

NCEMSF NEWS

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*"We are the
future leaders of
EMS..."*

*We are the
future of EMS!"*

Message from the President

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

Welcome to the 18th annual NCEMSF Conference!

Since our inception, we have focused on fostering new ideas, developing leaders, and creating a network for campus EMS organizations. These ideals have fueled our organization to become a national leader in EMS education. Our annual conference has become the cornerstone of our educational mission. This event has transformed into the nation's premier EMS conference.

We have continued to set the standards in EMS education by focusing on providing you with the highest quality experience. This year we reduced our lecture size to provide more individualized attention and have added a multitude of hands on sessions. Over the next 36 hours, you will have the opportunity to attend over 110 lectures presented by experts in their fields. Each of these faculty members has graciously donated their time because of their commitment to education and their belief that the future of EMS is you.

Our speakers share in my enthusiasm that your exposure to new concepts and ideas will define EMS care in the future. Our hope is that you will not only return to your college campuses energized with new ideas to strengthen your campus squads, but that the experience will influence you to become a leader in prehospital care. Our goal is to encourage you to think "outside of the box" by exposing you to new techniques and concepts. Each lecture has been designed to incorporate skills that are relevant to you today, but also skills that may become relevant to you in the future.

There are several exciting additions to the program this year. We have created an ultrasound track to inspire you to think about how ultrasound can be used to aid with prehospital diagnosis. In the hands-on sessions, you will learn techniques on image acquisition and then try yourself to visualize blood vessels and abdominal organs. We have

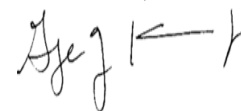
also added a simulation track that will allow you to use your imagination to enhance your training programs on campus. You will get to test your skills using simulators and live patients, while learning how to evaluate and construct effective scenarios. Lastly, I hope you join our panel of experts for a discussion on Hot Topics in EMS. This interactive lecture will allow you to ask questions and hear our discussants review controversial topics. Does everyone need to be immobilized? How much fluid should a trauma patient receive in the field? Who should be intubated in the field? I encourage you to challenge our panel and provide your own insight into these questions and many more. The conference starts early this year on Saturday to accommodate the changes, so be sure to get some rest.

We continue to strive to raise the bar for our conference, but we can only do it with your help. During the conference weekend, please take a few moments to reflect on your conference experience by filling out an evaluation form, which can be found in your conference packet. We value your comments, and will attempt to incorporate your suggestions at future conferences.

I look forward to meeting each of you. I hope that we exceed your conference expectations. I thank our NCEMSF friends for their support and the Regional Coordinators and Board of Directors for their never-ending dedication and assistance.

The network of friends and colleagues that you build today will allow you to strengthen your organization in the future. If there is anything with which I can assist you, please do not hesitate to ask during the conference or email me at president@ncemsf.org.

Best wishes,



Publish or Perish

Joshua A. Marks, MD, NCEMSF Secretary

In academics, the adage “publish or perish” permeates the culture. If not continuously contributing to the published literature in your field, you are stagnant and often perceived to be ineffective. Continued employment, bonuses and promotions are typically tied to academic productivity. The inactive are overlooked, marginalized and eventually replaced. As a result, immense pressure exists to generate intellectual value.

If one likens a university to a factory, the material goods being produced are thoughts and ideas. While a factory might manufacture widgets, a university must turn out knowledge. Just as a factory would move to fire a slacker employee, so too does a university try to motivate its faculty to produce and seek to remove those perceived as less productive.

The concept of measuring productivity, rewarding those that produce, and penalizing those that do not is simple and makes sense at the basic level. The difficulty is in appropriately defining and measuring productivity and interpreting that measurement. In a factory, it is easy. How many widgets did the employee make? Did that number meet the set goals and did each widget meet the set quality standards. The final product is easy to assess – each widget is identical to the one that preceded it and to the one that follows.

In academics, the end product is less concrete. It takes on various forms and has varying degrees of impact, yet the emphasis, just as in the factory, frequently is placed on quantity, when the greater value might be quality. The true academic currency in terms of assessing value is often the number of publications on your curriculum vitae (CV). This is further scrutinized by the number of publications in which one is the lead or senior author. Ultimately, the game becomes a measure of how long is one's CV, often without complete evaluation of the particular value of the individual items on the CV.

