMS

*Ellika Greaves, BHSc, EMR*

*Lincoln*

Trauma-informed care is increasingly recognized as essential in prehospital settings, particularly within collegiate EMS, where responders assist peers in times of acute vulnerability. Following a pivotal patient encounter on McMaster University's Emergency First Response Team (EFRT), gaps in the team's response to healthcare-related trauma were noted. This led to the development and implementation of a formal trauma-informed care curriculum in 2024. Through theoretical insights and practical tools, we explore how collegiate EMS programs can leverage their position as peer responders to implement trauma-informed practices effectively, thereby improving patient outcomes and supporting responder well-being. We begin with an anecdote demonstrating the importance of a responder's approach to patients with trauma. The principles of safety, trust, empowerment and collaboration are introduced, with a focus on their importance in prehospital care. We then explore the trauma-informed care framework implemented on EFRT, with its core tenets of recognition, reassurance, and resisting re-traumatization. Recognizing the dual impact of EMS work on student responders, we provide tools for building resilience and easing the emotional toll of witnessing trauma. *CE Code: 311D*

## We're Done Here: Understanding Patient Refusal

*Kris Kurtz, NRAEMT, EMD*

*Monument View*

What happens when a patient doesn't want our help anymore? Patient refusal calls can be exhausting for the new EMT, requiring the delicate balance of provider judgement and patient rights. And in the environment where multiple parties are involved in the disposition of the patient, the lead provider has a difficult decision to make. This lecture helps collegiate providers understand and simplify the numerous considerations that go into a patient refusal in a college setting. *CE Code: 311E*

## Search and Rescue Lifeguards in California State Parks

*Brady Bennigson*

*Capital View*

Wilderness search and rescue is an art of preparing for the unknown. With limited resources, difficult communication, and hazardous environments calls are by nature lengthy, complex, and dangerous to responders. At California State Parks, lifeguards fill this nuanced role by training for rescues in the most beautiful yet dangerous parts of California. This session will introduce participants to the mission, scope, and unique challenges of first responders in wilderness and aquatic environments with an emphasis on the EMS role. Attendees will understand the flow of multiagency search and rescue operations, gain a familiarity with common equipment and communication between responders from different agencies (ICS!), and learn how EMS integrates into search and rescue teams. Bring your hiking boots and a swimsuit! *CE Code: 311F*

## That's Snow Joke: A Look Into the Infamous 2025 Mount Everest Rescue

*Sarah Scheck, NRP, EMS-I*

*Potomac View*

Ready to scale new heights of humor? To "summit" all up, in early October 2025, around 300 guides and 580 trekkers were trapped at a Mount Everest base camp, located at around 16,000 feet. A rescue operation to save nearly 1000 souls requires a ton of resources. Add in the adverse conditions, such as weather emergencies, altitude and terrain, you enter a whole different ball game. Together, we will investigate strategies for rescue, coordination and treatment of environmental/altitude emergencies in an austere environment. With nearly everyone taken to safety, we will also discuss how general preparedness prevented a larger catastrophe. *CE Code: 311G*

## Skills: The Obstetric Abdominal Exam (4 hours)

*Jay Rodriguez*

*Pentagon I/II*

You have a pregnant woman in the back of your unit: what information do you want to know? More importantly, what information do you need to know? Chances are, you may not be sure how to answer either of these questions because it simply isn't taught in school. Do you know how to accurately calculate an estimated due date or gestational age? Do you know how to document a pregnancy and birth record outside of gravida, para, ab? Do you know how to examine her abdomen or auscultate for a fetal heart rate? Knowing what to ask, what to look for and how to interpret that information could not only point you towards the underlying issue your patient is having, but it could also save both of their lives! Come and listen to an experienced Paramedic turned Birth and Postpartum Doula teach you how to not only answer those questions and do those assessments, but then get to practice that assessment on a live pregnant patient! *CE Code: 311H, I, J, K*

## 09:00 AM - 09:50 AM Workshop Session 12

### Mama Mia: Recognition and Intervention of Obstetrical Emergencies

*Katherine Koontz, EMT*

*Washington*

In the US, rates of maternal morbidity and mortality continue to be significantly higher than any other developed country. While perhaps not obviously a particularly common call on a collegiate campus, it is important that EMS providers know how to assess pregnant and newly postpartum women for potentially devastating conditions or complications. Being able to properly notify the receiving hospital, and knowing what information to include in a report, can be vital in expediting patient care and improving patient outcomes. Come learn and become more comfortable managing peripartum emergencies. *CE Code: 312A*

## Large Event EMS Planning in Resource Limited Systems

*Matthew Heindricks and Jacob Wierer and Evan McAndrews*

*Wilson/Harrison/Jackson*

This course will review the planning and management considerations for large event EMS standbys in regions with limited EMS and hospital resources, through a case study of the EMS response to the Virginia Tech event hosting Metallica and over 70,000 fans in May 2025. *CE Code: 312B*

## No Drugs? No Problem: BLS Pain Management

*Gabriela Rifkind, AEMT-Paramedic*

*Commonwealth*

As EMS providers we are confronted with patients in pain on a regular basis whether from trauma or medical conditions. There are a variety of things that BLS providers can do that can help alleviate or manage our patients' pain. This session will explore and grow the BLS pain management tool box. Specifically, we will cover various methods of positioning and splinting for a number of different painful complaints including traumatic injuries, abdominal pain, back pain, and migraines. We will also discuss the use of ice, heat, and distraction to reduce discomfort. Additionally, we will briefly review how BLS pain management techniques can augment pharmacological pain management when ALS is available. *CE Code: 312C*

## EMS Physician Extenders: What You Could be Doing After Graduation?

*Stephen Gerber, MSN, MSHS, APRN, NRP*

*Lincoln*

EMS advanced practice providers (APPs) play an integral part of the delivery of services in many EMS agencies. Until recently most Physician Assistants and Nurse Practitioners working in EMS were limited to extending the capabilities of the community paramedic. This talk will expound on the various positions that APPs can hold within an EMS agency including a review of The National Association of EMS Physicians position statement on APPs in EMS. We will talk about why we need experienced, college-educated, EMS professionals to take on these roles as physician extenders and how to get there. *CE Code: 312D*

## Embrace the BS - Basic Stuff

*Natalie Schwarzwald*

*Monument View*

Advanced life support often draws the spotlight, but the reality is that basic life support forms the true foundation of emergency care. Without strong BLS, ALS measures are ineffective at best and harmful at worst. In collegiate EMS, where providers are almost exclusively EMTs, understanding the primacy of BLS is critical-not only for patient outcomes, but also for preparing future clinicians for advanced training in medicine, paramedicine, nursing and beyond. *CE Code: 312E*

## Train Smarter, Not Harder: AI in Targeted EMS Training

*Gabriel Kanter-Goodell*

*Capital View*

AI isn't just for cheating on your assignments. It's becoming the future not only of how we learn, but also of how we teach. In EMS education, AI offers new ways to streamline scenario development, tailor content to actual performance gaps, and make training more dynamic, data-driven, and responsive to real-world needs. This session explores how artificial intelligence can support EMS instructors by generating realistic scenarios, analyzing data, and integrating internal QA data or skill gap reports. All of this can be built around your own data, making your training more relevant, focused, and high-impact. We'll also look at the limitations: accuracy concerns, ethical implications, and the need to stay HIPAA-compliant when working with sensitive information. Time savings are a bonus; better training is the goal. *CE Code: 312F*

## When Oxygen Isn't Enough:

### Physiology-Driven CPAP Use in Prehospital Respiratory Emergencies

*Griffin Smolar, NRAEMT*

*Potomac View*

Acute respiratory distress is a common and high-risk presentation encountered by emergency medical services, particularly in acute cardiogenic pulmonary edema and chronic obstructive pulmonary disease exacerbations. The prehospital setting represents a critical window in which early intervention can significantly influence patient outcomes. Continuous positive airway pressure (CPAP) is a noninvasive ventilatory strategy that improves oxygenation, reduces work of breathing, and may prevent progression to respiratory failure when applied early. This presentation examines the physiologic mechanisms underlying CPAP, including alveolar recruitment, improved ventilation-perfusion matching, and beneficial cardiopulmonary hemodynamic effects. Current evidence supporting prehospital CPAP use is reviewed. Clinical indications, contraindications, and common pitfalls relevant to the prehospital environment are discussed to guide appropriate patient selection and safe application. *CE Code: 312G*

## Roundtable: Administrator/Advisor/Medical Director

*Joshua A. Marks, MD, FACS, FCCM and Scott C. Savett, PhD*

*Madison*

In this roundtable dedicated to campus administrators, EMS advisors and medical directors present, NCEMSF Leadership will continue discussing concerns of university officials and address issues that they may be facing on their campuses. Meet your fellow university administrators, advisors and medical directors in attendance. *CE Code: 312H*

## Roundtable: Inside the Journal of Collegiate EMS

*Jacob Denton, MD*

*Monroe*

Meet the Team behind The Journal of Collegiate EMS (JCEMS), the official peer-reviewed journal of NCEMSF. Through an inside look at the operations of JCEMS and a lively Q&A session, we will tackle the following questions and more: How do I get involved in EMS research? How do I publish a manuscript in JCEMS? What is peer review? What opportunities are there to serve as an editor or reviewer? I'm interested in journalism, business management, marketing, or design...how can I join the team? At the end of the session, you will be on track to prepare a scholarly publication or to serve as a leader of a growing EMS journal! *CE Code: 312I*

## Skills: Management Of Aggressive Behaviors (MOAB)

*M. Carl Flesher, BS, MSIS*

*Valor*

In EMT class the extent of scene safety is looking quickly around the room and saying the scene is safe. If you think that's sufficient don't attend this class. If you want to be ready to handle upset patients and family, this session will set you on the patio success for these difficult encounters. You will learn how to more safely approach, speak to and de-escalate anxious, angry and potentially violent patients. Be ready for hands-on participation and experience. *CE Code: 312J*

## Skills: Hemorrhage Control - Beyond Stop the Bleed

*Jeffrey Huggins, BS, NRP, CEM and Todd Tracey, BS, EMT*

*Victory*

EMS clinicians show up on a citizen's worst day expected to calm the chaos. According to the National Trauma Institute, a traumatic injury, hemorrhage, or major loss of blood, is responsible for over 35 percent of pre-hospital deaths and over 40 percent of deaths that occur within the first 24 hours. This training session will give you a hands-on opportunity to learn proper hemorrhage control techniques - from tourniquets, to hemostatic agents, to wound packing. We'll cover the current research on hemorrhage control, and how we can use evidence based medicine to do right by our patients. *CE Code: 312K*

## 10:00 AM - 10:50 AM Workshop Session 13

### The HOTT Trauma Code

*Ari Sanders, AEMT-P, FP-C, CCP-C, C-NPT*

*Washington*

In our initial and continuing education we spend a lot of time on cardiac arrest, and a lot of time on trauma, but rarely do we discuss their intersection. How should we handle a pulseless trauma patient? We will discuss the HOTT mnemonic for treatable causes, as well as discuss how to integrate our CPR/ACLS and trauma algorithms. We will discuss the physiology of traumatic arrest and what tools we have to treat it at both the BLS and ALS levels. *CE Code: 313A*

### Therapy Dogs and First Responders

*Sarah Soergel, NREMT-P*

*Wilson/Harrison/Jackson*

Who doesn't love petting a playful pup? But did you know that just by petting a dog, you can improve your physical and mental health? This session will look at the physical and psychological health benefits therapy dogs can provide to first responders and why they should be considered as a tool for debriefings and mental health support. They are more than "man's best friend"; they are four-legged friends that won't judge your Spotify playlist and will work for steak and a belly rub. *CE Code: 313B*

### Are We Teaching the Wrong Things?

*N. Alex Cutsumbis, MS, NRP*

*Commonwealth*

EMS is steeped in tradition and has struggled to evolve into evidence based practices. This lecture will look at two skills in which current evidence has shown minimal benefit to patients. Spinal motion restriction (SMR) and traction splint application have been bedrock EMT skills for many years, come see if these skills will continue to have a place in EMS practice. *CE Code: 313C*

### Collegiate EMS: Significant Partners in Campus Public Health

*Lisa Basgall*

*Lincoln*

Campus EMS responders frequently respond to emergencies called in by fellow students. Many calls relate to powder puff sports, exam stress, and alcohol consumption. Staying sharp to be able to handle all types of emergencies is essential, and regularly welcoming new members and developing team competency takes time. Campus EMS has another significant but less visible role in both responding to public health emergencies, and being proactive with evidence-based proposals about policies and practices to improve health on campus. How

many scooter and e-bike accidents routinely occur on campus> Are there any actions that may help improve outcomes for intoxicated patients? What are the response procedures for suspected norovirus? This presentation will offer action steps to improve individual EMS practitioners awareness and role in promoting public health, and propose steps for EMS leaders to step up in meaningful, actionable ways, improving campus partnerships. *CE Code: 313D*

## Scene Safety, EMS-Police Co-Response, and Alternatives

*Sarah Torzone, EMT-P*

*Monument View*

Emergency Medical Services (EMS) is a profession that was built as a solution to a form of organized abandonment when police refused to render aid to the predominantly Black Hill District of Pittsburgh, Pennsylvania. Before EMS, police served as the only responders to medical emergencies, leaving community members of the Hill District to reimagine emergency response, which gave rise to the nation's first ever Paramedics. Today, EMS personnel are trained to rely on police presence to maintain scene safety. In many EMS systems (including Collegiate EMS), co-response with police is standard practice, especially for dispatches involving patients experiencing mental health crises, substance use disorders, or individuals experiencing homelessness. In many of these instances, police presence has been found to exacerbate the situation and lead to disproportionate violence toward communities of color and individuals with mental health challenges. Incidences such as the wrongful death of Elijah McClain emphasize how standards of patient care are sacrificed when police violence is introduced. EMS professionals have a duty to build a therapeutic environment for their patients by protecting patient privacy, reimagining scene safety and what constitutes a necessary police co-response, and providing the highest standards of patient care, not prescribed by police. *CE Code: 313E*

## Performance Under Pressure: Improving EMS Care Through Cognitive Offloading

*Nicholas Valentini, MD*

*Capital View*

Cognitive offloading, the practice of using external tools to reduce mental workload, has become an increasingly recognized strategy for improving performance in high-stress, time-critical environments such as Emergency Medical Services (EMS). Collegiate EMS providers frequently operate with limited resources, variable experience levels, and high cognitive demand, making them uniquely positioned to benefit from structured offloading strategies. This session explores how cognition and decision making is affected by high stress environments and how tools such as checklists, algorithms, mobile applications, and structured decision aids can enhance decision-making, reduce errors, and promote adherence to best practices during complex or highly dynamic patient encounters. Through the lens of real case examples, we will examine how effective offloading supports situational awareness, optimizes team functioning, and helps prevent cognitive overload during high-pressure calls. However, offloading is not universally beneficial. We will discuss common pitfalls, including over-reliance, inadequate training, and design flaws, and provide a framework for determining when offloading enhances performance and when it may hinder it. Attendees will leave with practical strategies for implementing, evaluating, and improving cognitive offloading tools within their own collegiate EMS agencies. *CE Code: 313F*

## SAND: Caring for our Special Kids

*Garret Shields, NRP, FP-C, VA-EC and Michael D'Angelo, NRP, CCP-C*

*Potomac View*

It's no secret that most EMS providers feel uneasy handling pediatric calls. When a child with communication issues who is sick or injured is added, it creates a recipe for stressed-out providers and crews. To make it even more challenging, the National EMS Education Standards allocate only a small percentage of requirements for pediatric patients and those with special needs. This session will explore the needs of the pediatric population with special requirements, including Autism, non-verbal, and Deaf patients, and how to better assess and care for them. The session will conclude with basic sign language instruction to help attendees communicate more effectively with deaf and non-verbal patients. *CE Code: 313G*

## Roundtable: Startup

*Joseph M. Grover, MD, FACEP, FAEMS*

*Madison*

This roundtable discussion will be devoted specifically to aiding new startups in applying all that they learned at this year's conference and helping them determine the next steps in furthering their organizations as they prepare to return to their campuses. *CE Code: 313H*

## Roundtable: Technology

*Scott C. Savett, PhD and Ian Feldman, FF/LP*

*Monroe*

There's no doubt that technology continues to be an integral part of EMS. We've gone from pen and paper patient care reports to tablet-based ePCRs. Analog radio pagers have been replaced with smartphone apps such

as Active 911 and Slack. This roundtable workshop will discuss some of the current hot topics in EMS-related technology and dive into areas of interest expressed by the attendees. *CE Code: 313I*

### **Skills: Advanced Airway Skills Lab**

*Benjamin Lawner, DO, MS, EMT-P, FACEP, FAMP*

*Van Buren*

Endotracheal intubation and supraglottic airway placement are essential skills for the prehospital clinician. Rapid and effective placement of a "definitive" airway is predicated upon adequate exposure and skills practice. Dr. Lawner and colleagues will precept an intensive, manikin based skills session and review strategies for first pass airway success. Learn valuable skills such as igel placement, endotracheal intubation, and hyperangulated video laryngoscopy. *CE Code: 313J*

### **11:00 AM - 11:50 AM Workshop Session 14**

#### **Emerging Trends in Substance Abuse on Campuses: Beyond Alcohol**

*Elizabeth Catherwood*

*Washington*

Substance use on college campuses is evolving beyond alcohol, with emerging drugs such as xylazine, nitazenes, research chemicals, novel vaping additives, and misuse of study drugs creating complex and atypical clinical presentations. Collegiate EMS providers are increasingly encountering patients whose signs and symptoms do not fit classic toxidromes and may respond unpredictably to standard interventions. This session explores current campus substance use trends and the physiologic effects of these substances, with a focus on recognizing red flags, understanding the limitations of naloxone, and prioritizing airway, ventilation, and supportive care. Participants will also examine scene safety and decision-making challenges unique to treating peers in a collegiate environment. Through practical discussion and case examples, this talk equips student responders with the knowledge and confidence to manage emerging tox emergencies before they escalate into life-threatening events. *CE Code: 314A*

