Volume 7, Issue 2

Conference 2003

NCEMSF NEWS

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"It is common sense to take a method and try it. If it fails ad-mit it frankly and try another, but above all try something." Franklin Delano Roosevelt

Message from the President

George J. Koenig, Jr., NCEMSF President

Welcome to the 10th annual NCEMSF conference! Whether this is your first conference or your 10th conference. I am confident that the memories and friends that you make at this conference will last well into the I urge you to take the future. opportunity to talk to other organizations, meet your regional coordinator, attend the lectures, and most of all have fun. The network of friends and colleagues that you build today will allow you to strengthen your organization in the future. If there is anything that I can assist you with, please feel free to ask me or email me at president@ncemsf.org.

I wanted to take a moment and share with you the importance of leadership and the development of leadership skills. Leadership is woven through many different levels within **Emergency Medical Service** It is your choice to organizations. decide whether or not to be a leader. A common misconception is that you must have a rank or position to be a leader. This is simply not true. There have been many great leaders that work in the background and out of the spotlight. Leadership is the ability to influence and impact others to get the job done.

Our commitment towards developing great leaders is evident by our dedicated seminar tract on leadership. We have compiled a variety of lectures that will benefit you irrespective of your role within your organization. These seminars are geared towards providing you with tools to help you organization excel. It is our hope that you will take advantage of these seminars and use the information to promote positive change.

I look forward to meeting each of you. I hope we meet your conference expectations and that you return to your campus energized with new insights and new ideas. Many thanks, to The George Washington Emergency Response Team for sponsoring the conference, Kelly Schirmer for her endless enthusiasm and dedication as the conference coordinator, and the Board of Directors of NCEMSF for their neverending support.

George Koenig, Jr. President NCEMSF

NCEMSF Offers Ambulance Specification Assistance

Joshua A. Marks, NCEMSF National Coordinator Director Emeritus, Columbia University Ambulance

How often does your school purchase a new emergency vehicle? Who in your school's administration is knowledgeable about ambulance specifications? Chances are that the answers to the above questions are "infrequently" and "no one."

Universities generally experience high turnover, not only in corps membership, but also in administration. Those involved with the purchase of a vehicle are unlikely to be around when it comes time to replace that vehicle.

Those with the most knowledge of required and desired ambulance features the student members of the corps. But administrators are skeptical about trusting a student's word when considering a \$100,000 purchase. Administrators require research of their own. They desire corroborating reports. NCEMSF can help!



NCEMSF is starting a committee to review your set of vehicle specifications. The committee will read your specifications, make comments and offer its endorsement, which may assist you in obtaining university approval.

NCEMSF is also working on developing lists of standard specifications for corps to use as a starting point in developing their own sets of specifications. Since vehicle requirements vary from service to service and setting to setting it is not possible to offer complete specifications.

To submit your set of specifications for review or to obtain information on writing ambulance specifications for y o u r s e r v i c e, e m a i l ambspecs@ncemsf.org or fax NCEMSF at 208-728-7352.

For more immediate assistance with ambulance specifications, please attend the conference session on Saturday afternoon.

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2004 Conference: Do you have what it takes?

Facts & Figures: This year's conference is expected to be the largest NCEMSF gathering ever: 400 people from over 50 organizations in 20 states. NCEMSF is seeking proposals for the hosting of the 2004 conference. The conference will be held in the Winter / Spring of 2004. The annual conference is an opportunity for campus EMS providers to get together and share ideas; and most importantly highlight your school and EMS group to the nation. For more information or to submit a proposal visit the Conference 2004 Web site: http://www.ncemsf.org/conf2004

Flash Back: Past Annual NCEMSF Conference Hosts

- 1994 Georgetown University
- 1995 Villanova University
- 1996 Rensselaer Polytechnic Inst.
- 1997 Marshall University
- 1998 University of Hartford & Trinity College

1999 - Syracuse University 2000 - University of Delaware 2001 - Rochester Inst. Of Tech. 2002 - SUNY Stony Brook



"Administrators

about trusting a

when considering

student's word

are skeptical

a \$100,000

purchase ... "

NCEMSF Celebrates Ten Years

Dr. Scott C. Savett, Vice President, NCEMSF

This conference marks the tenth time that collegiate EMS providers have annually converged to exchange ideas, recognize the similarities and differences in their organizations, and enjoy the company of a unique group for an entire weekend.

