

NCEMSF NEWS

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Of Interest:

- This year, Collegiate EMS Week was celebrated on campuses nationwide November 11-17.
- Are you on the NCEMSF e-mail discussion list? Check it out at: www.ncemsf.org/list

Message from the President

George J. Koenig, NCEMSF President



Several weeks ago, I attended the Midwest Regional Conference. Most of Saturday morning meeting, I participated in a roundtable forum with representatives from each school. The session started with an open discussion on the organizational structure and operation of each organization. The type of service, level of training, and population served varied from organization to organization. Regardless of these differences, the challenges that each one faced were identical. Each person left the roundtable session energized with new ideas and incite towards improving their organization.

The roundtable session reminded me of our roots and reaffirmed the value of NCEMSF. Early

conferences were filled with roundtable sessions on various topics. Each session was designed to encourage problem solving and brainstorming on issues such as funding, recruitment, or quality assurance. There also were dedicated sessions toward new or developing organizations. In the end, these sessions were replaced with seminars given by nationally known lecturers. The focus slowly shifted toward increasing educational content with less of an emphasis placed on campus based issues. Today, the education content of our conference rivals other national conferences, but not without sacrifice. This year, in addition to the seminar offerings, you will see the return of roundtable sessions.

NCEMSF was founded to foster the exchange of ideas among campus based EMS organizations. Since its inception, we have worked to build and strengthen our information network. Our national conference is only a small part of our information network. We have created dedicated e-mail

discussion groups, a comprehensive database, developed a regional coordinator system, and promoted alumni involvement. It is your participation with each of these that enables us to remain a strong and progressive organization. For more information about joining our email discussion groups or any of the other services go to www.ncemsf.org or email info@ncemsf.org.

We, your NCEMSF Board, remain committed toward the advancement of campus based EMS. If you would like to join our 100% volunteer efforts, feel free to email me at president@ncemsf.org.

Happy Holidays,

George Koenig
President NCEMSF



An Update from Loyola Marymount University EMS

Gabriela Juarez, EMT-B, Loyola Marymount EMS

What has the 2002 NCEMSF Organization of the Year been up to since last Conference?

The members of the Loyola Marymount University Emergency Medical Services (LMU EMS) have been keeping rather busy in the past few months. In May 2002, the LMU EMTs were given the "Loyola Marymount Most Outstanding Organization" Award for 2001-2002.

With about half of our active members graduating in May 2002, the organization was left with only seven members covering duty shifts for the first six weeks of the Fall semester. Just recently, we recruited seven amazing new members, once again bringing the total membership to a respectable fourteen members.

The organization has recently had various training sessions including a campus-wide disaster drill as well as visits to our Fire Station/ALS responders, Los Angeles City Station 5.

The LMU EMTs were also busy planning a number of events for National Collegiate EMS Week including tables offering EMT Certification info, blood pressure screenings, and glucose tests (with the help of our Student Health Center and Los Angeles City Station 5). Also during that week, the EMT's had a feature article in the campus newspaper, *The Loyolan* and hosted informational

sessions about alcohol awareness in the residence halls.



On November 21, the LMU EMTs sponsored a seminar on "Experimental and Designer Drugs" given by William J. Dunne, MS, NREMT-P. William is the Director for the UCLA-Daniel Freeman Paramedic Program that is sponsored by the UCLA Center for Pre-hospital Care. We are very fortunate to have him come out and help us educate the students, faculty, and administration about stopping the rising trend in Party Drug use across college campuses.

On November 5 we had a very special guest pay a visit to our campus. Scott Savett, Vice-President of NCEMSF made a trip out to Loyola Marymount to have dinner with the EMTs. It was wonderful to have him come out and get to know our members on a more personal level. While on campus he also got a tour of the school and got to ride in our EMT Cart.

You don't have to be an NCEMSF officer to visit us! If any of you are ever in the Los Angeles area, e-mail us at lmuems@lmu.edu or call us (310) 338-4499 so we can hang out in the beautiful California weather.