#### **Pilot or Paramedic? Crew Resource Management in EMS**

*Lucian Mirra, EdD, NRP*

*Wilson/Harrison/Jackson*

Crew Resource Management, or CRM, is a concept rooted in the aviation industry, so what does a strategy developed to prevent plane crashes have to do with EMS? In short - everything! In this presentation, we will review the history and concepts of CRM, discuss how errors happen (hint: it will be described using cheese!), and how we can apply the concepts of CRM in the prehospital setting to reduce errors and improve outcomes. *CE Code: 314B*

#### **Veterinary Anesthetics: A Rhino of a Problem**

*Albert Tang, NRAEMT, EMS-I*

*Commonwealth*

"Why doesn't my Narcan work anymore?" Increasingly, EMS providers are asking this question as veterinary anesthetics such as xylazine and medetomidine infiltrate the illicit opioid supply. As the saying goes, "dog drugs make human doctors very confused." These substances create atypical overdose presentations that challenge naloxone-centric approaches. Acting as  $\alpha_2$ -adrenergic agonists rather than opioids, they cause profound sedation, bradycardia, hypotension, and hypoventilation, often with only partial or absent responses to naloxone despite ongoing life-threatening physiologic compromise. The result is a growing population of patients who appear naloxone-resistant, increasing the risk of delayed airway management, premature disposition decisions, and misinterpretation of treatment effectiveness. This session provides a practical, evidence-based framework for recognizing and managing  $\alpha_2$ -agonist-associated overdoses in the prehospital setting. Through real-world case studies from urban EMS responses, participants will examine the evolving drug supply, differentiate opioid-predominant,  $\alpha_2$ -predominant, and mixed overdose phenotypes, and apply airway-first management principles appropriate for both BLS and ALS providers. Emphasis is placed on reframing naloxone failure as receptor mismatch rather than treatment failure, prioritizing ventilation and circulation as definitive care, recognizing the need for prolonged monitoring, and anticipating ED and ICU courses in the absence of effective reversal agents. *CE Code: 314C*

#### **From the Streets to the Science:**

#### **A Journey Through EMS and Into Resuscitation Innovation**

*Chase Canter, Paramedic, FPC*

*Lincoln*

Let's trace an interesting professional journey from the unpredictable streets of EMS to the forefront of scientific innovation in resuscitation. Beginning as an EMT and advancing through the ranks to paramedic, supervisor, and critical care paramedic, this talk explores the formative experiences that shape clinical judgment, leadership, and resilience in high-stakes environments. These frontline lessons become the

foundation for a transition into medical device research, where real-world challenges inform the pursuit of better tools, smarter systems, and more effective resuscitative strategies. Blending personal narrative with emerging science, this presentation highlights how field experience can drive meaningful innovation, bridge gaps between practitioners and researchers, and ultimately improve outcomes for the patients who need it most. This is a story of growth, curiosity, and the relentless push to transform what we know and who we can save. *CE Code: 314D*

## Prehospital Intrapartum Obstetric Care - Caring for the Pregnant Patient

*John Douds, MD, FAWM*

*Monument View*

This lecture will discuss caring for patients who have a confirmed/suspected pregnancy in the prehospital setting. This will include a general review of normal female anatomy and physiology as well as a discussion of the normal expected changes to anatomy/physiology throughout the course of pregnancy. We will briefly touch on fetal development stages and embryology as it pertains to patient care and viability if the fetus were to be born at different intervals of pregnancy. Lastly, we will discuss the pathologic changes that occur throughout a pregnancy to better develop our differentials and discuss the prehospital management of these conditions. This will include a discussion of important prehospital skills like history-taking, physical exam, patient stabilization, patient communication, need for additional resources, and reporting to labor and delivery. *CE Code: 314E*

## The EMS Handoff: EMS and Hospitals Work Better Together

*Ian Weston, MPP*

*Capital View*

Effective communication during the transition of care from the pre-hospital to the hospital setting is essential to ensuring patient safety and continuity of care. The EMS clinician-to-emergency department triage handoff represents one of the most critical, and often vulnerable moments in a patient's healthcare journey. Unfortunately, gaps in information exchange can lead to delays in care, duplicative testing, medication errors, and missed clinical red flags. This presentation will highlight best practices for both the pre-arrival radio report and the in-person ED handoff. Participants will learn how to structure concise, clinically relevant reports that balance efficiency with completeness, and how triage nurses can engage in active information exchange to clarify and prioritize care needs. Real-world examples will be used to illustrate situations where communication breakdowns compromised patient safety, underscoring the importance of standardized approaches. *CE Code: 314F*

## Should I Call This In?

### Navigating Medical Command Conversations and Messy Encounters

*Zachary Matuzsan, DO*

*Potomac View*

It can be very intimidating to talk with a physician over the radio about patient care. This presentation will utilize real medical command calls to provide a practical, scenario-focused review of when contacting medical command is essential, especially in cases involving high-risk decisions or unclear patient presentations. We will discuss common challenges related to patient refusals, including how to determine when a refusal is appropriate and when medical command involvement is necessary. The session will outline the key elements of decision-making capacity and provide simple tools to assess understanding, appreciation, reasoning, and communication in the field. Participants will learn strategies for managing difficult or uncooperative patients while maintaining professionalism and patient safety. By integrating clinical judgment, effective communication, and clear documentation, EMS providers will leave better prepared to navigate complex interactions and make confident, medically sound decisions in real time. *CE Code: 314G*

## Roundtable: Administrative Challenges in a Collegiate EMS Agency

*Raymond Lovell, NREMT-P*

*Madison*

Collegiate EMS agencies face a unique issue of being composed of a staff whose number one priority is not (or at least should not be) EMS. This discussion covers various administrative challenges such as scheduling, personnel, and training issues that our agencies face and tools we can use to continue to improve. *CE Code: 314H*

## Skills: 12 lead ECG Interpretation Lab and Discussion

*Benjamin Lawner, DO, MS, EMT-P, FACEP, FAMP*

*Van Buren*

BLS clinicians are increasingly tasked with obtaining 12 lead ECGs and recognizing potentially dangerous findings. Identification of STEMI and other acute injury patterns represents a mortality based intervention. Dr. Lawner will host an interactive discussion session focused on high yield topics. Hone your ECG interpretation skills while developing a systematic approach for basic 12 lead ECG analysis. *CE Code: 314I*

**12:00 PM - 12:30 PM *Conference Wrap-Up***

*Washington*

Review the weekend highlights. Take advantage of this final opportunity to network with your regional coordinators and your new-found friends from across the country. We hope that you leave this conference energized, and we look forward to hearing about your progress throughout the year through the regional coordinator network and in future editions of *The Journal of Collegiate EMS*. See you next year!

## Journal of Collegiate EMS Academic Poster Session

NCEMSF is pleased to continue its partnership with The Journal of Collegiate EMS through the Academic Poster Session and the **Collegiate EMS Research Poster of the Year** award. The following research posters were submitted and will be on display throughout the conference weekend with formal walk rounds at 1015AM and 2PM.

Health 34 at UC Davis: Outcomes from the First Two Years of a Mobile Collegiate Response Program

Lisa Mills, MD, UC Davis Fire Department

Reliability of Supraglottic Airway Device Use by EMT-B Providers

Laiba Majid, University of South Florida-Tampa

Injury Death and Access to Emergency Medical Care Across Massachusetts

Emmy Udry, Clark University

The Collegiate EMS Mapping Project

Priya Darbha, University of Texas at Dallas

Program Development, Implementation, and Evaluation for Harm Reduction Training Quality

Devin Nemirow, Syracuse University

Improvements in Performance and Self-Efficacy of Hands-Only CPR Following A Brief Training

Cindy Sako, University of Pennsylvania

Dispatch Performance and Cognitive Load in Collegiate EMS

Evan Passalacqua, University of California, Berkeley

Ethnicity-Based Differences in Ambulance Transport Decisions in Collegiate EMS

Mir Khan, University of Texas at Dallas; Soumya Ajjampudi, University of Texas at Dallas

Reducing EMS Response Delays through Radio Pre-Alert Integration

Bill Ahmad and Teresa Melfi, Stony Brook University

Effect of hosting a state sponsored EMT course on retention and staffing.

Teresa Melfi and Bill Ahmad, Stony Brook University

Strengthening Collegiate EMS Through Non-EMT Integration

Sophia Liu and Nithish Oommen from University of Texas at Austin; Shabbir Bohri, Rakshak Ravichandran, and Dharshan Selvakumar from Dell Medical School at University of Texas at Austin

Development and evaluation of a facial action-based pain assessment training

Elisabeth Chai, Stony Brook University

Gender Differences in EMS Transport Decisions and Activation Methods

Mir Khan and Soumya Ajjampudi, The University of Texas at Dallas

Event Context Matters: Injury and Transport Patterns in Collegiate EMS

Tyler Nilson, Sandhya Kumar, Isabel Li, Alex O'Donnell, and Jad Yacoub, Harvard College

Police Violence Awareness and Mental Health EMS Calls in NYC

Abraham Mahmud, Massachusetts Institute of Technology

Gender-Based Disparities in EMS: A Review of Evidence and Gaps

Omer Mescioglu, University of Southern California

Heart Rate as a Real-Time Stress Measure in Collegiate EMS

Cole Simon, University of Florida; Taylor Galloway, University of Florida

Impact of Simulated Field Stressors on Manual Blood Pressure Accuracy

Brynn Keating and Lily Maglio, University of Florida

Alignment of Training and Call-Type Demand in GEMRU

Alana Smock, University of Florida

Fast, Fair, Effective: The Health and Equity Impact of uOttawa's Volunteer Crisis Response Team

Areej Amjad, University of Ottawa

Early Exposure, Lasting Impact: Collegiate EMS in the Medical Education Pipeline

Rakshak Ravichandran, Shabbir Bohri, and Dharshan Selvakumar, Dell Medical School at University of Texas at Austin

preLUision: Recruiting the Next Generation of EMTs

Megan Thomas, Lehigh University

Quantitative Pre-Hospital Diagnostic Tool to Assess Traumatic Brain Injuries

Samantha Davy, Johnson and Wales University

Assessing Standardization of Handoff Communication to ALS

Samantha Sadorf, University of Florida

Operational Characteristics and Patient Disposition of Alcohol-Related College EMS Activations

Edan Saedi, University of Southern California

National Patterns of Campus EMS Demand and Resource Utilization in College Dormitories

Edan Saedi, University of Southern California; Ezra Alcon-Kirshman, University of Rochester

Liability Allocation for Artificial Intelligence Assisted Triage in United States Collegiate Emergency Medical Services

Liron Saedi and Edan Saedi, University of Southern California

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## Museums, The National Mall, Capitol Hill, and The Monuments

The Smithsonian Institution sponsors several museums located along the National Mall. They include The National Air and Space Museum, The National Museum of American History, The National Museum of Natural History, The US Holocaust Museum, The National Building Museum, and The National Postal Museum, among many others. All museums are open to the public free of charge. While you're there, walk around the National Mall, get a tour of the Capitol, and visit the monuments.

## Crystal City

Crystal City is Arlington's largest downtown area. You will find cafes, fine restaurants, small boutiques, and a shopping center. The restaurants and shops are located between Jefferson Davis Highway and Crystal Drive.

## Pentagon City

The Fashion Centre at Pentagon City provides the perfect venue for shopping.

## Georgetown

A beautiful historic neighborhood, Georgetown offers a variety of shops and restaurants along M Street and Wisconsin Avenue.

## Dupont Circle/Adams Morgan

Dupont Circle and the surrounding neighborhood, Adams Morgan, offer restaurants, cafes, and shops. From the circle, walk up Massachusetts Avenue and you'll enjoy the beautiful embassies along Embassy Row.



## Conference Presenter Biographies

### **Benjamin Abo, DO, Paramedic, EMTT, WP-C FAWM FAEEM**

Dr. Benjamin Abo is an EMS physician and toxinologist based in Pensacola, Florida, and serves as an Assistant Professor at the Florida State University College of Medicine. He holds a wide range of active leadership roles, including Medical Director for Gainesville Fire Rescue, Naples Fire Rescue, Bonita Springs Fire, Iona McGregor Fire District, Sanibel Fire Rescue, Captiva Fire Rescue, Pine Island Fire Department, Lake County Fire Rescue's Venom 2 Venomous Response Unit, Miami-Dade Fire Rescue's Venom One and USAR Florida Task Force 1, as well as Southwest Florida's USAR Florida Task Force 6. Dr. Abo has practiced EMS and emergency medicine globally, engaging in philanthropic missions, consulting, and serving as medical director and lead medical consultant for television and film projects including Shark Week, National Geographic, Shark Attack Files, and his own series, Kings of Pain. With more than 25 years in emergency and prehospital medicine, he remains deeply involved in research, education, international committees, speaking engagements, and active field response. He is a recipient of NCEMSF's EMS Provider of the Year for Heroism and Valor and Touro University's Inaugural Alumni Lamplighter Award. He also co-founded the Carolina Wilderness EMS Externship and continues to teach within the program. Most recently, he became the proud Medical Director for Escambia County EMS--where they were the first agency to retire cervical collars, though they still haven't fulfilled his request for a personal Blue Angels jet.

### **Adhitya Balaji, NREMT**

Adhitya Balaji is a third-year medical student at the Indiana University School of Medicine. He has been involved in collegiate EMS since his undergraduate years at Indiana University - Bloomington, serving as Agency Chief of IC-EMS at IU during his senior year. He continues to be involved in collegiate EMS as the Graduate Advisor for IC-EMS. Adhitya also serves as the Co-Director of Journal Operations for The Journal of Collegiate Emergency Medical Services. He is an active clinician on a 9-1-1 ambulance in Bloomington, IN with a focus on special event and mass casualty preparedness, along with research interests in EMS, simulation, and medical education.

### **Lisa Basgall**

Lisa is the EMS Director at Rice University. She has served in this role for more than 15 years, overseeing the EMS service and the EMS education program at Rice. She has a Bachelor of Arts degree from Marquette University, a Master of Arts degree from Villanova University, and she is a state and nationally licensed paramedic. Lisa is a Texas Advanced EMS Education Coordinator, and a certified teacher.

### **Colin Bauer**

Colin Bauer is the Assistant Director for Clinical Care & Quality Assurance at Good Fellowship Ambulance & EMS Training Institute in West Chester, Pennsylvania. A licensed paramedic with extensive hands-on EMS experience, he now focuses on clinical oversight, quality assurance, training, and process improvement across the organization. In his current role, Colin leads the implementation of evidence-based protocols, tracks key performance indicators, and oversees systematic review of operational and clinical data to drive continuous improvement. Additionally, Colin has direct clinical oversight of the WCU Division, Good Fellowship's collegiate EMS program at West Chester University of Pennsylvania, formed in 2022 and continuing a 40-plus-year tradition of student EMS service.

### **Brady Bennigson**

Brady is a first year medical student at GWU and has been a lifeguard with California State Parks for over five years, collecting thousands of hours of experience on medical and rescue calls. Brady is an Advanced Swift Water Rescue Technician licensed by Rescue 3 International, as well as a rescue Boat, PWC, and ATV operator.

### **Joshua Bishop, MA, EMT-B**

Joshua Bishop is an EMT Basic licensed in both Pennsylvania and New York State. Joshua has been involved in the fire and EMS services for approximately 15 years, obtaining his EMT-B card in Pennsylvania while still in high school. Joshua currently works at Hobart and William Smith as the Director of Environmental Health and Safety and co-advisor of HWS EMS; he additionally currently serves as the Deputy Chief and Training Officer of White Springs Fire Association. Joshua has a master of arts in counseling and a bachelors in psychology, both obtained from Edinboro University of Pennsylvania.

### **Shabbir Bohri, EMT**

Shabbir is a MS1 at Dell Medical School at The University of Texas at Austin. He is Advisor to Longhorn EMS at UT Austin (2025-), former Operations Chief (2024-2025) and Field Captain (2023-2025) at University Emergency Medical Response (UEMR) at UT Dallas.

### **Chase Canter, Paramedic, FPC**

Chase is well versed in critical care transport and prehospital medical research with a vast understanding of biomedical sciences. He is the Scientific Affairs Administrator for a team of scientists, statisticians, and data abstractors who are focused on improving outcomes with novel resuscitation and acute critical care technology at ZOLL CMS. Sticking to his roots, Chase still functions as a critical care paramedic and is a proud member of AGH's Critical Care Transport Team.

### **Elizabeth Catherwood**

Elizabeth is a graduate of the US Air Force Academy. She has 7 years of experience in EMS, including 3 years as a paramedic. She is currently an ALS Instructor at GW MFA Training Center.

### **Matthew Christina, AEMT**

Matthew Christina is a senior at the University of Vermont studying Medical Laboratory Science and Emergency Medical Services. In

## Conference Presenter Biographies

addition to AEMT, Matthew holds certifications in BLS, ACLS, and ICS. Matthew joined UVM Rescue in 2023 and became a Crew Chief and Driver Trainer. Matthew currently serves as the Training Officer for UVM Rescue, making improvements in training processes for all positions and levels. Matthew also works for Charlotte Rescue and Shelburne Rescue in the neighboring communities. After graduation Matthew plans to attend medical school and pursue a career in Emergency Medicine with fellowships in cardiovascular disease and pediatrics.