Flash back to ten years ago. A fledgling National Collegiate EMS Foundation was taking its first tentative steps to unite a previously unknown collection of disparate groups – mostly from the northeast United States.

Ten years ago the World Wide Web didn't exist. The Internet was in its infancy, with only some campuses linked by BITNET email. (Some of you have probably never heard of BITNET, which was the academic precursor to the Internet.) In the late 1980's CEMS-L (Collegiate Emergency Services List – no relation to NCEMSF) was formed at SUNY Binghamton by Harpur's Ferry VAS. In 1991, this discussion list was moved to Marist College and subsequently renamed to EMERG-L.

Despite the collegiate beginnings of EMERG-L, public discussions among collegiate EMS providers in that forum were often shunned. Within the EMS community, collegiate EMS responders were frequently considered a "just bunch of college kids running around campus with red lights and sirens."

Many the founding members of NCEMSF were simply looking for validation. We wanted to know there were others just like us providing quality medical care to their campus communities. There is safety in numbers, and it is reassuring to know that problems on a particular campus are not unique. We wanted to learn from each other's successes and failures. Moreover, we had so many questions, yet so few resources were available to us.

Fast forward to today. Over the last decade NCEMSF has become the recognized authority on campusbased EMS. Collegiate EMS is now respected as a niche EMS environment, with multiple journal and magazine articles having been written on the topic. NCEMSF regularly receives requests for information from around the globe. Our Web site, serving over 1,000,000 hits per year, is the flagship resource for individuals or groups looking to start or improve a campus EMS organization. Our online directory boasts nearly 200 campus-based organizations from 40 states and More than 300 people provinces. directly subscribe to our general campus EMS e-discussion list, GENERAL-L, with an additional 115 people subscribed to the administrative e-discussion list, ADMIN-L.

Though we leverage technology to deliver our message, the personal contact offered by our annual conferences can't be matched. Over the years, the style of NCEMSF conferences has changed, but the goal remains unchanged: to foster communication among collegiate EMS providers, which results in improved service to your campus. Even simple things that you take for granted in your organization may have never occurred to other groups. It's only when people start discussing problems and innovative solutions that the magic happens. At every annual conference, l've seen (Continued on page 7)



What Does Your Future Hold?

Mark E. Milliron, Director-at-Large, NCEMSF

How many campus based EMS organizations have suddenly ceased operations and disappeared after seemingly strong operations for many years. In the 10 year history of NCMESF we have seen several campus EMS organizations disband like this. One had been in service for 15 years and had become a well recognized student organization on campus. Another had been a service of a university's public safety department for many years and was suddenly and permanently placed out of service. These were not "flash in the pan" programs that were started one year and gone the next due to lack of interest. They were well established programs with a solid history of service.

Does your EMS organization have the organizational foundation to remain strong and viable, not just from one year to the next, but for the long-term? Take a hard look at your organization and decide if it has what it takes to meet the challenges of the future.

Some organizations seem to be strong and active, but is that merely due to having a single charismatic leader? Who will take that person's place when they are gone? Even if you have a system to develop new leaders, it is a risk to assume that one person can hold an organization together without strong organizational а foundation. This is what happened to the campus EMS organization with 15 years of service. Suddenly the leadership fell apart and there was no tangible organization underneath. Fifteen years of service had simply been passed down from one person to the next until it fell on a person who couldn't keep it going.

It is not uncommon in campus EMS to have 50 members one year, and the next there is only one EMT and four or five First Responders left trying to cover all of the shifts. This happens when the organization is based on temporary leadership, popularly elected, with no long term continuity.