The quandary of quantity versus quality and the academic push to produce also bears heavily on us as campus based EMS organizations, as well as individual collegiate EMS providers. We operate within the larger academic framework providing a critical service. As such, we

are susceptible to the same key pressures to produce, and to meet the often growing needs of the communities we serve, and the administrators to whom we answer. NCEMSF has seen exemplary organizations with long histories fold as a result of failing to address these types of pressures adequately. To survive, organizations must remain innovative and adjust to meet evolving climates and demands. They must reliably produce a product that fulfills the needs of those they serve.

As individual providers and students preparing for the next phase of our lives, whether it be graduate school or the work force, we are often preoccupied with the addition of the extra line on the CV and do not always evaluate the quality of that line. While a longer CV may be desirable, fluff serves only to distract from key accomplishments. There is an inherent difference between one who is a member of multiple organizations and one who leads just one organization, and that difference is usually detectable just by reading a CV. In that connection, I encourage each of you to make the most of your collegiate EMS experience and make that line on your CV significant. Many are certified as EMTs such that, in and of itself, it may not be that impressive, but, as with anything, it is what you do with the opportunity that defines your experience and its global impact on your future.

Beyond the individual provider and organizations, however, the adage “publish or perish” resonates with us as a collective group. Entering our 19th year, NCEMSF is no longer in its infancy. We have established a formidable network of organizations and host one of the premier EMS educational conferences. We supply a number of other vital resources to our constituents as well. However, for all we tout about representing the future leaders of the EMS community and the potential research impact we represent by harnessing the academic resources of our over 250 constituent colleges and universities, we have fallen short of meeting our own expectations for growth and success. The greater EMS community slowly has acknowledged the collegiate value, but campus based EMS remains a small subset of the greater EMS community when it clearly could be

helping to lead it. As a group we have traveled a great distance from the early 1990s when any discussion of campus based EMS was taboo and readily dismissed, but it is time for us all to take the next plunge forward.

For NCEMSF to grow and meet the current challenges, collegiate EMS as a whole must embrace several new ideals. We have achieved acceptance, now we need to lead. Through partnering with other national EMS organizations, we are joining advocacy efforts on Capital Hill and at the state and local level as well. NCEMSF has affiliated with NAEMT for this purpose. Additionally, NCEMSF has a seat on the Board of the Pennsylvania Emergency Health Services Council (PEHSC). We are working with both to develop and drive policy. To that end, collegiate EMS providers are strongly encouraged to participate in EMS on the Hill Day, May 3-4 in Washington, DC.

Furthermore, we must solidify our research efforts. Individually and collectively, we have the ability and access to data. Now we must implement the projects we have long talked about and contribute to the pre-hospital literature. NCEMSF is prepared to lend support to research initiatives of any of our constituent agencies and over the course of the coming months will be doubling efforts on some of our own ongoing projects.

Join NCEMSF in expanding beyond our usual comfort zones, improving upon the status quo and ensuring that campus based EMS remains as vibrant as it is seen at our national conferences and that it continues to grow and prosper along with the greater EMS community.

Let us collectively lead the future of EMS!



How were EMS Week and CPR Day celebrated on your campus???

NCEMSF wants to hear, please email stories, photos, videos, etc. to: emsweek@ncemf.org

Startup Strategy: Don't Let the Trees Make You Lose Sight of the Forest

Andrew S. Mener, NCCEMSF Startup Coordinator

When starting or even expanding a collegiate EMS organization, students are often tempted to write an overly detailed proposal. They try to unilaterally develop a solution for every potential problem and then present the plan to the administration. This strategy, however, is almost never successful.

Developing unilateral plans and simply presenting them before a school administration is a wasted opportunity. If students "go it alone," even if the proposal is well thought-out, it is almost destined to fail.

Instead, collegiate EMS startup initiatives and expansion proposals tend to be most successful when the administration plays an intimate role in developing the proposal. Students should work in conjunction with a cross-departmental group of administrators to develop a plan that is tailored to both the needs of the administrators and the students. These jointly devised plans will ultimately be the most successful.

However, students must remember that as the driving force behind the project, it is their responsibility to always be prepared to bring productive ideas to the table. Students should not approach their administrations unprepared or expect that by partnering to develop an idea they can shift the burden to others.