### **Jason Collins, NREMT**

Jason Collins is a second-year medical student at Northeast Ohio Medical University with research interests in prehospital care, health policy, and healthcare economics. His work includes studies on EMS education policy, prehospital clinical metrics, and clinical decision-making in emergency settings. Before entering medical school, he served as an investment analyst specializing in healthcare economics and worked as an EMT, gaining first-hand experience in patient care and prehospital operations. His current projects focus on expanding EMS training requirements to promote equitable, patient-centered care.

### **J. Austin Cox, MD, LTC, USA**

My medical career has been as dynamic as it has been rewarding. I began my training with a pediatrics residency in Hawaii, an experience that took me across the Pacific Rim. My time as a flight surgeon in Afghanistan, caring for a multinational population of soldiers and civilians, solidified my passion for medicine and pushed me to pursue a second residency in dermatology at the Naval Medical Center San Diego. I honed my expertise in a wide range of dermatologic conditions, from acne and psoriasis to allergic contact dermatitis and cutaneous oncology. After my training, I served as a consultant and guest lecturer at the University of South Carolina Medical School, contributing to the education of the next generation of doctors. My career then took me and my family on a four-year adventure through Italy, where we immersed ourselves in new cultures, fresh pasta, and outdoor pursuits. Returning to the DMV area, I served as the Chief of Dermatology at Walter Reed National Military Medical Center, where I teach and mentor the next generation of doctors. My new job as the Assistant Dean of Recruitment of USU has definitely been the most fun and rewarding to date! I look forward to meeting you and sharing what makes USU such an exceptional place to start your medical career.

### **N. Alex Cutsumbis, MS, NRP**

Alex is a graduate of the University of Pittsburgh, SHRS Emergency Medicine Program and has been involved in EMS since 2008. After initially having a career in Information Technology he volunteered with the Red Cross during hurricanes Katrina and Rita, leading him into healthcare and EMS. He has worked as a field medic, EMS supervisor and Operations Director and is currently an instructor for the University of Pittsburgh and Center for Emergency Medicine.

### **Michael D'Angelo, NRP, CCP-C**

Michael D'Angelo holds a Bachelor of Arts in Criminal Justice from Kean University. He is an accomplished graduate of the Fairfax County Fire and Rescue Department's in-house paramedic program through Virginia Commonwealth University and has served with the department for the past four years. Previously, he was a police officer with the United States Capitol Police. He left the police force after six years to stay home and care for his son, who was born with significant medical complications. His son was diagnosed at the 20-week ultrasound with a double outlet right ventricle, a ventricular septal defect, pulmonary stenosis, and underdevelopment of his brain. He spent six years away from work to take his son to specialized schools, therapy sessions, and work with him at home - gaining valuable experience in working with children with special needs.

### **Jacob Denton, MD**

Jacob is the current Director of Partnerships and Outreach for the Journal of Collegiate EMS, a role he has held for the past four years. With the journal, Jacob co-hosts "An Inside Look into Collegiate EMS", a podcast series focused on highlighting unique aspects of various collegiate EMS agencies across the nation. Jacob is a current Emergency Medicine resident at the University of Arizona in Tucson, Arizona, where he previously completed his undergraduate and medical school studies. Jacob served for seven years with University of Arizona EMS, serving in executive leadership and as a field supervisor. Jacob has published research in the fields of toxicology and infectious disease, and plans to pursue fellowships in EMS and Toxicology after completing his residency.

### **James Dlutowski, NRP**

James began his EMS career in high school just north of Pittsburgh in 10th grade. Once certified, he joined the Seville Volunteer Fire Company. He was accepted to the University of Alaska, Fairbanks where he studied biochemistry and attended paramedic class at night while volunteering with the campus and local Fire/EMS agencies. After graduating, he returned to the Pittsburgh area and has worked in field, teaching and management positions throughout the region. Today, he is a District Chief for Pittsburgh EMS and offers private training, certification and consultation services.

### **John Douds, MD, FAWM**

John Douds is an emergency medicine intern at Penn State Health. He earned his MD from Sidney Medical College in 2025. He has been an ocean lifeguard for 8 years, and an EMT for 7 years in both collegiate EMS and two local fire departments. He is a Fellow in the Academy of Wilderness Medicine.

### **Sheila Elliott, MS, Licensed Paramedic**

Sheila's journey into EMS began with one of her children who was born with a severe heart defect, requiring 5 open heart surgeries. Her son's medical condition led her into the world of EMS and EMS education in 2007. She has worked as a paramedic in the fire department, private EMS, hospital ER and in organ transplant. She has also had a passion for education as she began her career as an elementary music teacher upon graduating from Texas Tech in 1991. As the EMS Director for University Emergency Medical Response at The University of Texas at Dallas, Sheila oversees the management of the campus EMS organization which is in service

## Conference Presenter Biographies

24/7 as a BLS response with 100 volunteer EMS providers. UEMR won NCEMSF EMS Provider of the year 2024-2025! In addition, Sheila is the Advanced Coordinator for the EMT and Paramedic programs which she established in 2020 and 2023 respectively. The EMT program has a 97% first time pass rate on the NREMT exam and is also the preferred program for the area fire departments to send their employees to for their EMT certification. The Paramedic Program has an 87% first time pass-rate and is completing its third cohort. Sheila has been married to her husband, Jason, for 32 years and has three sons (Dillon 25, twins Ethan & Colby 22). Sheila was also awarded NCEMSF EMS Advisor of the Year for 2023-2024!

### **Craig Evans, MEd, Paramedic**

Craig Evans is an assistant professor at George Washington University where he teaches the undergraduate EMT program, EKG interpretation, and EMS Instruction. He holds a master's in education from George Mason University, and is a doctoral student in Emergency Health Sciences. He began his career at the age of 16 as a volunteer with the Warrenton Volunteer Rescue Squad in Warrenton, VA. Thirty years later, he retired from the City of Fairfax Fire Department as an EMS Lieutenant and spent five years as the Northern Virginia EMS Council's executive director, where he developed a regional whole blood program and became a champion of wellness and mental fitness. As a survivor of a 30-year EMS career, he has experienced and overcome the onslaught of mental trauma this vocation offers. He is presently studying how EMS systems teach suicide risk assessment and how we can improve responder suicide.

### **M. Carl Flesher, BS, MSIS**

Carl has been an EMT since 1978 and in 1980 started the EMT at King's College where he earned an BS in Business and a BS in Marketing. He earned his MSIS from Stevens Institute of Technology. He has been a firefighter, fire-captain, scout master, college professor. Carl is currently working as EMT instructor, OSHA Instructor, MOAB Instructor, Rape Crisis Counselor, CISM member, QPR Instruction and Safety Officer.

### **Paul Froman, PhD, NRP**

Dr. Paul D. Froman is a paramedic, educator, and leadership scholar who serves as the Clinical Coordinator and Professor of EMS at Southern Maine Community College. He is also the Principal Consultant at Froman Consulting Services, working with municipalities to strengthen fire and EMS systems. Dr. Froman earned his PhD in Leadership and Organizational Development from the University of Southern Maine, where his dissertation examined how paramedics lead during emergency incidents. He continues to teach, consult, and actively practice as a paramedic, bringing real-world experience to his work in EMS leadership and education.

### **Michael Gardner, Paramedic**

Michael Gardner is a seasoned pre-hospital clinician with more than two decades of experience in emergency medical services. Michael currently works at UNC Carolina Air Care as a Flight Paramedic and outreach coordinator, and member of the Special Pathogens Response Team. He is experienced in high-acuity patient transport via air and ground assets, with an interest in disaster response, special operations medicine, and clinical education. Mr. Gardner earned his Bachelor's Degree from the College of Charleston in 2010 and holds multiple advanced and instructor certifications, including CCEMT-P and FP-C. Additionally he serves with the FEMA NDMS response team and as a volunteer firefighter in the area.

### **Eric Garrison, MAEd, MSc**

This year marks Eric's triumphant 38th year of trailblazing Title IX work and his remarkable 23rd appearance as a returning speaker at the highly esteemed NCEMSF conference. With an unwavering commitment to fostering safer and more inclusive communities, Eric has devoted more than three decades to training EMS providers, law enforcement officers, firefighters, doctors, scientists, medical students, Greek organizations, and college athletic teams worldwide. From Oxford, Mississippi to the hallowed halls of Oxford University, and even across distinguished institutions such as the CDC and NASA, Eric's global reach knows no bounds. An accomplished author and internationally acclaimed public speaker, Eric has been a guiding force at numerous universities with NCEMSF membership. His expertise in sexual assault response, trauma-informed care, and fostering student well-being continues to empower and educate communities in need. Don't miss this opportunity to connect with Eric and learn from his vast experience! You can reach him through his website at [www.ericmgarrison.com](http://www.ericmgarrison.com) or feel free to strike up a conversation with him directly at the conference - he can't wait to meet you all!

### **Stephen Gerber, MSN, MSHS, APRN, NRP**

Stephen is a past advanced practice provider EMS fellow for George Washington University's Department of Emergency Medicine where he is also a clinical assistant professor. He is an alumnus of EMeRG, GW's campus ambulance service. Since then, he has worked as a Firefighter Paramedic with DC Fire and EMS. While there he continued his education attending nursing school and later nurse practitioner school. He is currently working for the Arlington County Fire Department as a Nurse Practitioner.

### **Thomas Goode, MS, NREMT**

Tom Goode is a data scientist at the RAND Corporation and a Professor of Policy Analysis at the Pardee RAND Graduate School. His research on public safety, homeland security, and national security policies supports sponsors in the Department of Defense, Department of Homeland Security, and the Intelligence Community. Beyond RAND, Tom is active in the field of prehospital emergency medicine and has received recognition both for academic contributions and for his literal fieldwork as a provider. He is the Director of Research Mentorship Program for the Journal of Collegiate EMS and has previously conducted research at the intersection of statistics, prehospital medicine, and emergency medical operations with the University of Pittsburgh and the City of Pittsburgh Bureau of EMS. Tom continues to work in EMS in the greater Pittsburgh area and volunteers with the regional wilderness search and rescue group. He is a proud Carnegie Mellon University Emergency Medical Service alumnus, where he served in a variety of leadership roles during his undergraduate and graduate studies.

### **Katrina Guterman, NRP**

Katrina "Kat" Guterman is a recent alum of the University of Pittsburgh's Emergency Medicine Program. During her time at Pitt, she served as the Chief of Education and President of Student EMS (SEMS). She has worked in EMS for 9 years and is currently a Nationally Registered Paramedic. This past summer she was a Park Ranger Paramedic in Yellowstone National Park where she was also a member of the Search & Rescue team. In the off-season, Kat maintains her paramedic skillset by working at multiple 911 agencies in the Greater Pittsburgh area. Outside of EMS, she enjoys hiking, skiing, and Pittsburgh sports.

### **Charles Hardnett, MS**

Charles Hardnett has over 25 years of experience in software development, research, software project management, and higher education. He has worked at organizations such as Nortel, Georgia Institute of Technology, Spelman College, and Gwinnett Technical College. He is currently an Applications Architect within the Stakeholder Collaboration team at the First Responder Network Authority, which is a federal agency responsible for building a broadband cellular network to serve first responders and public safety. His primary responsibilities fall within managing solution experience engagements with public safety and developing technical content for FirstNet's stakeholders. In addition, he provides technical expertise in a variety of the FirstNet applications ecosystem which includes mobile, web, and desktop applications, IoT, LBS, PTT, FirstNet developer program, and Apps Catalog ([www.firstnet.gov](http://www.firstnet.gov)).

### **Timothy Harmon, MD**

Timothy Harmon is an emergency medicine physician and current EMS fellow at the University of North Carolina. He completed medical school at Louisiana State University Health Sciences Center in New Orleans, LA and residency in emergency medicine at the George Washington University in Washington, D.C. Dr. Harmon has over a decade of experience in EMS, initially as an EMT in Greenville, SC and New Orleans, LA. More recently, he served as the Assoc. Medical Director for the George Washington University EMS agency, the Emergency Medical Response Group, and as the Asst. Medical Director for Orange County EMS in North Carolina. Dr. Harmon has a special interest in EMS education and adult learning.

### **Matthew Harris**

Matthew Harris is a pediatric emergency medicine and EMS physician at Northwell Health in New Hyde Park, NY. In EMS since 1998 as an EMT and a paramedic, Dr. Harris was an early member of NCEMSF during his time at Brandeis where he was a supervisor/operational leader for the Brandeis Emergency Medical Corps. Dr. Harris is triple-boarded in Pediatric, Pediatric Emergency Medicine, and EMS/Disaster Medicine, and is an active field/flight physician and EMS medical director.

### **Gary Hecker, RN, CCRN, EMT-CC, CIC, NHDP-BC**

Clinician, Educator, Leader. Gary brings over 39 years of EMS experience to the table. An alumni of Stony Brook Volunteer Ambulance (SBVAC) and Brooklyn College EMS, he is an original and lifetime member of NCEMSF. Gary has held paid and volunteer positions in the NYC 911 system. He is an Ex-Captain for EMS at the Baldwin Fire Department on Long Island, NY. An EMS Educator for over 35 years, Gary is a New York State Certified EMS Instructor. His 33 year career as a Registered Nurse includes clinical experience in Emergency and Critical Care. After 20 years in Hospital based Nursing Education, Gary is now the injury prevention, Education and Outreach Coordinator a major Level 1 Trauma Center in NYC. In his not so spare time, Gary is also a member of a Federal Disaster Medical Assistance Team (DMAT).

### **Lori Hecker, EMT, CIC**

Lori has been an EMS provider since 1987. Her career started out with a commercial ambulance company in New York City (NYC). She then began working in the NYC 911 system, first with NYC-EMS, then FDNY Bureau of EMS. Her time on the streets includes serving lower Manhattan and South & Northeast Queens. After 27 years in the field, Lori became an instructor at the FDNY EMS Training Academy at Ft. Totten. She became a NY State Certified Lab instructor and then a Certified Instructor Coordinator. She helped launch and continue the EMS careers of thousands of EMS providers over the years. After 36 years of service to NYC Lori retired from FDNY at the end of 2024. She continues to teach EMT's with a private training academy in the Metro NYC area.

### **Matthew Heindrichs**

Matthew is a student at Virginia Tech studying mechanical engineering. He is a member of the Virginia Tech Rescue Squad, where he serves as the Special Operation Lt. He has been a member of VTRS since 2016, but has been around fire and rescue departments for all of my life.

### **Tim Hite, Paramedic**

Tim graduated from St. Bonaventure University with a major in Philosophy in 2002. After his initial active-duty assignment, Tim worked as the U.S. Army Requirements Manager for Medical Education Technologies, Incorporated selling patient simulators. While in the Army, his assignments included Treatment Platoon Leader, Charlie Company, 203rd Forward Support Battalion, Medical Platoon Leader, 1st Battalion, 15th Infantry Regiment, both with 3rd Brigade, 3rd Infantry Division (Mechanized), Division Medical Operations Planner, 10th Mountain Division (Light Infantry), Medical Company and Medical Hold Company Commander, Chief of Plans and Security, and Clinical Operations Officer, USA Medical Activity, Fort Drum. His military awards include the Bronze Star Medal, Presidential Unit Citation, Army Commendation Medal (2nd Award), Army Achievement Medal, National Defense Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Army Service Ribbon, and the Combat Medical Badge. Some of his professional affiliations include Past Board of Director with the New York State Volunteer Ambulance and Rescue Association, Special Operations Medical Association member, 1st Vice Commander of the Post 892, Allegany American Legion, and he

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is an Assistant Fire Chief and technical rescue team member with Allegany Volunteer Fire Department. Tim is also a career Firefighter / Paramedic with City of Olean, NY.

### **Jeffrey Huggins, BS, NRP, CEM**

Jeffrey Huggins serves as the Chief of Strategic Innovation and EMS Field Operations for the Maryland Institute for Emergency Medical Services Systems (MIEMSS), which is the state agency charged with regulating EMS in Maryland. Jeff graduated with a Bachelor's degree in Biological Sciences from the University of Maryland, Baltimore County. Jeff has served in emergency services since 2005, when he joined the Walkersville Volunteer Rescue Company. After becoming an EMT and firefighter, Jeff completed his paramedic education at Carroll Community College, and is a graduate of CONTOMS.

### **Zainab Iftikhar**

Zainab is a fourth year Honours Life Sciences thesis student at McMaster University with a strong academic and practical background in collegiate-based emergency response, also returning for the 3rd year in a row to the NCEMSF Conference. She is currently a Senior Responder on McMaster University's Emergency First Response Team (EFRT), where she serves as the Public Relations Executive. In this role, Zainab has directed campus-safety initiatives on/off campus educating emergency preparedness to our student population, as well as have worked closely with directing team training and internal operations.

### **Louis Imperatrice, NRP**

Louis is an experienced paramedic, educator, and leader with over 15 years of experience in prehospital 911 and critical care transport. In his current role as National Manager of Clinical Excellence with DocGo, Louis manages BLS, ALS, and critical care EMS education and clinical quality for DocGo EMS agencies in 8 US states. Louis is a dedicated EMS educator, a featured lecturer at various EMS conferences, a published author, as well as affiliate faculty with the NAEMT and AHA. Louis is a Course Director for the Difficult Airway Course as well as several other EMS education programs. Louis continues to work clinically as a per diem paramedic with Hackensack Meridian Health - JFK EMS in New Jersey. Louis is a 2024 graduate of the NAEMT Lighthouse Leadership Program and now serves as mentor with the NAEMT's prestigious Lighthouse Leadership Program. mentoring upcoming future EMS leaders.