In other cases, where the campus EMS organization is not a student club but is affiliated with a campus health or public safety service, it can be at risk of budget cuts and changes in

administration when new administrators do not have a background or good understanding of campus EMS needs. One long standing campus EMS service was disbanded due, for one reason, to the need for a new ambulance. The university simply was not willing to make the \$80,000 cost of a new unit a budgetary priority. Consider your own survivability in these economic times when state legislatures are severely cutting back on allocations to schools, and the return on investment of school's endowments is well under planned revenues. If your survivability depends on replacing a unit soon (keeping your office space, quarters, or anything else that costs your school something out of someone's budget), are you depending only on the charisma of one of your members to make that happen?

Unlike most community EMS organizations, campus EMS experiences a high turnover rate of members and leaders. How can you provide for a strong organizational foundation with long term continuity in leadership with high member turnover rates? One solution is what many community EMS organizations have come to realize is successful. That is to develop a community advisory board from outside of your membership as community EMS has developed community boards of directors from outside of the EMS world.

A community advisory board can provide long term continuity and a solid organizational foundation that supports but transcends temporary student leadership. It can also bring outside experience and valuable contacts to support the organization. One of the biggest problems campus EMS organizations have is failure to understand the changing needs of the campus community and in being a dynamic organization to meet these changing needs.

In developing the membership of a community advisory board, you are looking for advocates for your EMS organization, but not necessarily people with direct EMS experience. In fact going outside of the world of EMS is critical in bringing together a diverse board. You are looking for people who can represent your organization's interest in their (Continued on page 5) (Future—Continued from page 4) worlds, and bring ideas on the needs of the community back to your organization.

A diverse board might include your medical director and someone from the campus health service, a representative from public safety, a staff member from student affairs or residence life, a student representative from student government, a school development officer to help with fundraising ideas, a faculty member or administrator in continuing or adult education, an assistant athletic director or coach from the intercollegiate athletics office, an attorney, an influential officer from the local community EMS or fire service, an administrator or supervisor from your local hospital, someone from the local business community who is active in the local Chamber, and a C.P.A. who can help you with your finances.

Don't settle for just anyone on your board. An administrative assistant from some campus office may be a great person who is really interested in EMS, but if they do not sit in on their office's department head meetings and have a voice there, can this person really be an effective advocate for you? You want your board members to be leaders in their own areas, so that they can lend their influence to your cause and bring their needs and experiences to your organization. Think about who your customers are. If you provide services for athletic events (or if you are trying to break into that market) then you need an advocate from inside that system on your board.

A community advisory board can fill many roles for your campus EMS organization. They can help you understand when you need to change to adapt to new environments. They can be your advocate when changes are afoot at your school and in the local community. They can represent you on committees when your school or even local government is involved in strategic planning that may affect your services. They can help you with long term financial planning, fundraising, and provide business and legal advice. Basically a community advisory board can provide the organizational foundation for your campus EMS organization that can carry you through those times when the charisma of an individual simply isn't enough to get by massive legislative funding cuts, a bad membership recruiting year, or disbanding in the face of being unable to come up with \$80,000 for a new unit.

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About the author: Mark Milliron has 20 years of EMS experience, including 13 years with campus- based EMS. He is Executive Director of a nonprofit community service corporation and recently served as project manager to organize a free community health clinic. He holds masters degrees in Public Administration and Health Policy and Administration, and is an EMT-Instructor and EMS provider at Penn State University and an Officer-in-Charge and volunteer EMS provider with Alpha Community Ambulance Service in State College PA.

Did You Know?

The following collegiate EMS organizations are celebrating anniversaries this year*:

5 years

Montclair State University EMS Ramapo College EMS Santa Clara University EMS The College of New Jersey Lions' EMS Union College EMS

10 years

Amherst College EMS Lakehead Univ. Emergency First Response Team Western Illinois University EMS

15 years

Radford University EMS

20 years

Brandeis Emergency Medical Corps (BEMCo) Johns Hopkins Emerg. Response Org. (HERO) Lynchburg College EMS

25 years

Brown University EMS Rowan University EMS

30 years

SUNY Albany's Five Quad Volunteer Amb. Service Syracuse University EMS University of Maine EMS

35 years

Cedarville University EMS

University of New Hampshire Durham Amb. Corps 40 years

Columbia Area Volunteer Ambulance (CAVA) *50 years*

University of Massachusetts Amherst EMS

* Data from the NCEMSF organizational database, confirmed by a group's Web site, press release, or other reliable means.