To avoid this, students should try to ascertain in advance what types of improvements the administration would like to see on their campus. Students should brainstorm with other students, faculty, and staff so they come to the administration armed with a strategy and informal list of ideas for how to help fulfill the University's goals. For example, if one knows that the administration is interested in improving disaster preparedness on campus, one might suggest ways in which a student EMS organization could help. If it is known the athletics department is looking to improve health and safety at sporting events, one might explore ways in which a student EMS organization can help. The goal

should be to develop partnerships by demonstrating how the administration can be helped to accomplish their goals.

Remember this is a cooperative approach. While it may be slow, tedious, and even frustrating at times, it will provide students with the opportunity to demonstrate teamwork and leadership (as well as improve upon skills that will certainly be useful later in life). Consistently put forth best efforts and show the administration that its time isn't merely being wasting.

My message is very simple. Involve the administration in a productive process of tailoring a proposal to address administration and student needs alike and everyone will come out a winner. I also encourage you remember that we at NCCEMSF are here to help you along the way.

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Alumni Corner

Joshua E. Glick, NCCEMSF Alumni Coordinator

In the months following the NCCEMSF conference, organizations around the country will begin the process of electing new leaders as senior members prepare to graduate and leave campus. These transitions highlight the importance of maintaining alumni networks to facilitate connections between current students and past members.

For new board members, alumni can serve as a rich source of advice and information regarding organizational oversight and maintenance. Past training exercises and ideas for campus events can be recycled and improved through communication with past leaders and members. A strong alumni network can also serve as a broad database for new training topics and educational material, as many alumni receive further training in medicine or emergency management post-graduation.

Furthermore, a detailed alumni network can serve as a career development tool for seniors who are looking for jobs after graduation. Both undergraduate members and new graduates looking to

continue their education or find employment in a new city often benefit through contact with an alumnus living and working in those cities. Alumni can often provide helpful advice about the transition to a new job or social environment.

As the end of the semester approaches, please consider forming an alumni network if your organization does not already have one. The new NCCEMSF website will provide the framework for development of organizational alumni groups, but websites such as Facebook and LinkedIn are equally effective at maintaining a successful network. Finally, for organizations with either new or existing networks, remember to provide your alumni with organizational news and remind them to provide updated contact and professional information.

Enjoy conference and please feel free to approach me with any questions regarding alumni affairs!

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SAVE THE DATE!
May 3-4, 2011

Register online by March 31st
www.NAEMT.org



Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

The Regional Coordinator (RC) network exists to facilitate communication between NCEMSF and its near 300 constituents. It is through the Regional Coordinators that NCEMSF is best able to accomplish its mission of advocating and supporting campus based EMS. The Regional Coordinators are equipped to assist each squad with the day-to-day issues it faces and to help publicize squad achievements. There are few issues that the NCEMSF leadership has not seen before and for which it is not equipped to offer advice and guidance. If you are a CBEMS leader and have not met your Regional Coordinator, please contact me (Michael Hilton, NCEMSF National Coordinator) and I will gladly introduce you to your RC (a complete listing of the NCEMSF RCs is located in your conference program and online).

Also, please join your RC at the regional roundtable discussions on Saturday morning and chat informally with your RC and other squads from your region throughout the conference weekend.

Canada

McMaster University Emergency First Response Team supervisory staff are now certified in both International Trauma Life Support and Advanced Medical Life Support bringing the best possible care to the students, staff, and visitors of their campus. They look forward to utilizing the skill sets at both NCCER and NCEMSF conferences in years to come.

Ryerson University Student Emergency Response Team's off campus special event team has been disbanded due to various reasons. However, this permits members to focus on expanding their on campus on-call coverage, which presently is limited to residence halls only. They are pushing to go 24/7 and gain expanded coverage of campus.

University of Guelph First Response Team is gearing up in preparation for the National Conference of Campus Emergency Responders (NCCER), the Canadian based conference similar to NCEMSF. Unfortunately held the same weekend this year, the conference brings emergency responders from all over Canada for lectures, and a focus on a first aid competition with teams bringing home bragging rights for the year.