Looking to the future, in February we expect to send a large delegation to the 10th Annual NCEMSF Conference in Washington, DC. We look forward to seeing you there!



Evolution of Prehospital Spine Immobilization

Robert M. Domeier, MD, FACEP, NAEMSP Board of Directors

Spine immobilization as a precaution to prevent worsening of an unstable spine fracture or spinal cord injury has been the standard EMS treatment of trauma patients for over 20 years. The decision to perform spine immobilization has been based largely on the mechanism of injury. It has not always been that way, and recent studies are changing the way we look at this procedure.

Prior to the 1960's, there were no widespread standards for ambulance transport. Litters and stretchers were used to transport trauma patients during the two World Wars and adequate treatment for spine injury was only

developed during the second half of the 20th century. Prior to that, patients with spinal cord injury invariably died due to the lack of effective means of treatment for the complications of the injury.

The Red Cross and the American Academy of Orthopedic Surgeons (AAOS) published the earliest standards for ambulance transport. In 1971, the AAOS recommended spine immobilization for patients with symptoms suggestive of spine injury.(1) These symptoms included pain, tenderness, unconsciousness, lacerations, deformity, and painful movement. They recommended a

simple "range of motion" test as well. These early standards did not use mechanism of injury as a criterion for immobilization.

After reports of significant emergency department (ED) and hospital failure to recognize spine injuries were published, it was suggested that clinical judgment alone was insufficient to determine which patients should have spine radiographs. (2) Clinical practice in the prehospital setting evolved toward universal immobilization when the mechanism of injury was sufficient to potentially cause spine injury. Generally, spine

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The VP Drops in on LMU EMS

Dr. Scott C. Savett, NCEMSF Vice President

A recent business trip took me to Los Angeles, California, and I couldn't pass up the opportunity to visit with NCEMSF's 2002 Campus EMS Group of the Year on their home turf.

While the perception throughout NCEMSF is that Loyola Marymount University EMS (LMU EMS) is a newly formed group, it is not. LMU EMS was founded in the mid 1980's, but NCEMSF only learned of the group in 1998 when they contacted the foundation to provide a link to their newly constructed Web site.

Despite the physical distance between their organization and the majority of other collegiate EMS organizations, LMU EMS has grown close with NCEMSF in recent years. We finally associated a face with LMU EMS in 2000 when a sole representative, James Ratner, ventured to the 7th annual NCEMSF conference in Delaware. Since then, LMU EMTs have attended the subsequent conferences in Rochester, NY and Stony Brook, NY. They are hoping to send the entire membership to the upcoming conference in Washington, DC, though they tell me they have a lot of fundraising ahead of them.

Located just minutes from the LAX airport, Loyola Marymount's campus is located atop a scenic bluff. Once you get past the gate that limits access to campus, it is a mecca of palm trees, grass, and beautiful new

residence halls. They tell me that the palm trees in the center of campus, when viewed from above, are aligned in the shape of a cross; a testament to the school's Jesuit affiliation.

A growing student population means that 5,000 students account for an increasing number of calls per year. LMU EMS logged about 200 responses last year. Responding in crews of two or three on two specially equipped golf carts, LMU EMS swings into action when they are dispatched by their public safety department. If the patient requires emergent transportation to a medical facility, a paramedic-staffed Los Angeles Fire Department ambulance is just around the corner from the campus. Non-critical transportations to local hospitals are provided by public safety.

Loyola Marymount University EMS is an example of what every collegiate EMS group should strive to achieve.

What LMU EMS lacks in numbers, they make up for in spirit. Of the fifteen active members, almost all of them came out to greet me during

my recent visit. It was readily apparent that the bond these EMT share is more than skin deep. Their close relationship is also enhanced by group off-duty activities like retreats or just hanging out watching movies at a member's apartment. They serve together, learn together, and joke together.

Humor is definitely a big part of this group's success. I don't know of any other campus EMS group that has a life-size cut-out of a young-looking President Bill Clinton reminding its members to perform a complete physical survey on every patient – including checking for priapism.