### **Nicholas Izzo, NREMT-B**

Nicholas Izzo is an accomplished emergency services professional with over 15 years of experience as an Emergency Medical Technician. He spent five of those years serving as a Training Lieutenant, where he led the development and delivery of instruction for new and veteran EMS personnel. In addition to his EMS background, Nicholas has more than a decade of service as a volunteer firefighter and also served as a Sheriff's Deputy, gaining firsthand experience across multiple public safety disciplines. His career reflects a deep commitment to training, preparedness, and community service, with a strong track record in both frontline response and leadership roles.

### **John Jermyn, MS, NREMT**

John Jermyn was raised in New York City by a large family of police officers and firefighters dating back two generations. He witnessed their acts of bravery and knew at a young age he wanted to follow in their footsteps. John graduated from Kingsborough Community College in Brooklyn, NY and then attended the University at Albany, State University of New York where he studied public policy & economics and joined Five Quad Volunteer Ambulance, UAlbany's student run ambulance agency. In addition to providing pre-hospital care as an EMT with Five Quad John served as Chairman of the Board of Directors and made significant accomplishments while serving in this position. During college John gained extensive exposure in the homeland security field completing internships in emergency management and homeland security in Albany, New York City, and Washington D.C. Upon graduating from UAlbany John advanced earning a master's degree in emergency management from the John Jay College of Criminal Justice and has been working on the New York City Pediatric Disaster Coalition team since 2016 amongst other professional roles.

### **Gabriel Kanter-Goodell**

Gabriel Kanter-Goodell graduated in January 2025 from Muhlenberg College (Allentown, PA), where he served two terms as Captain for Muhlenberg College EMS. He currently works at the George Washington University Medical Faculty Associates Department of Emergency Medicine Training Center as an EMS instructor, teaching EMT and CPR courses. He has been in EMS for five years, working in and around the DC area in 911, IFT, and event medicine.

### **Jeffrey Katz, MD, NRP**

Dr. Jeffrey Katz is an Emergency Medicine and EMS physician with specialized fellowship training. He serves as the medical director for the Orlando Medical Institute, an EMS school in Orlando, FL, which trains over 60 paramedics and more than 100 EMTs each year. Additionally, he holds the position of medical director for HCA Osceola EMS and is one of the medical directors for the Kissimmee Fire Department and St. Cloud Fire Rescue. His primary focus is on EMS education and EMS simulation. Dr. Katz is also an Assistant Professor of Emergency Medicine at the University of Central Florida College of Medicine and has completed a certificate program in Clinical Teaching from UCF. During his time on the Brandeis Emergency Medical Corps, he served as training officer and director, giving him firsthand knowledge of the challenges associated with collegiate EMS training.

### **Delaney Kenyon, NREMT, WEMT, FFT2**

Delaney Kenyon (she/they) started in EMS with a SAR team. Senior year of high school, they took an EMT-B course and fell deeply in love. In college, she continued working with the student-run EMS corps on campus, CCEMS. Delaney knew that this was their path, and was elected to leadership and achieved additional certifications. Once COVID hit, they took the 20-21 year off to work full-time as an EMT-IV/EKG, Rope Rescue Technician, and Wildland Firefighter. In the Fall of 2021, Delaney returned to school, having been elected Director of CCEMS and starting as the Teaching Assistant for the EMT class. After the EMT-complicit and public deaths of

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George Floyd and Elijah McClain, Delaney began developing training for CCEMS that highlighted racial bias and practical things that CCEMS could do to change our care. She also implemented a pronoun policy that affects how CCEMS discusses and documents anatomy, biological sex, gender identity, and pronoun usage. She then brought a research idea to a professor, who worked with her to receive a grant to research EMS bias and develop curricula to be taught in the EMT class. She developed three primary units, tested their effectiveness with another research study, and adapted the curriculum to be taught as CE. Now graduated, Delaney has presented at EMS World, NAEEMSP, and works at Colorado College as the Human Biology and Kinesiology Paraprofessional. Delaney is incredibly passionate about EMS and making it as inclusive as possible - everyone deserves to feel comfortable calling 911.

### **Katherine Koontz, EMT**

Katherine completed her EMT certification in the summer of 2020 and began volunteering with RIT Ambulance that fall. She soon started working full-time in a commercial EMS agency with a medium-high call volume, and has since become an FTO at both agencies. In May of 2023, she graduated from RIT with a BS in Biomedical Sciences and recognition as an Outstanding Undergraduate Scholar. After graduation, she completed a Post-Baccalaureate Research Education Program in the Vonder Haar lab at The Ohio State University. She is now back in Rochester with her new baby, and continues to volunteer with RITA while working EMS fulltime and attending paramedic school. In the future, Katherine aims to complete a MD/PhD and eventually function as an EMS Medical Director.

### **Aiden Koplovsky, MBA**

Aiden Koplovsky is the Program Director and Lead Instructor for the Paramedic Program at Eastern Maine Community College (EMCC). Since joining the faculty in 2019, Aiden has overseen comprehensive EMS education spanning EMR, EMT, AEMT, and Paramedic levels. He is a recognized leader in state-level advocacy, having served as the Chair of the State of Maine EMS Education Committee since 2019, and a member of the states ems licensing board where he focuses on legislative advocacy, standard development, and statewide program growth. Aiden is deeply passionate about expanding educational access to rural communities through the innovative use of distance learning technology. At EMCC, he manages a mobile education model utilizing equipment trailers and online platforms to deliver high-quality training across five counties. Committed to the future of the profession, Aiden focuses on leveraging technology and high-quality instruction to address critical industry recruitment and retention challenges.

### **Daniel Kowalczyk, MD**

Daniel is an EMS fellow at UNC. He did his EM residency at University of Missouri Hospital System and earned his MD from Ross University. He is a prior Firefighter/EMT in both NY and CT.

### **Dalton Kruppenbacher**

Dalton is a New York State and Nationally Registered basic EMT. Spanning his six-year EMS career, Dalton has worked in varying settings, including a collegiate campus (RIT) and a busy rural-suburban agency (Perinton Ambulance). His interests in EMS include care for the elderly, clinical quality improvement, ICS evolution, and emergency communications equipment. Dalton has held several leadership roles, including Equipment Director, which enabled him to oversee RIT's fleet of vehicles and equipment, in addition to making recommendations for improvement. Outside of EMS, Dalton serves as the IT Helpdesk Manager for a medium-sized public school district. He continues to promote educational excellence and quality improvement through data-driven recommendation processes.

### **Christopher LaMonda, MPH**

Chris LaMonda is a lecturer in the Initiative for Rural Emergency Medical Services (IREMS) program within the University of Vermont Department of Rehabilitation and Movement Science. His focus is on pre-hospital emergency care, specifically Emergency Medical Technician (EMT) and Advanced Emergency Medical Technician (AEMT) training. Chris is a licensed paramedic with over 20 years of EMS experience as a clinical provider, service director, and educator. He earned his Master of Public Health from the University of Vermont in 2017. In addition, Chris has held a Vermont State teaching license since 1997 and taught health and physical education in public schools for 13 years.

### **Jennifer Lanza, NRP**

Jen Lanza is a Firefighter/Paramedic and first-year medical student at Northeast Ohio Medical University (NEOMED). Her research background includes EMS quality assurance and improvement as part of an effort to bridge the gap between community-embedded pre-hospital providers and public health initiatives.

### **Benjamin Lawner, DO, MS, EMT-P, FACEP, FAMPA**

Dr. Benjamin Lawner is the medical director for the Maryland ExpressCare critical care transport program and the Baltimore City Fire Department. He is a practicing emergency and EMS physician. Dr. Lawner's interests include resuscitation, medical education, and airway management. He is a lifetime member of the NCEMSF and started the University of Florida's Basic life support Immediate Kare (BIKe) team while working as a paramedic for Alachua County Fire Rescue. In 2023, Ben was recognized as the EMS Physician of the Year by the Maryland Chapter of the American College of Emergency Physicians

### **C Lombardi, RN**

C Patrick Lombardi graduated from the University of Delaware with a BA in Biology and a BSN in February 2018. Having worked in EMS since 2012, the topics of resuscitation team dynamics, crew resource management, and error mitigation remain areas of professional interest. C Lombardi currently works for the Dartmouth Hitchcock Advanced Response Team as a flight transport nurse.

### **Raymond Lovell, NREMT-P**

Raymond Lovell became an EMT-Basic and joined the University of Rhode Island Emergency Medical Services in 2008. Raymond furthered his education by obtaining his RI EMT-Cardiac license in 2011 and became a Paramedic in 2019. He has extensive experience in campus, municipal, and private EMS and is currently serving as Vice Commander at URI-EMS and working as a Paramedic supervisor for the Town of South Kingstown, RI.

### **Grace Lu**

Grace is a Senior Responder (EMR cert.) from McMaster University's Emergency First Response Team (EFRT), as well as third-year Honours Health Sciences student. She is currently an Assistant Editor for JCEMS, and has been very passionate about collegiate EMS development since her first attendance at the NCEMSF 2023-2024 Conference.

### **John Marcus**

John Marcus retired from the Burlington Vermont Fire Department in 2005. He now serves as the Emergency Management Director at the University of Vermont, where he leads campus-wide preparedness initiatives and fosters partnerships to enhance safety and resilience, and advises the student-led UVM Rescue squad. With extensive experience in emergency planning and response, John has spearheaded programs that integrate academic engagement with practical emergency management strategies. He played a key role in developing the Catamount Emergency Care Program, a collaborative effort that combines faculty expertise, student leadership, and public health principles to improve access to lifesaving resources and training. John is passionate about building sustainable, student-driven models that strengthen community readiness and empower future EMS leaders.

### **Cole Matthews**

Cole Matthews is an EMS clinician, educator, and leader with more than a decade of experience across the U.S. and internationally. He serves as a Critical Care Paramedic with Allegiance Mobile Health in Austin, Tx and as Executive Director of Excelsior Medic Solutions, an EMS consulting and education firm. His career began in New York and expanded through advanced training in Guatemala, shaping his perspective on patient care and EMS education.

### **Evan McAndrews**

Evan McAndrews is a Life Member of the Virginia Tech Rescue squad. Evan served as the Vehicles Officer at VTRS where he redesigned and overhauled the apparatus fleet, and he was Captain of Operations where he continued to champion capital purchases for the squad and an overhaul of operational policies. During his time at VT Evan also worked at Virginia Tech Emergent Management where he gained EM experience in the collegiate setting. After his Junior year, Evan also gained federal emergency experience, working for the Peace Corps Office of Emergency Management working on programs to keep hundreds of international aid workers around the country safe. Evan earned his Bachelor's degree in Political Science, National Security Studies, and a minor in history.

### **John Mercun, MA, EMT**

John Mercun has been involved in EMS for almost 25 years, joining his local rescue squad the day after his 18th birthday. Since then, John has been both a volunteer and paid EMT in urban and suburban EMS. A graduate of Fordham University, John is an ex-Captain and life member of Fordham EMS as well as a life member of the Hoboken Volunteer Ambulance Corps. Today, he is an active member of New Providence EMS and serves as a field trainer. When not volunteering, John works on product development in the financial technology industry.

### **Jacob Miller, DNP, NP, CNS, NRP, FAEN, FAEMS**

Jacob Miller is a Nurse Practitioner, Clinical Nurse Specialist, and Paramedic with over two decades of EMS and prehospital critical care practice. Dr. Miller received his acute care training at the University of Maryland, a graduate certificate in advanced transport nursing at Case Western Reserve University, and his Doctorate in Nursing Practice at the University of Cincinnati. During his post-graduate coursework at CWRU, he served as a crew chief, clinical supervisor, and quality and safety officer for Case Western Reserve University EMS. Dr. Miller currently works in varied EMS and critical care roles in the greater Cincinnati, Ohio region.

### **Sarah Miller, NRP**

Sarah got started with EMS at Carnegie Mellon University. She was an active member of CMU EMS for four years, including as Training Officer. She is now a fifth-year Biomedical Engineering Ph.D. candidate at Texas A&M University where she researches hemostatic biomaterials for use in prehospital trauma care with an emphasis on noncompressible hemorrhage. She continues to be involved in collegiate EMS as a member of Texas A&M University EMS.

### **Lisa Mills, MD**

Lisa Mills is an emergency physician at UC Davis Health and faculty in the Department of Emergency Medicine. She serves as the Medical Director of Health 34, the UC Davis mobile collegiate response program. In this role, Dr. Mills designed and operationalized the innovative, 24/7 tiered-response model that addresses non-emergent mental health concerns, basic-needs crises, and gaps between routine care and 911 activation. Dr. Mills' work focuses on reimagining prehospital care and community health for young adults, advancing public safety reform on campus, and expanding equitable access to timely mental health and support services for students.

### **Lucian Mirra, EdD, NRP**

Lucian Mirra has nearly two decades of experience as an EMS provider, leader, and educator. He has served as a firefighter/paramedic, EMS supervisor, emergency management coordinator, training officer, and paramedic program director. He

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has presented at numerous conferences and has authored several journal articles and textbook chapters. He holds a doctorate degree from the University of Virginia and is currently the EMS Coordinator for Albemarle County Fire Rescue.

### **David Muse, MPA, CEM, NRAEMT**

David Muse serves as the Director of UMass Lowell EMS and Campus Emergency Manager where he oversees a large collegiate EMS system providing emergency medical response, special event coverage, and community health initiatives across the university. A Certified Emergency Manager (CEM) and Nationally Registered Advanced-EMT, David brings more than a decade of experience in emergency medical services, emergency management, and disaster response. Beyond campus operations, David is active in the broader emergency management community, recently completing his term as the IAEM-USA Region 1 President and as a member of a FEMA Urban Search and Rescue (USAR) Task Force. His professional background spans government, higher education, healthcare, and volunteer response organizations, with a focus on preparedness, coordination, and leadership development for the next generation of responders.

### **Kenneth Navarro, PhD (c)**

Kenny is a recently retired Chief of EMS Education Development in the Department of Emergency Medicine at the University of Texas Southwestern Medical School in Dallas. Kenny also serves as a Content Consultant for the AHA ACLS Project Team and serves on the Board of Directors for the Prehospital Guidelines Consortium.

### **Benjamin Neustein, MAT, Paramedic, CHSOS**

As the training and simulation manager, Mr. Neustein oversees the creation and running of simulations. He brings his experience in teaching science and EMS courses along with a certification as a health care simulation operation specialist to the Shock Trauma Simulation Center. Mr. Neustein is working with the University of Maryland Medical Center staff to develop new curricula and expand the course offerings of the Sim Center. He is focused on realism in simulation and improving clinical outcomes using simulation education here at University of Maryland Medical Center. Mr. Neustein is also an Instructor for the Department of Emergency Medicine with the University of Maryland School of Medicine. With this team he teaches programs in Trauma, wilderness, and emergency medicine as well as working with students to learn both advanced life support skills and the fundamentals of patient assessment. Mr. Neustein comes to the Shock Trauma Center from Pittsburgh, PA where he received his undergraduate degrees from the University of Pittsburgh and a master's in science education from Chatham University. He worked for Pittsburgh Public Schools and taught Emergency Medicine courses at the University of Pittsburgh. He began working in EMS in 2004 and teaching medicine through the University of Pittsburgh Medical Center in 2008. Just prior to moving to Baltimore, he ran simulation labs for the Allegheny Health Network.

### **Lily Nong, NRP**

Lily Nong is an alumni of the University of Pittsburgh, graduating with a Bachelor's of Science in Emergency Medicine, in addition to previously serving as Chief of Education and President of Student EMS at Pitt. They are currently a second year medical student at Penn State College of Medicine, previously working as a paramedic for 3 years in the Pittsburgh suburbs. In addition, Lily is involved in various emergency medicine research projects. In their free time, Lily enjoys playing ultimate frisbee and rock climbing.

### **Steven Norman, NRP**

Steven Norman, NRP, is a Paramedic for Indianapolis EMS in Indianapolis, Indiana. He joined Indianapolis EMS as a Paramedic in 2021 coming from Monongalia EMS in Morgantown, West Virginia. He received his Paramedic Certificate from New River Community & Technical College in Fairmont, West Virginia. He is a preceptor for Indianapolis EMS Paramedic Program and a Field Training Officer. Steven has been a District Medic for Indianapolis EMS since the inception of the program. He worked with Indianapolis EMS Leadership to determine equipment and organization within the vehicle. Steven has started working with EMT-B's in his area to promote confidence and autonomy. He is a member of the Inclusion and Diversity Council for Indianapolis EMS as well as many other committees within the agency. He played an integral role for Indianapolis EMS's role with EMS World Expo in 2025. Steven has also created and executed a Complex Coordinated Terrorist Attack Workshop at EMS World Expo 2025 along with another presentation.

### **Jason Oberoi, MAOL, BSN, CEN, TCRN, CPEN, CFRN, NRP**

Jason is a Life Member at Virginia Tech Rescue Squad as a Paramedic. He currently works as an Emergency Room Nurse.

### **Ayal Pierce, MD**

Ayal Pierce started his medical career as a volunteer EMT in New Jersey, then in college he did EMS with Tufts EMS (go ~Bo's) before going to medical school at Tufts. He then completed an Emergency Medicine residency at George Washington University where he was the Assistant Medical director for GW EMS (EMERG). He subsequently did a Critical Care Medicine fellowship at University of Maryland. He is now an attending at GW hospital in both the ICU and the ER and is an avid NY Yankees and NY giants fan.