University of Windsor Emergency Response Team recently purchased a new Physio-Control Lifepak Defibrillator/Monitor to replace the separate AED and Cardiac monitor previously in two standalone components. This finally brings biphasic technology to the squad and also reduces the amount of equipment carried by the team. The symptom relief drug administration program has been updated and staff are currently being certified.

Midwest

This semester, *Case Western Reserve University EMS* has integrated regional EMS protocols to stay up-to-date with the latest standard of care. With this, they have also applied for grants for alternative funding sources and plan on buying higher quality and more efficient equipment. They are also looking into electronic PCR's from emsCharts to streamline their Q/A and record keeping. This past October, CaseEMS also organized a full-scale mass casualty drill. Several fire departments, EMS agencies and police departments were involved. Many of the 60 patients were transported to a nearby emergency room for further simulated treatment. The 40 responders received continuing education in START triage and the 70 patient volunteers received community service hours for their Greek organizations.

The *University of Toledo Emergency Medical Service* continues to cover UT sporting events. At the request of the police department, UT-EMS trained campus security officers for the hospital in CPR/AED. During the election season, UT-EMS covered the gubernatorial debate held on campus. UT-EMS also coordinated a Mock DUI extrication with UTPD, a Lifeflight air ambulance, and Toledo Fire Rescue. During and after the exhibition, the Vice President for Student Affairs was given a hands-on crash course in vehicle extrication by a UT-EMS member, who is also a member of the regional search and rescue team.

New York

Columbia University EMS has instituted new training initiatives to prepare for situations infrequently encountered, especially in an urban setting. Other initiatives include a new mentoring system which fosters relationships between members of higher and lower

ranks, Incident Command System training, and CPR and extrication drills. Columbia has acquired new office space, quadruple the size of its old office, and features separate gender sleeping quarters, a training area and a full kitchen and bathroom. CU EMS also acquired a new ambulance, a Braun Type III vehicle. Lastly, members of CU EMS founded a new on-campus organization, Columbia University CPR. CU CPR provides free CPR certification to all students and affiliates, and hopes to open the program to the community in the near future.

Cornell University EMS hosted several events in honor of Collegiate EMS Week including a free CPR class, bike safety and alcohol awareness tabling, Red Cross blood drive, and vehicle expose with other local agencies present. The week ended with CUEMS' second annual public health campaign, "Got Soap?" Members distributed 11,000 bars of soap and 4,000 Clorox products while educating the Cornell Community about the importance of good hand hygiene.

Cornell EMS also changed its CQI process from a paper-based system to an online system using emsCharts. CUEMS doubled its office space this year by expanding into a second room, which is now used as a bunkroom. Also, one of its members successfully defibrillated a cardiac arrest patient, saving the life of a member of the Cornell Community. This year marks CUEMS' 35th anniversary of service to its campus.

It was a challenging start to the year for *Fordham University EMS*, which saw at the end of the past semester a large number of service members graduate and leave the organization. This had initially been a great concern for the squad's leadership, but through the hard work and effort of the current membership, FUEMS has seen no change in the service they provide their community.

Rensselaer Polytechnic Institute Ambulance responded to and transported a record number of patients over the past 12 months, largely due to the H1N1 flu epidemic. RPIA also significantly increased the services it is able to provide the campus population and general community it serves. This past

(Continued on page 5 - RR)

(Continued from page 4 - RR)

year saw the addition of glucometry capabilities, and carrying Epi-Pens as standard equipment. RPIA is currently working hard to try to get a new fly car.

University EMS of New York City at New York University, a squad formed within the past two years, has continued to partner with an already established volunteer ambulance service based in Queens. This partnership allows the current membership of 30 EMTs to gain experience and provide EMS services while work continues on launching their campus-based service. UEMS hopes to continue training with a CFR class this Spring, and a full EMT class in Fall 2011.

North Central

Macalester EMS is excited to have graduated its first class of EMT-Bs. 22 students completed a novel 3-week course during a J-term, going to class from 9-5, 5 days a week. The intensive schedule was not easy, but the students stepped up and performed exceptionally. As this semester begins, the EMTs are looking to secure the final framework for an on-campus service that will be present at school functions and club sports events. Macalester EMS hopes to move to an on-call service in the near future. The umbrella organization, Macalester First Aid, will continue to provide BLS and First Aid courses to the campus. They are also cooperatively opening a Wilderness First Aid course with their outdoors club, and hope to schedule a Wilderness First Responders course for next year.