The Long Haul: American University Struggles for an EMS Agency of Their Own

Kelly Schirmer, NCEMSF Mid Atlantic Regional Coordinator



After many years of struggle, it appears that American University finally has the dedicated individuals to start up the American University First Response Team. Scott Porwick and

Mitch Stern met in September, 2002 at the beginning of their freshman year at AU. Porwick, from New York, and Stern, from Philadelphia, discussed their previous experience as EMTs in their hometowns and gained the motivation to start a collegiate EMS agency at AU.

I attended a very successful meeting with Porwick, Stern, and Gary Folckemer, AU Public Safety Community Policing Coordinator to examine the possibility of an EMS agency at American. Since then, they have developed a thorough budget including equipment, uniforms, and office supplies. The AU EMS Standards of Protocols have been designed as well, including both medical and administrative protocols.

"Students at AU are enthusiastically embracing the idea of a student-run EMS agency at AU", says Stern. Porwick and Stern are very excited about this endeavor and will be attending this year's NCEMSF conference in Washington, DC to obtain more information. These two freshmen are demonstrating the dedication to see this agency to completion and are definitely in it for the long haul.

News from the New York Region

Michael Hilton, NCEMSF New York Regional Coordinator

With Alex Arriaga, the immediate past NY regional coordinator, now an alumnus of Columbia University EMS, I have been appointed to follow in his footsteps. I would like to wish Alex all the best in medical school and his future endeavors. I would also like to take this opportunity to introduce myself. I am a sophomore at Columbia University in New York City and a Crew Chief with Columbia University EMS (CAVA). I started in EMS three years ago when I joined Larchmont-Mamaroneck Volunteer Ambulance Corps in Westchester County, NY, and I remain active there as well.

Since assuming the NY-RC position last month, I have been acquainting myself with the many schools of the region (NCEMSF's largest with 34 schools!). While Alex made some headway into contacting and keeping in touch with the NY schools, I hope to build upon his success and

really reach out to the region. I plan on emailing frequently and being available for questioning and commenting.

The Regional Coordinator Network was designed to increase communication between NCEMSF and its member schools. I hope that all schools, regardless of region, regularly use the Regional Coordinator Network as a resource. The regional coordinators exist to help all NCEMSF member agencies with any questions or issues concerning campus EMS (such as how to update protocols, SOPs, deal with administrators, deal with the DOH, and how to start a corps).

Have fun this weekend at the 10th Annual Conference. It is designed for you, for your education, networking, and enjoyment.

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Do you have Conference 2003 pictures you'd like to share? Send your digital pictures to conf2003pics@ncemsf.org. Or mail your prints (note if you'd like them returned) to:

Scott Savett 210 Rivervale Road, Apt 3 River Vale, NJ 07675-6281

Please include the photographer's name and subject of the photo.

Communication is Key

Joshua A. Marks, NCEMSF National Coordinator

NCEMSF Regional Coordinators serve as liaisons between campus EMS organizations and the Foundation

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Or e-mail your articles to info@ncemsf.org

In its first three years, the regional coordinator (RC) network has significantly increased communication between the NCEMSF Board and its institutional members. The Board is committed to continuing to improve that communication.

Just this year NCEMSF hosted its first regional conference. The Board looks forward to coordinating similar regional conferences in all thirteen regions.

The National Conference continues to expand, with new schools registering and sending representatives every year. NCEMSF's other programs, such as Collegiate EMS Week, continue to thrive as well. Resources available through NCEMSF like the Comprehensive Database of Organizations, SOP Library, and E-Discussion Groups remain invaluable.

Word is circulating. Collegiate EMS providers are becoming increasingly aware of the resources available to them through NCEMSF and NCEMSF's infrastructure is expanding accordingly to better accommodate them.