### **Tharun Potluri**

Tharun Potluri is a first-year medical student at Georgetown University School of Medicine and a firefighter/EMT with seven years of experience. Having attended Georgetown University as an undergraduate student, Tharun is an alumnus of Georgetown EMS, where he first served as President and later as Captain and Director of Operations. Tharun is also a Crew Chief with Montgomery EMS and a volunteer firefighter with Montgomery Fire Company #1 in his hometown of Montgomery, NJ. Passionate about EMS education, Tharun has instructed hundreds of students as a District of Columbia-certified EMT instructor and an AHA BLS CPR instructor. He has also presented several lectures for various agencies and at multiple EMS conferences, and has published manuscripts related to prehospital care.

### **Benjamin Potts, NRP**

Ben is a graduate of the University of Pittsburgh's Emergency Medicine Program. He currently works as a paramedic in the Pittsburgh area. He also works as an EMS researcher on a number of national projects. Ben enjoys working in EMS because it allows him to make a difference in the world every time he goes to work.

### **Rakshak Ravichandran, EMT**

Rakshak is a MS1 at Dell Medical School at The University of Texas at Austin. He is an Advisor to Longhorn EMS at UT Austin (2025-), former Administrative Lieutenant (2024-2025) and Field Captain (2023-2025) at University Emergency Medical Response (UEMR) at UT Dallas.

### **Keshav Reddy, NREMT**

Keshav is a first year medical student at the Lake Erie College of Osteopathic Medicine. He was previously a Clinical Research Coordinator at the University of Pittsburgh Department of Emergency Medicine working on various studies involving toxicology including overdose and withdrawals. He also worked on other emergency medicine studies focused on concussions as well as other traumatic injuries. He also conducted cardiology research at Rutgers Robert Wood Johnson Medical School. Keshav served as Chief of CMU EMS as an undergraduate student, and has worked in a variety of communities as an EMT as well.

### **Gabriela Rifkind, AEMT-Paramedic**

Gabi got her start in EMS in 2019 as an EMT with RIT Ambulance. She currently works full time as a paramedic at a busy agency in Western New York. Gabi graduated from RIT's School of Individualized Studies in 2023. At RIT, she studied a mix of biomedical engineering, psychology, and medical sciences. Gabi continues to volunteer with RIT Ambulance in her spare time. Gabi is passionate about patient care and EMS education.

### **David Rodgers, EdD, NRP**

David Rodgers is Director of the Interprofessional Simulation Center at Indiana University - Bloomington and is an assistant professor of medicine with the IU School of Medicine. He is a National Registered Paramedic and holds a doctorate in education.

### **Jay Rodriguez**

Born into a family of doctors, Jay developed a love for and fascination with medicine from an early age. While pursuing his first Bachelor's degree at UTSA, he determined that his passion for medicine could be best utilized as a first responder. As a result, he became the very first Paramedic in his entire family. With over 18 years of experience as a practicing Paramedic, the last ten of which were as a critical care Paramedic, he has made significant contributions to the field. While completing a large independent study course on prehospital obstetrics for his second Bachelor's degree at UTHSCSA, he came to the startling realization that there were numerous obstetrical issues he could realistically manage in the field, yet had never received training on during Paramedic school. This led him to further his education and training, collaborating with midwives, nurses, neonatologists, obstetricians, and transport teams throughout Texas. Additionally, he became a proud birth and postpartum Doula, as well as a childbirth educator. Over the past four years, he has been a midwifery student, attending more than 50 births both in and out of the hospital.

### **Joanna Ross**

Joanna Ross is a first-year medical student at Northeast Ohio Medical University (NEOMED). She is a member of a rope rescue team based in southeast Ohio and worked in the ED prior to medical school. Her research interests are in emergency medicine and medical ethics.

### **Alexander Sachs**

Alexander Sachs is a nationally registered paramedic based in Connecticut with nearly two decades of experience in emergency services. His career began in 2006 as an EMS Explorer, leading to his EMR certification in 2008, EMT in 2009, and Paramedic in 2021. He holds a Bachelor of Science degree from Springfield College, where he was actively involved in Springfield College EMS. Over the course of his career, Alexander has been instrumental in instituting both continuing education and initial training programs in key operational areas, including the deployment and use of UTVs, ballistic protection, and Rescue Task Force (RTF) operations. He is also a dedicated instructor, teaching EMT initial certification courses to help develop the next generation of EMS professionals. Alexander has consistently demonstrated a strong commitment to public safety, professional development, and team leadership throughout his career. His service as Chief of the Cos Cob Fire Police Patrol reflects his dedication to operational effectiveness and community engagement. He is known for fostering a culture of preparedness, mentorship, and continuous improvement--whether in the classroom, in the field, or during interagency training initiatives. Alexander remains deeply invested in strengthening the EMS system through collaboration, innovation, and the development of future emergency service professionals.

### **Ari Sanders, AEMT-P, FP-C, CCP-C, C-NPT**

Ari is a critical care paramedic with over a decade of EMS experience. In addition to working as a Flight Paramedic for Mercy Flight of Western NY, he is also an active volunteer with RIT Ambulance, a Research Paramedic with UBMD Emergency Medicine, and an instructor for the SUNY Erie paramedic program. Ari is an alumnus of the Rochester Institute of Technology, and has continued to serve as an EMT and FTO with RIT Ambulance after graduation. Ari is a member of the Pediatric Emergency Care Applied Research Network CHaMP Node Buffalo Field Advisory Committee, which assists clinical researchers to organize and conduct prehospital pediatric research. His areas of special interest include cardiology, toxicology, pediatrics, and critical care.

### **Olivia SaoBento, MPH**

Olivia SaoBento is a seasoned EMT with a decade of experience spanning pre-hospital care, in-hospital support, and alternative healthcare environments. She spent four years leading a collegiate EMS agency in the heart of Washington, D.C., where her steady, effective leadership helped the organization grow, adapt, and thrive through periods of significant challenge. Beyond her EMS background, Olivia brings nearly 15 years of involvement in leadership development, both as a participant and as a facilitator, in a variety of organizational settings. She is deeply passionate about mentorship and cultivating strong, resilient leaders within the Collegiate EMS community.

### **Sarah Scheck, NRP, EMS-I**

Sarah Scheck is a University of Pittsburgh Emergency Medicine graduate. She provides six years of experience in EMS, currently serving as a Paramedic and an EMS instructor, with previous experience as a Community Paramedic and EMT.

### **Natalie Schwarzwald**

Natalie is a Paramedic and EMS Educator with the Center for Emergency Medicine in Pittsburgh, PA. She earned her Bachelor's degree in Emergency Medicine from the University of Pittsburgh in 2024 and has been active in EMS since 2021, serving as an EMT, Paramedic, and Lieutenant. In her current role, she combines field experience with a passion for teaching, helping to prepare the next generation of EMTs and EMS providers. This is her fourth year attending NCEMSF and her second as an alumnus.

### **Dharsan Selvakumar, EMT**

Dharsan is a MS1 at Dell Medical School at The University of Texas at Austin. He is an Advisor to Longhorn EMS at UT Austin (2025-) and former Training Captain (2024-2025) at UT Austin.

### **Garret Shields, NRP, FP-C, VA-EC**

Garret Shields is a proud graduate of the UCLA Paramedic Program in 2011 and has been a provider in multiple states nationwide, spending the last 12 years with Fairfax County Fire & Rescue. As a field provider with Fairfax County, he developed a passion for teaching students as a field training officer and EMS instructor. He co-created the FCFRD EMT Certification program that saw a 100% first-time pass rate on the NREMT exam during his tenure. Garret also worked part-time at Children's National Medical Center in Washington D.C. in the Emergency Department for several years. He holds a Bachelor of Science in Health Science from Purdue University Global. Additionally, he serves on the Board of Directors for the 9/11 charity, Pay It Forward 9/11.

### **Josie Shiff, MS, NREMT**

Josie Shiff is an EMT and medical student at the University of Cincinnati. Her research interests are in advocacy for pediatrics and underserved populations.

### **J. Dominic Singh, NRP, I/C**

Dominic has been engaged in EMS for nearly 3 decades and is the current staff advisor to UMass Amherst EMS. He is a former Chief of Operations for Spencer EMS, recently retired from a 26-year fire service career, former Executive Director of Western Massachusetts EMS, and still serves in the field as paramedic. Prior to these positions he worked in private, municipal, and non-profit settings in both rural and urban environments. His career started as a collegiate EMT with the College of the Holy Cross. He continues to be active in EMS event management, training, and field response with a focus on mentorship and provider development.

### **Griffin Smolar, NRAEMT**

Griffin is a graduate of Binghamton University, where he earned a degree in Integrative Neuroscience while completing the pre-medicine track. He began his EMS career over six years ago as an EMT-B and later advanced to an AEMT. Throughout his four years at Binghamton, Griffin was deeply involved with Harpur's Ferry Student Volunteer Ambulance Service, progressing through the organization to ultimately serve as Chief and Executive Director. In this leadership role, he spearheaded the development and implementation of CPAP for BLS practitioners and Nitrous Oxide for non-opiate pain management, significantly expanding patient care capabilities. This initiative earned Harpur's Ferry the Innovation Award for Excellence in Clinical Delivery from the New York State Department of Health. Griffin remains passionate about prehospital medicine, clinical innovation, and advancing the quality of emergency medical care.

### **Tatiana Snedeker, MPH, NREMT**

Tatiana Snedeker, MPH, is a Quality Program Manager at the American Heart Association, overseeing national Stroke & A-Fib hospital registries and coordinating multi-stakeholder research initiatives. With seven years of clinical experience as an EMT and leadership roles in collegiate EMS, she applies epidemiologic methods and data analysis to improve patient care and inform public health interventions. Her work bridges prehospital clinical practice and research, with a focus on actionable insights and health equity.

### **Sarah Soergel, NREMT-P**

Sarah is a graduate of Fingerlakes Community College with an Associate's in Paramedicine and has a BS in Biomedical Science from Rochester Institute of Technology (RIT). She has been with RIT ambulance (RITA) for 9 years and is a dual EMT and Driver trainer. She has also worked as a paramedic for the past 6 years in commercial EMS in NY. She is currently finishing a master's in Emergency and Disaster Management from Thomas Jefferson University.

### **Nicolas Spray, Paramedic**

Nick has been working as a Firefighter and Paramedic on a 911 ambulance for 11.5 years at Richardson Fire Department. He has

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been an EMT and Paramedic instructor at University Emergency Medical Response at the University of Texas at Dallas for over 3 years and became the Operations Manager in August of 2024. In the past, he has also worked 3 years for Sherman Fire Dept, 5 years in a level 1 trauma center as an advanced care tech, and 3 years at a pediatric urgent care as a tech.

### **Albert Tang, NRAEMT, EMS-I**

Albert Tang is a first-year medical student at Rowan-Virtua School of Osteopathic Medicine with a sustained background in Emergency Medical Services. A native of Maryland, he began his involvement in EMS in 2016 and has worked across collegiate, volunteer, and municipal 911 systems. Albert is credentialed as an Advanced EMT (AEMT) and formerly served as Captain and Quality Assurance Coordinator at Levittown Fairless Hills Rescue Squad, where he held operational leadership responsibilities and participated in patient care documentation review and quality improvement efforts. He previously served as Chief and President of Drexel University Emergency Medical Services, overseeing operations, interagency coordination, and provider training within a dual-function EMS agency. He is an EMS instructor at the JeffSTAT EMS Education Center, teaching EMT, BLS, and ACLS courses, with instructional interests centered on applied pharmacology, pathophysiology, and evidence-based prehospital care. Albert's professional interests include overdose recognition and management, emerging sedative agents, prehospital quality assurance, and EMS education. He intends to pursue a career in emergency medicine, with a focus on EMS medical direction and system-level improvement.

### **Megan Thomas, NREMT**

Megan Thomas is the Captain of Lehigh University Emergency Medical Services (LUEMS), where she leads a team of student EMTs dedicated to providing high-quality emergency care to the Lehigh University campus and the surrounding community. She is passionate about leadership development, peer mentorship, and improving prehospital care through training and collaboration. Her experience with LUEMS has strengthened her commitment to medicine and community service, inspiring her to continue making an impact in emergency and clinical settings.

### **Todd Tracey, EMT**

Todd Tracey is a dedicated emergency management professional currently serving as the Emergency Preparedness & Operations Coordinator at the Maryland Institute of Emergency Medical Services Systems (MIEMSS). In this role, he focuses on the preparedness, operational readiness, and resilience of the Maryland Emergency Medical Services System. With a strong foundation in both emergency response and administrative leadership, Todd brings a unique perspective to the field. Prior to joining MIEMSS, Todd served as a Senior Preparedness Specialist at the Maryland Department of Emergency Management for over six years. In this role he oversaw the State Special Event Program overseeing the consequence management planning for several Presidential Inaugurations, the Gubernatorial Inauguration of Governor Wes Moore, the 2022 Maryland Fleet Week & Fly Over Baltimore, and several other significant events in Maryland. Before becoming an emergency manager, Todd served as a volunteer firefighter and EMT for over a decade, honing their skills in crisis management and teamwork. During this time, they held leadership positions within the volunteer fire service, gaining invaluable experience in strategic planning, resource allocation, and community engagement. Todd holds an Associates of Applied Science in Emergency Management from the Frederick Community College and Bachelors of Science in Public Safety Administration from the University of Maryland, Global Campus. They are also a member of the prestigious National Emergency Management Advanced Academy FY-25 cohort, demonstrating a continued commitment to professional growth and excellence.

### **Rickquel Tripp, MD, MPH, CDR, USN, FAEMS**

Rickquel Tripp is a nationally recognized expert in addressing provider implicit bias, creating health equity, and building a diverse workforce. She is a dynamic speaker and leader in addition to receiving many awards for her diversity, equity, and inclusion work such as UPMC Award for Commitment and Excellence in Service (ACES) in 2019, the University of Pittsburgh School of Medicine Social Justice Educator Award in 2023, Onyx Woman Leadership Award in 2023, YWCA Bridge Builder Award in 2023, Gateway Medical Society Healthcare Policy & Advocacy Champion Award in 2024, and Iota Phi Foundation Exemplary Service Award for Medicine in 2024. As an EMS Medical Director of 4 different agencies, Dr. Tripp has provided subject matter to numerous EMS agencies and organizations regarding health disparities and equity, provider implicit bias and strategies to mitigate bias affecting medical care, and OB/GYN emergencies. She holds MD from Johns Hopkins School of Medicine and MPH from Harvard School of Public Health along with being a Commander in the Navy Reserves.

### **Becky Valentine**

Drawing from over 32 years of EMS service and education, and life-long learner, Becky's sessions are geared toward excellence and diversity in EMS education through current standards and critical thinking.

### **Nicholas Valentini, MD**

Nick is a current EMS and emergency medicine physician at Brown University Health (Rhode Island). He was an emergency medicine resident at Michigan Medicine and the assistant medical director for the University of Michigan EMS. Prior to this, he attended both college and medical school at Dartmouth where he was previously the Director of Dartmouth College EMS. Nick has experience in critical care transport, EMS operations, pre-hospital cardiac arrest care, and college EMS.

### **Mark Warren, MS, NRP**

Mark Warren is a Special Agent with the Federal Bureau of Investigation assigned to the Protective Services Section, Attorney General's Protection Detail. SA Warren is a senior operator and Primary Medical Operator on the detail. Prior to assignment on the detail, SA Warren served as the FBI Pittsburgh Primary Medical Operator and Lead SWAT Medic. SA Warren is a Gen 1 member of the FBI's Special Operation Medical Group (SOMG) as an Advanced Capability Paramedic/Advanced Tactical Paramedic with deployments

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worldwide to support tactical, austere, maritime, protective, medevac, and/or otherwise high-risk missions with advanced medical capabilities. Prior to joining the FBI, SA Warren served as a Captain/Paramedic/Hazmat Specialist with a fire department for 13 years and has extensive experience in technical rescue, hazardous materials, incident command, and instruction.

### **James Weber**

James Weber is an EMS educator and all-hazards public safety leader with over 25 years of experience advancing prehospital care, regulation, and education. He currently oversees one of the region's most active EMS training centers at GW MFA in Washington, D.C. Previously, he served as an EMS Specialist with the D.C. Department of Health, managing credentialing for over 5,000 providers, and as Coordinator of EMS Education at Harrisburg Area Community College. His work focuses on innovation, mentorship, and building resilient, community-focused EMS professionals.

### **Ian Weston, MPP**

Ian Weston is the Assistant Vice President of Operations for MedStar Medical Group, where he oversees ambulatory and hospital-based surgical services across General, Specialty, and Reconstructive programs, supporting more than 500 providers and associates. He joined MedStar Health in 2017 after serving as Executive Director of the American Trauma Society (ATS). In that role, he partnered with trauma centers nationwide to strengthen trauma systems, advance prevention initiatives, and implement survivorship and recovery programs. Previously, Ian directed the Emergency Medical Services for Children (EMSC) Program, National Resource Center at Children's National Medical Center, leading a federal initiative to expand pediatric emergency care capacity in both pre-hospital and hospital settings. His career also includes health policy advisory work in the federal government and private sector. Ian earned a Bachelor of Arts in Public Policy and Political Science from Syracuse University's Maxwell School of Citizenship and Public Affairs and a Master of Arts in Global Health Policy from George Mason University's Schar School of Policy and Government.

### **Jacob Wierer**

Jacob Wierer is a life member of the Virginia Tech Rescue Squad, where he served as Chief from 2023 to 2025. During his tenure, he led EMS planning and response for numerous mass gatherings and incidents involving more than 80,000 people. He is the principal author of the Virginia Tech EMS Mass Casualty Incident Response Plan. Jacob also serves as the lead instructor of the Virginia Tech Technical Rescue Team and was a member of New Jersey Search and Rescue. He holds degrees in Aerospace Engineering and Ocean Engineering from Virginia Tech and is currently employed by the U.S. Navy as a Systems Safety Engineer.