Membership in this group is well-earned. Each year, new members, typically sophomores, are hand-picked. One prerequisite to apply for membership is a Los Angeles County EMT-Basic certification. LMU EMS does not provide the initial EMT training, though they will help out-of-state EMTs obtain reciprocity. After a rigorous interview and skills evaluation process, new members are deservedly welcomed into the organization with open arms.

If you ever find yourself in the Los Angeles area, I would certainly encourage you to look up LMU EMS. My recent visit reaffirmed the decision we made to proudly call LMU EMS the NCEMSF Organization of the Year in 2002.

(Conference — Continued from page 6)

We expect to have a number of exhibitors representing many aspects of the EMS industry.

NCEMSF conferences have always been the centerpiece of campus EMS interaction and EMeRG hopes to continue that tradition in this year's conference. Groups searching for information on how to implement or improve campus EMS at your school

will find a plethora of information available at this year's conference.

Conference planning is still underway and our committee is working very hard to make this a beneficial conference for every campus EMS organization to attend. For more information including online registration, lodging, transportation, and other logistics, please visit the NCEMSF site at:

<http://www.ncemsf.org/conf2003/>

Please send questions or comments to the conference committee at conf2003@ncemsf.org. We look forward to seeing you in February!

Your Regional Coordinator Contact:

West Coast (AK, CA, HI, NV, OR, WA):
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Rest-of-World
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Midwest Regional Conference

Joshua Marks, NCEMSF National Coordinator

Congratulations to the University of Dayton Rescue Squad on organizing and hosting the first NCEMSF Regional Conference in the Foundation's history. Extra special thank you's are owed to Tom Beers, NCEMSF Midwest Regional Coordinator, and Kathy Kopec, Conference Chair and member of the University of Dayton Rescue Squad, who worked tirelessly to put the conference together.

Five schools from the Midwest Region (Indiana, Ohio, Michigan), including Cedarville University, John Carroll University, Kent State University, University of Indiana – Bloomington and University of Dayton, attended the three-day conference, November 8-10 on the University of Dayton's campus in Dayton, Ohio.

The conference included lectures on various clinical and managerial topics pertinent to EMS in general as well as issues specific to the Midwest Region. Lecturers, mostly from the Dayton Fire Department, spoke about managing the intoxicated patient, handling behavioral emergencies, treating pediatrics and geriatrics,

and caring for the sexual assault victim among other topics. Attendees earned continuing education credit for the lectures they attended. There was opportunity for networking and discussing common problems and their possible solutions as well. The conference also included an effective MCI simulation (thirty plus patients injured by a furnace explosion at a college fraternity party) and a presentation by the local aero-medical service.

George Koenig, NCEMSF President, and I had the pleasure of attending and participating in the conference. George spoke at the banquet social Saturday night and tested attendees on their knowledge of NCEMSF trivia. George also presented the University of Dayton Rescue Squad with an official Certificate of Recognition for its efforts in furthering the mission and philosophy of NCEMSF and promoting EMS education.

When the Regional Coordinator (RC) System was developed a number of years ago it was intended that the RCs would improve communication between

individual schools and the Foundation and that the RCs would serve as invaluable resources for the schools in their regions. It was also anticipated that the regions would come together and the schools in each region would benefit from each other's experiences. Regional Conferences, such as the recent Midwest Regional Conference, were envisioned to strengthen the Foundation and supplement the Annual National Conference held every February. The NCEMSF Board looks forward to similar regional conferences in the coming years.

For information about scheduling and hosting regional conferences please contact your NCEMSF leadership, beginning with your local Regional Coordinator. A complete list of Regional Coordinators can be found on the web site's leadership page. Vacancies exist in the Northern New England (ME, NH, VT) and South East (AL, FL, GA, KY, MS, NC, SC, TN), and Canadian regions. If interested in any position please send a resume to nc@ncemsf.org.

Interested in being an NCEMSF regional coordinator?