Northern New England

St. Michael's Fire and Rescue has a new addition to its fleet, a custom built 2010 F-450 Road Rescue. The ambulance that it is replacing, a 2004 F-350 Road Rescue, has been donated to the Catholic Diocese of ABA in Nigeria through St. Michael's local Rotary Club. SMFR is very pleased with where its 2004 ambulance is going, as it served the community well and will continue to help those in need. In the spring, SMFR will be having a banquet celebrating its 41st anniversary!

University of Vermont Rescue recently completed backboard training in the UVM Gutterson ice hockey arena. The training session consisted of three stations of slow and professional backboarding with a full crew. Afterwards, members in attendance competed in a relay that involved speed, accuracy, professionalism, and teamwork. Once the

training was over, the full crew divided into classes and played broomball to cap off the night. UVM Rescue holds this training exercise annually to become familiar with backboarding on the ice in the event of a hockey injury. UVM Rescue stands by with a fully staffed ambulance during all home UVM men's hockey games.

Pennsylvania

Cedar Crest College EMS has expanded its service to now have EMTs on call 24/7. They have also welcomed a new medical director, Dr. Aaron Kelley. Additionally, CCEMS has recently released its new website and has been awarded one of NCEMSF's New Group Initiative Awards. Members are excited to attend Conference for the first time!

DeSales EMS held a joint mass casualty drill with the DeSales Nursing Department, *Cedar Crest College EMS*, *Muhlenberg College EMS*, multiple local EMS agencies, and the Eastern PA EMS Council in October. The drill had approximately 40 patients and was an excellent training opportunity for the nurses and all the EMS personnel involved. These drills have become a standard of the DeSales Nursing Department Curriculum as part of the students' community nursing course and are held twice a year. DeSales EMS welcomed its new officers: Director-Christopher Petersen, Captain- Kevin Wasson, Lieutenants- Megan Hinkle and Andrew Sanabria. DeSales EMS also sponsored a Legal Symposium on December 4, 2010. It featured a full day of continuing education with many interesting topics of discussion relating to college EMS and EMS in general. The symposium was led by Page, Wolfberg, & Wirth, LLC. The day was very successful and DeSales EMS hopes to sponsor a similar program next year.

Juniata College EMS has planned a retreat for its membership in March.

Lehigh University EMS is celebrating its 20th year of operation. Beginning in 1991 as LURT with a few dedicated members, the organization has developed into LUEMS, which now has more than 60 members. The group has developed a standardized introductory class to its organization. The class is intended to give new members the best understanding of LUEMS in order to be able to continue to operate in a sustainable and professional manner.

West Chester University EMS started using a new electronic Patient Care Reporting system in September. The system is called EmStat from InterMedix.com and is NEMSIS Gold certified as well as certified for use by the Commonwealth of PA Bureau of EMS. WCU EMS is excited by this very easy-to-use interface, as well as the ability for its providers to create narrative templates. The web interface called WebCur allows authorized users to view any chart written by WCU EMS providers which enhances the QA process by allowing feedback to be provided directly to the PCR author. So far, the membership is pleased with the new system, especially the medical director, who can now review all PCRs without having to print them.

West

Santa Clara University EMS experienced a two-fold increase in its call volume last quarter, directly following the implementation of SCU's medical amnesty pilot program. SCU EMS is hopeful that this increase in the number of students treated (and saved) will encourage the administration and Board of Directors to keep the medical amnesty program after the trial period is over.

Stanford University EMS had a busy fall quarter with standbys at Freshman Orientation events, equestrian competitions, 5K/10K runs, Alumni Weekend events, and football games (go Card!). Members were also fortunate to work medical standby for His Holiness the Dalai Lama, who visited their campus in October. Stanford EMS members worked a total of 850 person-hours during the fall, and were thankful for the breather during winter break. Their focus is currently on recruitment and training in preparation for an anticipated busy spring!



Do you have news about your squad you'd like to share? Contact your Regional Coordinator and look for it in the next issue of NCEMSF News.

If your squad is celebrating a milestone anniversary this year, please inform a member of the NCEMSF Board so that you may be appropriately acknowledged during our Meet and Greet on Saturday morning.