### **Donnie Woodyard, MAML, NRP**

Donnie Woodyard, Jr. has spent nearly thirty years in Emergency Medical Services, beginning as a volunteer EMT in high school and as a Paramedic while attending university, where he was also the Chief of EMS. He holds degrees from Sinclair Community College, Indiana University, and Liberty University, and is currently pursuing a doctorate in Law and Policy with a focus on emergency preparedness and national security. His career includes service as an EMS Chief, instructor, Paramedic Program Director, State EMS Director for Louisiana and Colorado, and Chief Operating Officer for the National Registry of EMTs. Internationally, Donnie helped develop EMS systems in South Asia and served in humanitarian and disaster response roles, including a six-month stint in Haiti following the 2010 earthquake. He has authored EMS textbooks and reference works in multiple languages and continues to publish extensively on EMS leadership, innovation, and policy. Donnie currently serves as Executive Director of the United States EMS Compact, the governmental body responsible for interstate practice of EMS clinicians across 25 states and more than 400,000 licensed professionals. Outside of EMS, Donnie is a certified Scuba Dive Master, a search-and-rescue pilot with the Civil Air Patrol, and the author of multiple best-selling books, including *EMS in the United States: Fragmented Past, Future of Opportunity and Across State Lines: A Guide to the United States EMS Compact*. His commitment to service, innovation, and public safety continues to shape his work with local, national, and international EMS systems.

### **James Wynn**

James Wynn is an experienced wildland fire and wilderness medicine professional with a career spanning emergency response, field leadership, and education. He has served as a Wildland Firefighter and Wildland Firefighter EMT, providing frontline medical care in austere, high-risk environments. As a Wildland Forward Observer, he has supported fire operations through situational awareness and coordination in complex terrain. In addition to his fire service work, James is a certified Wilderness EMT and a faculty member with NOLS Wilderness Medicine, where he teaches and mentors students in remote medical care. He also serves as a WEMT Program Specialist, contributing to curriculum development and program excellence in wilderness medicine training.

## Vomacka Student Speaker Biographies

### Isra Bashir

Isra Bashir is a third-year neuroscience student at McMaster University and a First Responder with the McMaster MSU Emergency First Responder Team. With a strong passion for medical technology, Isra has showcased her research on the international stage representing Canada as a finalist at the Regeneron International Science and Engineering Fair in 2022 and 2023, in the biomedical engineering and health science categories. She is currently conducting research in the Department of Chemistry and Chemical Biology at McMaster University, under the mentorship of Dr. Joseph Okeme. If she's not scrambling to submit her assignments, you'll probably find her making tea!

### Samatha Belatur, EMT

Samatha Belatur is a junior BS Neuroscience major at UT Dallas, and works as the Assistant Operations Chief and Field Captain at University Emergency Medical Response for two years. In this role, she has managed aspects of the agency's internal relations and works closely with each provider to assess engagement, satisfaction, and organizational climate. Her EMS interests include leadership development and EMS team dynamics.

### Savannah Dreas, EMT

Savannah is a sophomore at Emory, majoring in Neuroscience and Behavioral Biology with a minor in African American Studies. She has been working as an EMT for three years, with experience in Greenwich and Atlanta. She has a strong interest in health disparities and preventive healthcare and demonstrates this interest through her research with the Emory Prevention Research Center.

### Isha Gupta, NRAEMT

Isha is a senior studying Human Health at Emory University, focused on how care is delivered in moments of vulnerability through presence, communication, and connection. Her perspective is shaped by hands-on clinical work, research, and service in low-resource and underserved settings, where the way care is delivered often matters as much as the care itself. Through Emory University's Cognitively-Based Compassion Training (CBCT), she explored compassion through an EMS lens and developed a more structured way of thinking about presence in high-pressure environments. She is driven by the question of how care can be practiced humanely and sustainably, without sacrificing compassion.

### Viswa Karthic

Viswa Karthic is a first-year public health student at the University of Pittsburgh and a nationally certified EMT with experience in campus-based and municipal EMS systems. He has worked with law enforcement, emergency management, and public safety partners. He has interned with FEMA and municipal emergency management offices, and previously served in leadership roles focused on school safety and emergency preparedness. Viswa is a former member of the FEMA National Youth Preparedness Council, selected as one of only ten students nationwide, and led district-wide Stop the Bleed initiatives. He has designed and facilitated multifaceted tabletop exercises addressing active threats, mass-casualty incidents, and complex coordination challenges, and has served as a student keynote speaker at emergency management and preparedness conferences. His interests include EMS systems design, interagency coordination, and disaster readiness in resource-limited environments.

### Elodie Krawczyk, NRP

Elodie Krawczyk is a nationally registered paramedic working in Canonsburg, Pennsylvania, and a Bachelor of Science candidate in Emergency Medicine at the University of Pittsburgh. Currently in her final year of study, she combines field experience with a strong academic foundation to advance prehospital care for vulnerable populations. She is the author of "Intimate Partner Violence in Emergency Medical Services: A Literature Review," published in JEMS, and is actively engaged in ongoing research focused on improving EMS response to intimate partner violence (IPV) and psychiatric emergencies. Her work explores the intersection of trauma-informed care, clinical education, and patient advocacy in the prehospital setting. In addition to her clinical and research work, she has taught EMT labs and worked night shifts in a busy emergency department--an experience that shaped her approach on emergency care from both prehospital and in-hospital perspectives. When she's not in uniform, she can usually be found with a camera in hand, a book in her bag, and her cat, Patrick, nearby.

### Ibrahim Qureshi, EMT

Ibrahim Qureshi is a senior BS Healthcare Studies major at UT Dallas, and works as the Operations Chief and Field Captain at University Emergency Medical Response. In this role, he oversees all agency operations, training, scheduling, and engagement initiatives. His interests in EMS include organizational culture, team performance under stress, and provider well-being in EMS systems.

### Asher Seibel, NRAEMT

Asher is a junior studying Neuroscience and Behavioral Biology at Emory University with a focus on medicine, pain, and people. With a minor in Religion and an emphasis on compassion-based learning, he's built skills in emergency medical care, patient care, data collection, and scientific communication. His approach to care has been informed by Emory University's Cognitively-Based Compassion Training (CBCT), which emphasized perspective-taking and compassionate response under stress. Driven by meeting new people and listening to their stories, he is especially interested in pain management, neurobiology, and how emerging technology can reshape patient care.

**Saachi Sharma, AEMT**

Saachi got her Advanced EMT license last year through Emory EMS, which won the Georgia Emergency Medical Service of the Year in 2025. She's currently a sophomore at Emory University, studying Neuroscience and Behavioral Biology and Artificial Intelligence. She works at the Treatment Resistant Depression Lab and is a Teaching Assistant for the Emory EMS Education Program.

## NCEMSF Staff Biographies

### Executive Board

#### George J. Koenig, Jr., DO

George Koenig, NCEMSF President, is an Associate Professor of Surgery in the Division of Acute Care Surgery: Trauma, Surgical Critical Care and Emergency General Surgery of Sidney Kimmel Medical College at Thomas Jefferson University. He is the Associate Medical Director of JeffSTAT and the Trauma Program Medical Director at TJUH as well as the Medical Co-Director of the Center for Operational Resource Efficiency (CORE) and the Transfer Center. He completed a surgical critical care fellowship at The Johns Hopkins Hospital in 2010. Prior to that, he did his general surgery residency training at the Mercy Catholic Medical Center in Philadelphia. He earned his Doctor of Osteopathy from The Philadelphia College of Osteopathic Medicine (PCOM) in 2003. He also holds a Masters degree in Biomedical Science from PCOM. In 1996, he graduated from Bucknell University with a degree in Biology and Chemistry. While attending college, he was active with Bucknell's quick response group. He served as President of the Bucknell Emergency Response Team from 1994 to 1996. Dedicated to the advancement of collegiate EMS, he became involved with NCEMSF in 1993 at the first annual conference held at Georgetown University. He served as Vice-Chairman of the Constitutional Committee and Temporary Governing Board from 1995 to 1996. He has served as President since 1996.

#### Scott C. Savett, PhD

Scott Savett, NCEMSF Vice President and Chief Technology Officer, has been involved in collegiate EMS since 1991. His EMS career started at Ursinus College, where he was one of the founders of its EMS response group. Scott received his BS in chemistry in 1994 and subsequently enrolled in graduate school at Indiana University-Bloomington. In 1994, Scott founded IU-EMS, an organization dedicated to providing comprehensive pre-hospital education and service. Scott transferred to Clemson University in 1995 to continue his graduate studies in chemistry. He was an active volunteer with Clemson University Fire/EMS, eventually upgrading his level of training to NREMT-I and becoming cross-trained in the fire service. In May 2000, Scott received a PhD in analytical chemistry from Clemson. Professionally, Scott is a senior software analyst for Thermo Fisher Scientific, implementing Laboratory Information Management Systems (LIMS) for pharmaceutical, environmental, clinical, and biotech laboratories. He served as Chair of the Board of Directors of Whitmarsh Ambulance, a 4,000-call-per-year ALS squad in the Philadelphia suburbs from 2018 to 2021. He is a per diem event EMT for Lehigh Valley Health Network at the PPL Center in Allentown, Pennsylvania. Scott is an ardent supporter of the National Multiple Sclerosis Society and has been a Bike MS charity cycling team captain since 2006. He and his wife, Kate, ride in Bike MS events throughout the northeast US, aiming to dovetail a visit to a local campus EMS squad when the opportunity arises.

#### Joshua A. Marks, MD, FACS, FCCM

Joshua Marks, NCEMSF Secretary, is an Associate Professor of Surgery in the Division of Acute Care Surgery: Trauma, Surgical Critical Care and Emergency General Surgery of Sidney Kimmel Medical College at Thomas Jefferson University. He is the Program Director for the Surgical Critical Care Fellowship and Associate Program Director for the General Surgery Residency as well as the Surgical ICU Medical Director at Jefferson. He is Board Certified in surgery and surgical critical care and is a Fellow of the American College of Surgeons (FACS) and the American College of Critical Care Medicine (FCCM). He completed his fellowship in trauma and surgical critical care at the Hospital of the University of Pennsylvania and his general surgery residency at Thomas Jefferson University Hospital. He received his Doctor of Medicine degree from Jefferson Medical College (now SKMC) in June 2007, and his BA in Economics in May 2003 from Columbia University. He has been involved with EMS since 1998, as a member of Narberth Ambulance and served on Narberth's Board of Directors for twelve years as the Corps' Treasurer, Secretary, Membership Chair, and BLS Training Coordinator. He is currently a Life Member and an Assistant Medical Director. While at Columbia, Josh served as the Chief Medical Officer and Executive Director of Columbia University EMS. Joshua became involved with NCEMSF in 2000. He served for three years as the Foundation's first National Coordinator from 2001 to 2004 before being elected to the Executive Board. Joshua is the 2003 NCEMSF Collegiate Provider of the Year Award as well as the 2003 recipient of the American College Health Association's Lewis Barbato Award.

#### Matthew D. Ricci, MPA

Matt Ricci, NCEMSF Treasurer, was the Director of Operations for UMass Lowell EMS from 2007-2010. He currently works in technology for Alzheimer's Clinical Trials, and formerly worked in Emergency Response Department for JetBlue Airways, and Business Continuity for a large Wall Street bank. Matt's work with technology streamlined campus EMS operations and has been used toward new solutions in the airline's response operations. Matt has an MPA in Emergency & Disaster Management and maintains his EMT-B Certification. Matt was previously the New York Regional Coordinator.

#### Yoni Litwok, MD

Yoni Litwok, NCEMSF Director-at-Large, graduated from Brandeis University in 2007 with a degree in Economics. Prior to graduation, he was Clinical Supervisor and Director of Operations of the Brandeis Emergency Medical Corps. After graduating he worked for an investment firm before deciding to pursue a career in medicine. Yoni completed his post-baccalaureate studies at Rutgers University and then graduated from Rutgers New Jersey Medical School. Yoni completed an Internal Medicine residency and Cardiology Fellowship at Northwell Health. He served as both Chief Resident of Internal Medicine and Chief Fellow of Cardiology during his tenure. He subsequently completed a Critical Care Fellowship at Mount Sinai Hospital and is currently Director of the Cardiac ICU at Valley Hospital in New Jersey. He has served NCEMSF as a Regional Coordinator and Director-at-Large for nearly two decades.

### Division Chairs and Coordinators

#### Karolina A. Schabes, MPH

Karolina Schabes, NCEMSF Membership Coordinator, has been involved in campus EMS since 1995. While earning her bachelor's degree in biology and health at Cornell University, Karolina volunteered with Cornell University EMS. After she received her degree,

she worked as a New York State Critical Care EMT in Ithaca, NY. During and after her undergraduate education, Karolina resided at the Cayuga Heights Fire Department where she served in many roles including firefighter, advanced EMT, company treasurer, and continuing medical education evaluator. Karolina joined the NCEMSF Board in 1998 as Treasurer and has remained Membership Coordinator since 1999. Karolina holds a Masters of Public Health in environmental and occupational health from the Rollins School of Public Health at Emory University. She has worked in both federal and state government as an epidemiologist specializing in infection control and environmental and occupational health research. She is currently employed in state government as a health information technology director.

### **Lucas Rappert, DO, MS, MA**

Lucas Rappert, the NCEMSF National Coordinator, became involved in collegiate EMS with the University of Wisconsin Madison Police Department First Responders. He served as Crew Chief, Quality Assurance Officer, and Deputy Service Director. After graduating with a bachelor's degree in neurobiology, he continued volunteering with the UWPDFR until he joined Deer Grove EMS, just outside Madison. In addition to EMS, Lucas has experience as a 911 dispatcher, medicolegal investigator, tissue/organ procurement coordinator, and emergency technician. Currently, Lucas is an emergency medicine resident physician at Rush University Medical Center in Chicago. His free time is spent staying active outdoors, attending outdoor music events, and exploring the city. He previously served as the North Central Regional Coordinator.

### **Joseph M. Grover, MD, FACEP, FAEMS**

Joseph Grover, NCEMSF Startup Coordinator, is a Clinical Associate Professor at the University of North Carolina Department of Emergency Medicine, EMS Fellowship Program Director, and Chief Medical Officer of Orange County (NC) Emergency Services. He completed his emergency medicine residency at the University of Virginia in 2014, and an EMS fellowship at the University of North Carolina in 2016. He earned his Bachelor's degree and MD from Case Western Reserve University (CWRU) where he co-founded Case Western Reserve University EMS as an undergraduate. Starting in high school, he served as a volunteer with the Kensington Volunteer Fire Department (KVFD), where he attained life membership. Prior to his current position as startup coordinator, he served for 8 years as the Midwest RC with NCEMSF.

### **Zachary Gant, NRP, CCEMT-P**

Zachary Gant, NCEMSF Assistant Startup Coordinator, became a volunteer firefighter while in high school. He attended Western Carolina University and completed his Bachelor of Science degree in Emergency Medical Care with a concentration in EMS management. While at WCU, Zachary was active in WCU EMS, holding numerous leadership positions, including EMS Chief. After graduation, Zachary joined Orange County Emergency Services where he continues to work full-time as a paramedic. Additional involvement in EMS has included volunteering and leadership with South Orange Rescue Squad, teaching EMS courses at the high school and collegiate level, and most recently completing his critical care certification.

### **Zachary Matuzsan, DO**

Zach Matuzsan, NCEMSF Education Coordinator, began his EMS career in 2007 as a volunteer EMT with the East Windsor Rescue Squad in New Jersey. He joined the Hopkins Emergency Response Organization in 2008 as a freshman and later served as the Equipment Lieutenant and Operations Lieutenant. He graduated with a degree in Public Health Studies in 2012 and subsequently earned his Doctor of Osteopathic Medicine (D.O.) in May of 2016 from Rowan University's School of Osteopathic Medicine in New Jersey. Zach completed an emergency medicine residency at Lehigh Valley Health Network in June 2020 before finishing an EMS fellowship at Cooper University Hospital in June 2021. He is currently an attending physician at the Lehigh Valley Health Network in Allentown, PA and is a core faculty member for the emergency medicine residency program. Zach serves as an Associate Medical Director for Lehigh's aeromedical MedEvac program and is medical director for Northampton Regional EMS. He is board certified in Emergency Medicine and EMS/Pre-Hospital Medicine.

### **Joshua E. Glick, MD, FACEP**

Josh Glick, NCEMSF Alumni Coordinator, is an attending physician in the Department of Emergency Medicine at the Hospital of the University of Pennsylvania and an Assistant Professor of Emergency Medicine at the Perelman School of Medicine at the University of Pennsylvania. He completed his residency training in Emergency Medicine at the University of Pennsylvania in 2018, received his MD from the Penn State College of Medicine in 2014, and his BA in Biological Basis of Behavior and Modern Middle Eastern Studies from the University of Pennsylvania in 2010. While at Penn, Josh began his involvement with EMS as a member of the Penn Medical Emergency Response Team, ultimately serving as the organization's Training Lieutenant and Chief, and currently has come full circle and serves as the organization's Medical Director and Faculty Advisor.