The Regional Coordinators have assisted in this effort and continue to be available to help. They regularly field questions, via email and phone,

(*NCEMSF at Ten - Continued from page 3*) conference attendees experience an "ah ha!" moment as they imagine the opportunities to implement new ideas within their organization. Inevitably, as a conference winds down, everyone bids farewell to their new friends, returning to their respective campuses with a renewed sense of enthusiasm.

For those of you who have attended

regarding how to start groups, how to raise funds, how to recruit and retain members, and how to handle specific protocol and policy issues. Utilize them; tell them how they can help; let them know what you need.

The following RCs are in attendance and look forward to meeting with representatives from their schools. They will look for you to introduce themselves, but please make an effort to meet them as well:

Region	States	RC
Massachusetts	MA	Matthew Harris
Mid Atlantic	DC, DE, MD, VA, WV	Kelly Schirmer
New York	NY	Michael Hilton
Northeast	CT, NJ, RI	Peter Pascucci
West	AK, CA, HI, NV, OR, WA	Mark Malonzo

For those from other regions please feel free to speak with me or with any of the RCs present and then email your region's RC upon returning from the conference to begin a formal relationship.

On behalf of the RCs, we sincerely hope you enjoy the conference!

our past conferences, we look forward to hearing your reaction to the subtle changes in this year's schedule. If this is your first NCEMSF conference, we heartily welcome you, and ask for your feedback, too. Meeting your expectations for conferences is important to us. And we strive to provide the most effective conference programming possible with the resources available. NCEMSF Executive Officers *President* George J. Koenig, Jr., MS

Vice-President Scott C. Savett, Ph.D.

Secretary Jason Emden

Treasurer Michael S. Wiederhold, MPH, MS

Directors-at-Large Mark E. Milliron, MS, MPA Eric MaryEa

Division Chairs Membership Coordinator Karolina A. Schabses, MPH

Startup Coordinator Noah J. Brother

National Coordinator Joshua A. Marks

Alumni Coordinator David I. Bacall

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Created with EclipseCrossword NCEMSF Crossword Puzzle http://www.eclipsecrossword.com/ 8 10 12 13 11 14 15 16 17 18 19 20 22 23 24 25 26 27

ACROSS

3. BLS medication provided to diabetics suffering from hypoglycemia

4. School that hosted the first annual NCEMSF conference

6. Nickname for the University of Illinois (Urbana-Champaign) EMS group

7. The only campus EMS patch with a palmetto tree

9. Velcro strapping system patented by Emergency Products and Research (EP&R)

- 10. Abbreviation for the most "normal" cardiac rhythm
- 11. Triad of hypertension, bradycardia, and bradypnea
- associated with increased intracranial pressure
- 15. NCEMSF's membership chair
- 17. Describing the cheek bones
- 18. Host of the 1995 NCEMSF conference
- 19. The 2000 conference was held in this Mid-Atlantic state
- 20. The only campus EMS group with a ram on its patch
- 24. The only campus EMS patch in the form of a triangle
- 25. Most typical kind of saline for intravenous lines

26. Non-invasive method of monitoring the percentage of haemoglobin (Hb) that is saturated with oxygen

DOWN

1. Large vein in the neck that drains most of the blood from the face and scalp

2. First word of NCEMSF's self-evaluation program for campus EMS organizations

5. School in South Carolina that hosted the NCEMSF ediscussion lists 1995-2000

8. Chemical compound responsible for the red color of blood

12. Known for their bright yellow ambulance cots

13. Common selective serotonin reuptake inhibitor (SSRIs) antidepressant - chemically known as paroxetine hydrochloride 14. School that hosted the first official regional NCEMSF conference

16. Annual NCEMSF event held in November to recognize collegiate EMS

18. Contraindicated if the patient is using nitrates, such as nitroglycerine

- 21. Very common diuretic, also known as furosemide
- 22. The form of ammonium found in instant cold packs.

23. Part of a typical ALS work-up for a suspected narcotic overdose

NCEMSF Conference

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