A Good College Try: The Collegiate EMS Difference

Michael T. Hilton, MD, NCEMSF National Coordinator

I was a recent guest on a podcast episode of EMS Garage (www.emsgarage.com) focusing on collegiate EMS. This was an exciting moment because it was another recognition from the greater EMS world that collegiate EMS is an important sector of the industry/profession/hobby that is EMS. This, of course, is not the first time that collegiate EMS has been noticed. Through NCEMSF and partnerships with outside organizations over the past 18 years, many groups, such as EMS Magazine/World, JEMS, the Sudden Cardiac Arrest Association, American College Health Association and NAEMT have seen campus EMS at its best — at an annual NCEMSF Conference. What was exciting about this most recent opportunity was that it expands our recognition to the EMS podcast audience.

Why do we volunteer our time with our collegiate EMS squads? Think about the Friday and Saturday nights when our friends are out partying, hanging out, going to concerts and we are sitting in our quarters with the crew, waiting for the next call. We do this because collegiate EMS is fun. We enjoy volunteering to provide a service to our school community and helping our fellow students during their time of need. We enjoy the fellowship of other crew members, those who understand our jokes and our stories. The group becomes a fraternal organization for us, a place for us to call home among the myriad of organizations present on campus. We make long-lasting friendships. These are our personal reasons. These, however, are not why collegiate EMS is recognized by so many in the greater EMS world. Collegiate EMS is recognized because it is different.

Unlike other EMS agencies, our services have a four-year turnover. This makes collegiate EMS unique and also powerful. For survival reasons, our groups have a continuous focus on recruitment. Every year, our groups need to replenish a whole class of departing seniors that leave en masse at one time. The strategies our groups have developed to adapt to this situation should be studied by the EMS industry, both volunteer and paid, in which recruitment is a major issue. Some of the strategies collegiate EMS squads have adapted are offering an annual EMT class on campus and

recruiting the best of the class, participating in community activities fairs, using new media (Facebook, Twitter) and by making their presence known to the community through traditional press, community outreach (open house, vehicle demonstrations and public drills), and by volunteering at community events.

Our groups have a leadership turnover every year as well, and the leadership skills, institutional knowledge and personal connections (with in-school and out-of-school departments) that define leaders of other EMS squads, would be lost if we did not have a continuous leadership development process in place. Our strategies to mitigate this issue through continuous leadership development and the strategies developed to ensure a smooth transition every year would benefit the greater EMS world, where leadership development and transitions are often not up to par. At many collegiate EMS squads, future leaders are developed through mentorship and “assistant” positions from the day they start with the squad, to ensure that they will be ready to be strong leaders in three years.

Our services are composed of young, enthusiastic college students, out to change the world, or, at least their world. They bring innovative ideas to the structure, role and delivery of EMS. Collegiate EMS squads, as a microcosm of the larger EMS world, have difficulty defining what they are. This is reflected by the varying organization structures of the squads. Some are divisions of Public Safety, others of Health Services and others are independent. The question of exactly where does EMS fit is almost spiritual: I do not think that the question will ever be answered. Too many in the larger EMS world become trapped with the boundaries of this question and cannot move beyond it. However, what collegiate EMS squads do differently, through innovation and determination, is make the fractured spirit of EMS work. You do this by developing hybrid models. For example, some campus squads are at once independent, a division of Health Services and a division of Public Safety, depending on the nature of the issue at hand. Funding, as well, shifts, depending on the issue. Campus EMS has developed fluid models that work with the department that has the expertise for the

question at hand. The question of what you are does not get in the way of providing the best care possible.

Collegiate EMS groups provide a unique laboratory for the greater EMS world to study new ideas about the role of EMS. These new ideas come from the explorations of college students, who benefit from providing a fresh perspective on the role of EMS. Collegiate EMS leaders have developed protocols and systems to allow for alternative transport for well-defined patient populations that are unlikely to have major illness or injury. Typically, these are patient transports to health services after acceptance of transport by the health services physician. This provides faster, more convenient and higher quality service in terms of continuity of care at a lower health-care dollar cost to the otherwise healthy college student.