### **Jeffrey J. Bilyk, ACP(f)**

Jeffrey Bilyk, NCEMSF EMS Week Coordinator, is the founder and former Director of the University of Windsor Emergency Response Team. He previously served on the NCEMSF Board as Canada Regional Coordinator. He worked as an EMT in Michigan and after a hiatus doing work in emergency management returned to EMS in Ontario. Jeff has worked in both land and air environments in Alberta and Ontario where he currently serves as an Advanced Care Paramedic and Acting Supervisor with his Paramedic Service. He also works in the quality assurance department of his Regional Base Hospital Program providing QA and education to nine local Paramedic Services as well as an Inspector for the Ontario Ministry of Health Emergency Health Services responsible for certification of Paramedic Services province-wide. In addition to his EMS work, Jeff owns a successful health and safety consulting company. He has always been a strong advocate for campus based EMS in Canada and endeavors to continue to grow the number of Canadian campuses with CBEMS teams.

### **Eric Pohl, MS, NRP**

Eric Pohl, NCEMSF Emergency Management Coordinator, is a Federal On-Scene Coordinator for the United States Environmental Protection Agency, Region 5 Emergency Response Branch and located in Cleveland, Ohio. Professionally, Eric responds to spills and releases of hazardous substances or petroleum, and works to protect human health and the environment. He is a Paramedic and Clinical Preceptor for the City of Hudson, OH Emergency Medical Services. Previously, he was a Supervisory Hazardous Materials Specialist for the Bureau of Police & Security of the New York City Department of Environmental Protection. In 2007, Eric earned a Bachelor of Science degree in Chemical Engineering from Columbia University where he also served as a Crew Chief with the campus ambulance service. Eric obtained his paramedic certification from St. Vincent's Hospital - Manhattan in 2008 and has provided 911 services in OH, NY & NJ. Eric earned a Master of Science degree in Environmental Management from the University of Maryland Global Campus in 2021. Eric's professional interests include CBRN Consequence Management; crisis and disaster response; environmental sustainability; and responder mental health. He is a member of EPA's National Critical Incident Stress Management team, and also serves on the Summit County, OH ASSIST77 CISM team. He is the former NCEMSF NY Regional Coordinator.

### **Ryan M. Hay, MSN, PHRN**

Ryan Hay, NCEMSF Division Chair, is a Board-Certified Emergency Nurse and Emergency Manager, serving as the Administrator of Emergency Operations & Public Safety at Lehigh Valley Health Network in eastern Pennsylvania. Ryan holds a Master of Science in Nursing with a concentration in Population Health and Emergency Management from Jacksonville State University in Alabama. Ryan holds both a BS in Nursing and a BA in Political Science from DeSales University. While at DeSales, Ryan cofounded DeSales EMS, serving as the director for three years. He is currently the Chairman of the Northeast Pennsylvania Healthcare Coalition. Additionally, he serves as an Assistant Chief on the Lehigh County (PA) Special Operations US&R and Hazardous Materials Response Team.

### **Timothy J. McMichael, NRP**

Tim McMichael, NCEMSF Information Technologist, is a 2001 graduate of Juniata College with a BS in Information Technology and Systems. He is employed by Microsoft Corporation as a Support Escalation Engineer working on the Exchange Server product. He became an EMT in 1999.

### **Ian Feldman, FF/LP**

Ian Feldman, NCEMSF Webmaster, started his EMS career at Rice University in 2006. He served as an EMS Supervisor and officer during his time at Rice. After graduating in 2009 with a degree in mathematics, he remained active with Rice EMS assisting with administrative tasks and later becoming an EMS Instructor. Outside of collegiate EMS, he works as a Senior Staff Analyst with the City of Houston, where he serves as assistant program manager for a DHS-supported initiative to assist law enforcement agencies in the Houston region with the detection and interdiction of radiological and nuclear materials. He also works as an In-Charge Paramedic and dispatcher at Harris County Emergency Corps, he volunteers with the Northwest Volunteer Fire Department, and is an AHA instructor with the Baylor College of Medicine. He received a Master of Science in Threat and Response Management from the University of Chicago in 2011 and holds a Certified Emergency Manager® designation from the International Association of Emergency Managers. He served as NCEMSF's Central Regional Coordinator from 2012 to 2017.

### **Michael Rounding**

Michael Rounding, NCEMSF Skills Classic Co-Coordinator, has been involved in campus based EMS since 2005. While pursuing an honours degree in Forensic Science at the University of Windsor (Ontario, Canada), he joined the University of Windsor Emergency Response Team (UWERT), serving as a responder and supervisor, and later advancing to program oversight roles as a director and program advisor. In addition to medical response, Michael has a passion for the fire service. Joining the Essex Fire Rescue Service in 2004, he continues to serve his community as a Captain and training officer. Concurrently, Michael undertook a career in provincial law enforcement in 2008, where he has enjoyed a range of assignments including frontline enforcement, supervision and management positions. He is currently a Staff Sergeant leading his agency's provincial training unit and is a subject matter expert in commercial vehicle enforcement.

### **Paul Stromme, BHSc(P), ACP**

Paul Stromme, NCEMSF Skills Classic Co-Coordinator, has been involved with campus EMS for over two decades. In 2003, he joined the University of Windsor Emergency Response Team (UWERT) as a responder. During his time at UWERT, Paul held many positions, including Crew Chief, Supervisor and Operations Manager. He presently serves as a Professional Advisor - a role he has held since 2007. Paul graduated from St. Clair College after completing the Primary Care Paramedic Program. Subsequently, he received his Advanced Care Paramedic certificate from Georgian College and Flight Paramedic designation from the ORNGE Academy of Transport Medicine. Paul holds an Executive Diploma in Municipal Management from the Association of Municipal Managers, Clerks and Treasurers of Ontario and a Bachelor of Health Science in Paramedicine from Victoria University. Paul has been actively employed with Essex-Windsor Emergency Medical Services since 2007, where he presently serves as a District Chief.

### **David Afienko, DO**

David Afienko, NCEMSF Best Practice Coordinator, began his collegiate EMS career with Massachusetts Maritime Academy's EMS organization. In 2012, David co-founded MMA EMS and granted the role of Chief. David carries prior experience as an EMS field supervisor, part-time faculty at Northeastern University, and as an ER technician at Tufts Medical Center. David graduated from MMA in 2013 with a degree in emergency management. He is a 2020 graduate of Touro College of Osteopathic Medicine in New York and completed his emergency medicine residency at Albany Medical Center in 2023. David currently resides in Delmar, NY where he is the associate medical director of Delmar-Bethlehem EMS and works as an emergency physician in multiple ERs in upstate New York. He also previously served as NCEMSF's Massachusetts Regional Coordinator.

### **Kathryn Hilton, MPH**

Kathryn Hilton, the NCEMSF Career Development Programs Coordinator, is an alumna of both Carnegie Mellon University and Columbia University EMS. She holds a master's degree in public health with a concentration in health policy and management. Her professional expertise is in healthcare performance improvement and strategic business planning, which encompasses aspects of operations, finance, regulatory affairs, quality improvement, and organizational management. She currently serves as the Program Director for Ambulatory Operations Strategy at a large New York City academic medical center.

### **Stephen J. Lanieri**

Stephen Lanieri, NCEMSF National Coordinator Emeritus, graduated from Daniel Webster College in 2008 with a BS in Aviation Management. As a freshman, he founded a student-run and state-licensed campus EMS service where he was Chief for all 4 years. Steve began in EMS at 16 as a cadet on the Branchburg Rescue Squad in NJ and became an EMT at 17. He has become certified in Swiftwater Rescue, Vehicle Extrication, and Airplane/Helicopter Rescue, and served as a Lieutenant of the rescue squad. Steve started his full-time career as a Communication Specialist/EMT with Boston MedFlight. He has also worked at some of the busiest airports throughout the Northeast US, managing airport operations, security, and emergency response/preparedness, which he continues doing at his current role at a major NYC-area international airport. Steve has been a national ski patroller at Pats Peak Ski Area in Henniker, NH and is an annual medical tent deputy leader at the Boston Marathon. He continues to volunteer as an EMT and firefighter on local departments, and a member of his county EMS Bureau. Steve previously served as NCEMSF's Northern New England Regional Coordinator.

## **Regional Coordinators**

### **Ellika Greaves, EMR**

Ellika Greaves, NCEMSF Canada Regional Coordinator, began her collegiate EMS career with the McMaster University Emergency First Response Team (EFRT) in Hamilton, Ontario, where she served for three years. During her time with EFRT, Ellika led the development of a national framework to enhance trauma-informed care practices in collegiate EMS, aiming to improve responder education and patient support across North America. She is in her final year of a Bachelor of Health Science degree in Biology and Pharmacology at McMaster, and holds certification as an Emergency Medical Responder (EMR). Ellika currently lives in Vancouver, where she works in clinical research in nutrition and healthy aging at the University of British Columbia.

### **Laura Hanson, DO**

Laura Hanson became involved in collegiate EMS as Founding Chief of Operations of the University of Arizona EMS from 2011- 2012. She received a BS in Physiology in 2012 and an MA in Biomedical Sciences in 2015. Laura worked as an EMT for Rural/Metro Southwest Ambulance from 2012-2017 and volunteered part-time as a reserve for the Arizona Department of Public Safety Air Rescue helicopter for many years. She completed medical school at the Arizona College of Osteopathic Medicine in 2020, emergency medicine residency at Magnolia Regional Health Center in Mississippi in 2023, and EMS fellowship at The University of North Carolina in 2024. She currently works as an emergency medicine physician and EMS medical director at Yale University.

### **Nicole Behnken, EMT**

Nicole Behnken, NCEMSF Central Assistant Regional Coordinator, first became involved in collegiate EMS in 2022 when she joined CU Boulder Emergency Medical Services. She served as VP of Public Relations and worked with her team to transform CUEMS from a club into an operational EMS agency. She has worked as an EMT-IV at DispatchHealth and Mile High Ambulance. Nicole is currently finishing her BS in Integrative Physiology and minors in Biochemistry and Public Health and works as a research assistant at CU Anschutz. She hopes to attend medical school in the near future. Outside of EMS, she enjoys painting and hiking.

### **Joseph Mendes, BS, AEMT**

Joseph Mendes, Massachusetts Regional Coordinator, started in EMS in 2021 working at UMass Lowell EMS serving as a Preceptor, Field Supervisor and the program Assistant Manager. During his time with UMass Lowell EMS he served as the Special Operations Coordinator and Supply Coordinator. He graduated from UMass Lowell in 2024 with my Bachelors of Science in Biology. His long term goal is to attend medical school. He obtained his AEMT in 2023 and has since been working in Mobile Integrated Health at South Shore Health. During his free time he enjoys biking, hiking, and rock climbing.

### **Gabe Gan, MPH, NRP**

Gabe Gan, NCEMSF Mid-Atlantic Regional Coordinator, first became involved in EMS as a high school student in the Maryland suburbs of Washington, D.C. He attended Emory University in Atlanta, GA, where he majored in human health and held various leadership positions as a member of Emory EMS. Gabe received his Master of Public Health degree from Columbia University's Mailman School of Public Health in 2018, and spent over three years as a healthcare consultant for payers and providers with the PricewaterhouseCoopers Health Industries Advisory practice. He now works for the Office of the Medical Director at the District of Columbia Fire & EMS Department, where he serves as the department's lead EMS quality improvement analyst and also assists in the structuring and implementation of novel clinical programs and research projects. He previously served as Southeast Regional Coordinator.

### **Jack Childs**

Jack Childs, the NCEMSF Mid-Atlantic Assistant Regional Coordinator, has been involved in EMS since he was 15, starting as a volunteer EMT with the Greenwich EMS Explorer Post and earning his EMT certification. Throughout high school, he continued to volunteer and eventually became the Explorer Post President, where he shared his passion for EMS with fellow students. During his undergraduate studies at Georgetown University, Jack served as a crew chief and driver for GERMS, holding positions as Director of

## NCEMSF Staff Biographies

Safety, Treasurer, and ultimately Captain. As the captain, Jack served as the operational director of the agency and oversaw operational and administrative transitions for GERMS following the COVID-19 pandemic. In his senior year, Jack interned in the Office of the Medical Director at DC Fire & EMS, focusing on quality improvement projects, particularly around controlled medication usage. He then worked full-time as a quality improvement analyst at DC Fire & EMS during his gap year, coordinating initiatives to enhance the quality of care for the District's residents and visitors. Currently, Jack remains active as a per-diem EMT, serves as an advisor for the Explorer Post, and instructs EMT classes at Greenwich EMS. He is now a medical student at George Washington University School of Medicine.

### **Midwest Regional Coordinator**

This position is currently available. Please email [nc@ncemsf.org](mailto:nc@ncemsf.org) if you are interested in joining our team.

### **Meghann Zapcic-Desrochers, MD**

Dr. Meghann Zapcic-Desrochers became involved in collegiate EMS as the Director of Operations of UMass EMS in Amherst, MA where she received a BS in Psychology in 2016. Meghann worked on a variety of agencies from municipal 911 to fire-based QRS as an EMT throughout her time as an undergraduate. In 2020, she completed medical school at Temple University in Philadelphia, PA where she worked with Temple EMS on multiple projects with an active shooter drill and as part of the bike response crew. Following medical school, she completed her Emergency Medicine residency education at UMass Baystate in 2023 and finished her EMS fellowship at Brown University continuing to work as an EMS physician in the New England region.

### **Jack Dunn**

Jack Dunn is a third-year law student at Boston University School of Law where he concentrates in corporate health law and healthcare compliance and serves as the Editor-in-Chief of the American Journal of Law and Medicine. Before and during law school, Jack has volunteered and worked as a firefighter and EMT for more than eight years. He is an alumnus of Georgetown University where he was the Vice President of Operations for Georgetown EMS (GERMS). Jack is an incoming first-year associate in the Healthcare Regulatory and Enforcement practice group of the large international law-firm where he currently works as a law clerk.

### **Emily Locke, RN**

Emily Locke, RN, NCEMSF New York Regional Coordinator, previously served as the Chief of Clarkson University EMS from 2021-2023 and the Assistant Chief of Clarkson University from 2020-2021. She is currently a graduate student at Yale University pursuing joint degrees of a Master of Public Health and a Master of Nursing. At Yale, Emily is involved with Yale EMS as a Field Training Officer. Emily is interested in studying the intersections of rural health, EMS, and maternal health and maintains her NREMT and EMT-B in New York and Connecticut.

### **Kris Kurtz**

Kris Kurtz, NCEMSF North Central Regional Coordinator, began his collegiate EMS career with the St. Olaf EMT Service in 2020. While at St. Olaf, he served as the Vice President and President for the organization. After graduating in 2023 with a bachelor's degree in chemistry, he moved to Albuquerque, New Mexico and works at Albuquerque Ambulance Service as an AEMT. In addition, Kris has been a national ski patroller in Bloomington, MN and Sandia Park, NM. Kris uses his free time enjoying the New Mexico landscape and officiating high school athletics.

### **Margaret Dickey**

Margaret Dickey, NCEMSF North Central Assistant Regional Coordinator, began her collegiate EMS career in 2021 with the St. Olaf EMT service. At St. Olaf, she served as the Quality Improvement Officer and conducted research on the treatment of altered mental status patients by collegiate EMS providers. For this project, she was awarded the Collegiate EMS Research Poster of the Year at the NCEMSF Conference in 2023. Since graduating from St. Olaf in 2023 with a Bachelor's degree in Spanish, Margaret has worked in research at the Critical Care Research Center at Regions Hospital in St. Paul where she had the opportunity to combine her interests in EMS, trauma, and quality improvement. Beginning fall 2025, she will be a medical student at the University of Minnesota, Twin Cities.

### **Catherine Gibbs, BSN, RN, PHRN**

Catherine Gibbs, NCEMSF Pennsylvania Regional Coordinator, is a Cardiac ICU Nurse at The Children's Hospital of Philadelphia. Catherine studied Neuroscience at Temple University where she served as the Director of Operations for the on-campus EMS organization, TUEMS. Catherine continued her education at Thomas Jefferson University where she pursued her nursing degree. Catherine is a prehospital RN (PHRN) and an EMS instructor who is passionate about community engagement and education. Catherine is currently working with a university in Philadelphia to develop a university based EMT education program. She previously served as Northeast Regional Coordinator.

### **Nicholas Melchiorre**

Nick Melchiorre, the NCEMSF Pennsylvania Assistant Regional Coordinator, is the School Safety Coordinator for the Chester County Department of Emergency Services. His responsibilities include acting as the central point of information for all school sectors in response to safety and compliance issues, emergency planning, safety assessments, and daily emergencies. He assists in the development, review, and coordination of safety plans for both regulatory compliance and ability to meet real world needs. Nick is also the chairman of the Southeastern Pennsylvania Regional Task Force's School workgroup. Prior to joining the Emergency Management Division, Nick was an Operations Communications Specialist within the 911 Division. The Operations Communications Specialist collects, coordinates, and prioritizes time-sensitive data to provide effective situational awareness and timely, accurate notification of emergency and non-emergency threats and events that impact the citizens, visitors, and employees of Chester

## NCEMSF Staff Biographies

County. Nick is an active responder in the county with various Fire and EMS agencies. Nick studied Health Behavior Science at the University of Delaware where he served many roles at University of Delaware Emergency Care Unit (UDECU) including Operations Coordinator. He is still an active alumni member.

### **Sarah Torzone, EMT-P**

Sarah Torzone, NCEMSF Southeast Regional Coordinator, became involved in EMS in 2017 at the Arundel Volunteer Fire Department in Maryland prior to attending college at the University of North Carolina at Chapel Hill where she received a BS in Biology and double-majored in Medical Anthropology. Sarah served as the founding Chief of EMS at UNC Campus EMS from 2021-2023 and then worked as a paramedic in Chatham County North Carolina from 2022-2025. During her tenure as Chief, UNC EMS was awarded HEARTSafe Campus status and spearheaded collegiate EMS involvement in college vaccine administration efforts. She is currently an MD/PhD student at the Emory University School of Medicine.