Contact Josh Marks at nc@ncemsf.org to fill vacancies that currently exist in:

- Northern New England (Maine, New Hampshire, Vermont)
- South East (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee).
- Canada (Covers all provinces)



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NCEMSF NEWS is an official publication of the National Collegiate Emergency Medical Services Foundation (NCEMSF). This newsletter is published as a service to the foundation's members and the national EMS community.

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(Immobilization — Continued from page 2)

radiographs were obtained for all patients brought to the ED when prehospital spine immobilization had been performed.

There have subsequently been a number of ED studies that have confirmed the ability of clinical criteria to reliably determine the need for spine radiographs. The most widely known and largest of these was from Hoffman et al. and found only a small number of patients who escaped capture by the use of clinical clearance criteria in the ED.(3)

Many EMS systems are beginning to "clear" trauma patients from spine immobilization based on the established ED clinical criteria and a recently published National Association of EMS Physicians (NAEMSP) position statement.(4) There have been a number of prehospital studies that have validated the use of these criteria.(5-8)

Systems that use selective immobilization ask EMS providers to evaluate patients for the presence of a mechanism of injury sufficient to cause spine injury and one of these five spine injury assessment clinical criteria:

- 1) Altered mental status
- 2) Evidence of intoxication
- 3) A distracting painful injury
- 4) Neurologic deficit
- 5) Spine pain or tenderness.

The first three establish that the patient is awake and alert, and can give a reliable exam. The last two are clinical signs of a spine or spinal cord injury. Patients with a sufficient mechanism of injury and any one of these five criteria should be immobilized. These criteria work independently of the mechanism of injury and can be used in all trauma patients. It has become clear that the spine is similar to other bones

in the body in that when broken, it provides the patient and EMS provider clear indications of injury.

One of the big remaining questions that may be impossible to answer is whether spine immobilization actually provides any benefit to trauma patients. Immobilization has been demonstrated to cause back and head pain that can increase the number of radiographs required to clear the spine in the ED.(9-10) It also can cause restriction of respirations, and if used too aggressively can actually cause injury.(11) A recent report comparing practice between the United States and Malaysia, an area of the world that does not use spine immobilization, questions whether there is any measurable improvement in outcome with spine immobilization.(12)

Until we develop sufficient evidence to change our practice, spine immobilization will remain the standard for patients with significant potential for spine injury. The NAEMSP clinical criteria can be used to safely determine which patients need immobilization. The use of these and similar criteria is becoming more widespread across the county.

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Conference Fees:

(This fee does *not* include lodging. See Web site for details.)

Normal Registration:
(through January 21, 2003)

If individual is a member of NCEMSF:
\$50.00

Non-NCEMSF members:
\$60.00

Late Registration:

(after January 21, 2003)

If individual is a member of NCEMSF:
\$60.00

Non-NCEMSF members:
\$75.00

NCEMSF 10th Annual Conference in Washington, DC

Kelly M. Schirmer, Conference Committee Chair

If you haven't already done it, mark your calendars right now for NCEMSF's 10th Annual Conference:

February 21-23, 2003

The George Washington University's Emergency Medical Response Group (EMeRG) is honored to be the host of this historic event.

The conference will be held at the Crystal Gateway Marriott in Arlington, Virginia just six minutes from GW's campus and downtown Washington, DC.

"Educating the Future of EMS" is the theme of the 2003 conference which will include prominent political and medical speakers with a focus on public health and EMS. This conference is a special one since it marks the return of NCEMSF to its roots in DC. The first NCEMSF conference was hosted by Georgetown University in 1994.

Based on its popularity at the 9th annual conference in Stony Brook, we will again be holding the Richard W. Vomacka Student Speaker

Competition. Please see the conference Web site if you are a student interested in giving a presentation on a campus EMS topic of your choice.

In addition to excellent seminars and speakers, EMeRG will also include opportunities for conference attendees to explore the city of DC. We are planning small field trips to visit the monuments and National Mall.

We have also been working especially hard on the vendor trade show.

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