### **Sophia Dhrolia, BS, NRP**

Sophia Dhrolia, the NCEMSF Southeast Assistant Regional Coordinator, started in EMS at the Milltown Rescue Squad in 2019 before joining the founding group of UNC EMS at UNC-Chapel Hill where she graduated in 2024 with her B.S. in Biology and B.A. in Music. While serving as Assistant Chief and Chief, UNC EMS achieved the NCEMSF Striving for Excellence and HeartSafe accolades. After graduation, Sophie continued working as a paramedic in Chatham County, North Carolina and as an elementary school music teacher.

### **Tom Renner, MD**

Pronouns: he/him/his Tommy Renner, NCEMSF West Regional Coordinator, started his EMS career as an Ocean Lifeguard in Laguna Beach, CA. He later began his collegiate EMS career during his freshman year in 2012 at Johns Hopkins University on the Hopkins Emergency Response Organization (HERO). While on HERO, he served as the Equipment Lieutenant and later as the Operations Lieutenant while majoring in public health studies. After recently graduating from the Uniformed Services University of Health Sciences (USUHS) F. Edward Hebert School of Medicine, he is completing his emergency medicine intern year at Naval Medical Center San Diego. He is also a member of the International Surf Lifesaving Association (ISLA) and has lifeguarded around the world.

### **Joseph Gocke**

Joseph Gocke, NCEMSF West Assistant Regional Coordinator, grew up in a family of first responders serving Orange, Los Angeles, Santa Barbara, and Ventura Counties. Joseph began his EMS career as an Ocean Lifeguard for Port San Luis Harbor District in San Luis Obispo, California. While attending UCLA, he worked for UCLA EMS for approximately two and a half years, and spent a majority of his time as a Field Training Officer (FTO) before graduating in 2023. Currently, Joseph is an Ocean Lifeguard for the Los Angeles County Fire Department where he works operations mostly in Venice, but will be on special assignment in the Training Division from September to June.

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## Schedule-at-a-Glance

Friday, February 20, 2026

04:00 PM - 11:00 PM *Conference Check-In*

04:30 PM - 11:00 PM *Stryker EMS Skills Classic*

Crystal Ballroom Foyer  
Presidential Hallway  
(Lobby South)

06:00 PM - 06:50 PM *Workshop Session 1*

From Campus to Cannulation: A Primer on ECMO and eCPR

111A

Washington

Campus on Lockdown: EMS Integration in Real Time

111B

Commonwealth

Medical Decision- Making Capacity - The Paramedic's Perspective

111C

Monument View

Responding to Expected Death: EMS and Medical Aid in Dying

111D

Capital View

Roundtable: Startup

111E

Potomac View

07:00 PM - 07:50 PM *Workshop Session 2*

AHA Emergency Cardiovascular Care Guidelines: Does the AHA 'Get' EMS?

112A

Washington

Catamount Emergency Care: A Safer Campus Through Collaboration

112B

Commonwealth

Sepsis and Septic Shock

112C

Monument View

Unconventional Medicine in Law Enforcement

112D

Capital View

08:00 PM - 08:50 PM *Workshop Session 3*

This Can't Be BLS! The BLS vs ALS Mindset

113A

Washington

Understanding the EMS Compact: Changing the Landscape of Interstate Licensure

113B

Commonwealth

Why is the First-in Bag Beeping? CO Response for EMS.

113C

Monument View

Special Events Medical Planning

113D

Capital View

Roundtable: Chiefs and Presidents Leadership

113E

Potomac View

08:45 PM - 12:30 AM *Welcome Social and Mixer*

*Sponsored By Philadelphia College of Osteopathic Medicine*

Stryker CPR Challenge

Lincoln Lobby

Saturday, February 21, 2026

07:15 AM - 08:30 AM *Continental Breakfast*

07:45 AM - 08:15 AM *Group Introductions / Meet and Greet*

Crystal A/B/C

08:15 AM - 09:05 AM *Plenary Session*

*Sponsored By Uniformed Services University*

Strategies to Address Implicit Bias and Health Disparities

211A

Crystal A/B/C

09:15 AM - 10:05 AM *Workshop Session 4*

College of Hard Nocks: Why Cervical Collars and other EMS Traditions Must Be Expelled

212A

Washington

Special Pathogens Awareness for EMS

212B

Wilson/Harrison/Jackson

EMS Research in 2025

212C

Commonwealth

Leading in Emergencies: Skills, Strategies, and Practices Utilized by Paramedics

212D

Lincoln

The ABCs of Airway Management: How to Manage Airway Emergencies

212E

Monument View

The Unsung Hero: How A Good Doc(umentation) Saves The Day

212F

Capital View

Translating Prehospital Excellence into a Career in Military Medicine

212G

Potomac View

Lightning Talk Session:

212H

Crystal A/B/C

EMS Research for Dummies (or How to Get Involved in EMS Research)

Bias in EMS: What is it? What can we do about it?

Shared Classrooms: The Partnership of Collegiate EMS and Medical Students

Roundtable: Administrator/Advisor/Medical Director

212I

Madison

Roundtable: The Pros and Cons of Social Media

212J

Monroe

Skills: Communication Isn't Optional: EMS Care for Deaf Patients

212K

Valor

Skills: Wilderness Wound Care

212L

Van Buren

Skills: Mission-Ready Hemorrhage Control: "Stop The Bleed" Instructor Certification

212M

Crystal D/E

10:15 AM - 11:05 AM *Workshop Session 5*

March into the Warm Zone: Trauma Care for the Severely Injured

213A

Washington

The Art of the Refusal- Common Gaps in Assessment during a informed refusal

213B

Wilson/Harrison/Jackson

Ultrasound in EMS

213C

Commonwealth

Breaking Barriers: Building Relationships with Off-Campus Resources

213D

Lincoln

Beyond the Obvious: Medical Zebras Seeking Quality Prehospital Care

213E

Monument View

Is My Patient Going to Die? A Deep Dive into Shock Index

213F

Capital View

Crazy In EMS

213G

Potomac View

Panel: More than Medicine: Turning EMS Experience into Career Capital

213H

Liberty

Lightning Talk Session:

213I

Crystal A/B/C

They Have What? Approaching Pre-Hospital Infectious Disease Outbreak Response

Don't Miss a Beat! Wearable Cardioverter-Defibrillators Simplified

When Lightning Strikes: Assessment and Management of Lightning Strike Injuries

Roundtable: Better Leadership Through Better Followership

213J

Madison

Skills: Improvised Splinting

213K

Van Buren

Skills: Mission-Ready Hemorrhage Control: "Stop The Bleed" Instructor Certification (2)

213L

Crystal D/E

JCEMS Poster Session Walk Rounds

213M

11:15 AM - 12:00 PM *Workshop Session 6 - Richard W. Vomacka Student Speaker Competition*

Sugar High! - Assessment and Management Framework for Hyperglycemic Emergencies

214B

Washington

## Schedule-at-a-Glance

The Unspoken Call: Trauma-Informed Care for IPV in Prehospital Settings	214C	Wilson/Harrison/Jackson
Mixed-Scope Collegiate EMS: When Does ALS Add Value?	214D	Commonwealth
Cooking Up Culture: Building Belonging in Collegiate EMS	214E	Lincoln
Training Compassion as a Clinical Skill in Collegiate EMS	214F	Monument View
Rolling the Dice on Readiness: What Tabletop Exercises Reveal About Student EMS	214G	Potomac View
Regional Roundtable Discussions	214A	Crystal A/B/C
<b>12:00 PM - 01:00 PM Lunch on your Own</b>		
<b>01:00 PM - 01:50 PM Workshop Session 7</b>		
Basic Science for (Future) BLS: Laboratory Research of Hemostatic Biomaterials	215A	Washington
Moments That Matter: Learning From EMS Incidents on Video	215B	Wilson/Harrison/Jackson
The Escape from SCAPE	215C	Commonwealth
When the Dorm Room Becomes the ICU: Critical Care Thinking for Campus EMS	215D	Lincoln
Show Me The Money! Approaches to Funding a Campus Agency	215E	Monument View
Creating a Protocol for Intoxicated Collegiate Patients: A DIY Adventure	215F	Capital View
Health 34: A Mobile Collegiate Response Model for Mental Health and Crisis Support	215G	Potomac View
CBEMS Best Practice Competition	215H	Crystal A/B/C
Roundtable: Training	215I	Madison
Roundtable: Leveraging Your EMS Experience to Get the Job	215J	Monroe
Skills: Spinal Protection in a Backcountry Setting	215K	Van Buren
Skills: Ultrasound in EMS - Ultrasound-Guided IV Access	215L	Victory
Skills: Mini-Bushmaster at the NCEMSF Conference!	215M	Pentagon I/II
<b>02:00 PM - 02:50 PM Workshop Session 8</b>		
Epidemiology Intro: Mind the Gap Between P-Values and Patient Care	216A	Washington
How Stuff Works: EMS Edition	216B	Wilson/Harrison/Jackson
Shock Doesn't Have to be a Surprise: Managing Hypoperfusion	216C	Commonwealth
Simulation According to Dollar General: High Fidelity Thinking, Dollar Store Budget	216D	Lincoln
Little Patients, Big Problems - Responding to Pediatric Emergencies	216E	Monument View
Dizzy, Blind, and Confused: A Guide to Posterior Circulation Strokes	216F	Capital View
Sense and Sensitivity: Trauma-Informed Responses to Sexual Assault Calls	216G	Potomac View
Panel: Careers in Emergency Management	216H	Liberty
Lightning Talk Session:	216I	Crystal A/B/C
Is the Scene Safe??? It Looks Safe?		
Special Field Skills and Considerations for Collegiate Dorm Response		
The Hidden Dangers of Yes and No		
Roundtable: Recruitment and Retention	216J	Madison
Roundtable: Pharmacy Management	216K	Monroe
Skills: March into the Warm Zone. Trauma Care for the Severely Injured	216L	Valor
Skills: Wilderness Medicine	216M	Van Buren
Skills: Ultrasound in EMS - FAST	216N	Victory
Skills: Mini-Bushmaster at the NCEMSF Conference!	216O	Pentagon I/II
JCEMS Poster Session Walk Rounds	213P	
<b>03:00 PM - 03:50 PM Workshop Session 9</b>		
Leveraging Artificial Intelligence to Modernize Orientation in Collegiate EMS	217A	Washington
When Campus EMS Meets Public Safety Broadband: A FirstNet Partnership Case Study	217B	Wilson/Harrison/Jackson
Lost in Transmission: Fixing Radio Reports, Handoffs, and Other Conversational Disasters	217C	Commonwealth
The Base of Life Support: Rebuilding EMS from the Foundation Up	217D	Lincoln
EMS Suicide	217E	Monument View
The Initial Obstetric Exam	217F	Capital View
We've MARCHED to a New Beat: Initial Trauma Assessment and Resuscitation	217G	Potomac View
Panel: Pre-Med	217H	Liberty
Lightning Talk Session:	217I	Crystal A/B/C
Reflecting on Your Experience: 55 Word Stories		
After-Incident Care Standards for Pre-hospital Clinicians in Collegiate EMS Agencies		
Stronger Together: The Value of Teams in Collegiate EMS		
Roundtable: Fundraising and Financing	217J	Madison
Roundtable: Emergency Management	217K	Monroe
Skills: March into the Warm Zone: Trauma Care for Severely Injured	217L	Valor
Skills: Going Beyond Falls and Alcohol Calls	217M	Van Buren
Skills: This is a Drill: A College Campus MCI Tabletop Exercise	217N	Victory
Skills: Mini-Bushmaster at the NCEMSF Conference!	217O	Pentagon I/II
<b>03:50 PM - 04:05 PM Snack Break</b>		
<b>04:05 PM - 04:55 PM Workshop Session 10</b>		
Mental Health Crisis - I'm Not Okay	218A	Washington
Collegiate Critical Care	218B	Wilson/Harrison/Jackson
Pills, Potions, and Real-World Reactions	218C	Commonwealth
OSHA and EAP Plans	218D	Lincoln
Pediatric Fear Factor	218E	Monument View
Medicine on Ice	218F	Capital View

## Schedule-at-a-Glance

LGBT+ Affirming Care in EMS	218G	Potomac View
Roundtable: Let's Talk About Sex: Taking Patient-Centered Sexual History	218H	Madison
Roundtable: Engaging Your Alumni Network	218I	Monroe
Skills: Nitty Gritty ACLS	218J	Valor
Skills: Simulation Design for the EMS Educator	218K	Victory
Skills: Mini-Bushmaster at the NCEMSF Conference!	218L	Pentagon I/II
<b>05:00 PM - 06:00 PM Major John P. Pryor, MD Memorial Lecture</b>	219A	Crystal A/B/C
<i>Sponsored By United States Army Medical Recruiting Battalion</i>		
From Founders to Future: Leading EMS into the AI Era		
<b>06:00 PM - 07:00 PM NCEMSF Business Meeting and Awards Presentation</b>		Crystal A/B/C
<b>07:00 PM - 08:30 PM Alumni Mixer and Networking Event</b>		
<b>07:00 PM</b> Dinner and Evening Activities		
<b>10:00 PM - 02:00 AM Club NCEMSF and Casino</b>		
 <b>Sunday, February 22, 2026</b>		
<b>07:30 AM - 08:30 AM Continental Breakfast</b>		
<b>08:00 AM - 08:50 AM Workshop Session 11 - Young Alumni Speaker Series</b>		
Leadership Development: Because You Can't Treat Everything with O <sub>2</sub> and a Blanket	311A	Washington
High Altitude EMS: Managing Illness, Injury, and Environment	311B	Wilson/Harrison/Jackson
Helping MEMAW: Collegiate Approaches to Geriatric Care	311C	Commonwealth
Beyond the Call: The Power of Trauma-Informed Collegiate EMS	311D	Lincoln
We're Done Here: Understanding Patient Refusal	311E	Monument View
Search and Rescue Lifeguards in California State Parks	311F	Capital View
That's Snow Joke: A Look Into the Infamous 2025 Mount Everest Rescue	311G	Potomac View
Skills: The Obstetric Abdominal Exam (4 hours)	311H	Pentagon I/II
<b>09:00 AM - 09:50 AM Workshop Session 12</b>		
Mama Mia: Recognition and Intervention of Obstetrical Emergencies	312A	Washington
Large Event EMS Planning in Resource Limited Systems	312B	Wilson/Harrison/Jackson
No Drugs? No Problem: BLS Pain Management	312C	Commonwealth
EMS Physician Extenders: What You Could be Doing After Graduation?	312D	Lincoln
Embrace the BS - Basic Stuff	312E	Monument View
Train Smarter, Not Harder: AI in Targeted EMS Training	312F	Capital View
When Oxygen Isn't Enough: Physiology-Driven CPAP Use in Respiratory Emergencies	312G	Potomac View
Roundtable: Administrator/Advisor/Medical Director	312H	Madison
Roundtable: Inside the Journal of Collegiate EMS	312I	Monroe
Skills: Management Of Aggressive Behaviors (MOAB)	312J	Valor
Skills: Hemorrhage Control - Beyond Stop the Bleed	312K	Victory
<b>10:00 AM - 10:50 AM Workshop Session 13</b>		
The HOTT Trauma Code	313A	Washington
Therapy Dogs and First Responders	313B	Wilson/Harrison/Jackson
Are We Teaching the Wrong Things?	313C	Commonwealth
Collegiate EMS: Significant Partners in Campus Public Health	313D	Lincoln
Scene Safety, EMS-Police Co-Response, and Alternatives	313E	Monument View
Performance Under Pressure: Improving EMS Care Through Cognitive Offloading	313F	Capital View
SAND: Caring for our Special Kids	313G	Potomac View
Roundtable: Startup	313H	Madison
Roundtable: Technology	313I	Monroe
Skills: Advanced Airway Skills Lab	313J	Van Buren
<b>11:00 AM - 11:50 AM Workshop Session 14</b>		
Emerging Trends in Substance Abuse on College Campuses: Beyond Alcohol	314A	Washington
Pilot or Paramedic? Crew Resource Management in EMS	314B	Wilson/Harrison/Jackson
Veterinary Anesthetics: A Rhino of a Problem	314C	Commonwealth
From the Streets to the Science: Journey Through EMS and Into Resuscitation Innovation	314D	Lincoln
Prehospital Intrapartum Obstetric Care - Caring for the Pregnant Patient	314E	Monument View
The EMS Handoff: EMS and Hospitals Work Better Together	314F	Capital View
Should I Call This In? Navigating Medical Command Conversations and Messy Encounters	314G	Potomac View
Roundtable: Administrative Challenges in a Collegiate EMS Agency	314H	Madison
Skills: 12 lead ECG Interpretation Lab and Discussion	314I	Van Buren
<b>12:00 PM - 12:30 PM Conference Wrap-Up</b>		Washington

## Conference App



Download the Conference App at <https://my.yapp.us/NCEMSF2026>

Our Conference App will always contain the most up-to-date Conference schedule information.

## NCEMSF Discord



Stay connected with NCEMSF and your fellow Collegiate EMS providers and advisors throughout the year via our Discord server. Details for accessing this resource are included on each Conference name badge, and can also be accessed by those with NCEMSF website accounts at [www.ncemsf.org/discord](http://www.ncemsf.org/discord). That webpage also provides more information on Discord.

## Save the Date for 2027

34<sup>th</sup> Annual NCEMSF Conference next February 26-28

Stay tuned to NCEMSF emails and social media posts for additional details over the coming months.

**Thank You for Attending - Safe Travels Home!  
See You Next Year!**