Another innovation is targeted follow-up for specifically defined EMS call types. The medical director may review calls and target at-risk calls and follow up with these patients to query that patient’s “readiness to change” and offer counseling or other resources to enact a change in behavior. Collegiate EMS squads also provide community education classes, beyond CPR and first-aid. For example, some squads provide on-campus drug and alcohol safety and asthma education sessions as part of their primary mission on campus. Studying how innovative practices like these work in a collegiate EMS system can provide new ideas for the EMS world to improve the health of the community and expand their health-care role.

Collegiate EMS providers go on to become leaders in many fields including EMS. I encourage all collegiate EMS providers to carry the enthusiasm and fresh perspective and new ideas that you brought to collegiate EMS, to the larger EMS world. Continue what you are doing; challenge long-held notions; expand the role and function of EMS; and think outside of the box. Top speakers in the field of EMS are here this weekend, excited to speak with the next generation of EMS leaders. Take advantage of their lectures, skills sessions and roundtable discussions and, have fun!



We are beginning the development of a national campus call registry, which has the potential to be an outstanding research tool also useful for syndromic surveillance. Contact us to join in the planning!

About This Publication

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E-mail articles to be considered for publication to in-

Syndromic Surveillance

Kathryn Kinzel, NCEMSF Massachusetts Regional Coordinator

One by one, your friends and classmates start complaining of sore throats, fevers, and a general malaise. It is only a matter of time before you start to feel sick yourself and the campus as a whole descends into the wrath of the seasonal "plague."

You notice the trend not by the medical diagnosis of your friends' illnesses, but by the symptoms they are showing, and how they compare to others who are feeling sick. This method of determining community levels of illness runs contrary to traditional surveillance systems, which keep track of confirmed cases of diseases. Assessing disease burden based on symptoms is called syndromic surveillance.

Syndromic surveillance is a relatively new method of evaluating the health of a population. It was initially born out of fears of bioterrorism, where waiting for an official diagnosis might come too late to save the lives of many. It was soon acknowledged that there could be other public health applications to syndromic surveillance, and many departments of health have started to use this collection method to track suspected diseases. Boston was one of the first cities to develop a comprehensive syndromic surveillance system, and has shown the strengths of using such a system to care for the public health.

Every day at midnight, servers at the Boston Public Health Commission open to receive data from 16 local hospital emergency rooms, including ePCRs from Boston EMS. Each site sends information on every person who arrived in the ER that day, and includes demographic information as well as chief complaints. Once all the data is submitted, several programs clean and analyze the data, which are then reviewed by BPHC epidemiologists. The programs also create sets of syndromes using various symptoms – for example, "influenza-like illness" is created by combining the symptom "fever" with "sore throat" or "cough." Syndromes are then tracked over time, with the eventual goal of being able to respond to an outbreak earlier than with traditional surveillance, as well as tracking community health over time.

While Boston has a special system in place, syndromic surveillance can be applied to smaller systems, including campus EMS. Entries in textbooks focus on flu and bioterrorism, and are only a couple of sentences long – who wants to think about public health when there are hand-versus-anger injuries in the next chapter? However, I believe that it is possible to conduct syndromic

surveillance on everyday illnesses and injuries that occur on campus, beyond what many are already doing without realizing it. Do you collect call data? Do you have a QA/QC procedure in place? Most groups will answer in the affirmative. If so, then you have the surveillance system set up, and are doing general surveillance on the requirement of EMS on your campus over time. Many of you track the types of calls you run – how many trauma, EtOH etc. – the next step is to become a little more detailed. How many non-trauma abdominal pain calls did we have this semester? Where were those calls dispatched? What day and time? Was the patient male or female? How old? With enough data and a long enough period of time to evaluate, you will be able to get an excellent picture of the use of your squad on the campus, as well as a general view of the health of the campus as a whole.

How would this help you and your squad? Hard numbers are great when convincing administration officials to either keep funding or increase funding for your group. They are also helpful in validating trends that you might suspect exist – your squad may be painfully aware of that one party every year that requires more staffing, but showing the higher-ups the numbers of ETOH calls will bolster your argument and could potentially lead to change. It could be possible to notice an outbreak of the flu before the entire campus is hit hard, provided that call data is analyzed often, which could trigger health campaigns aimed to prevent further spread of the disease. Likewise, you can tailor any continuing education your squad may do as a group based on what is being seen on campus. Finally, you can promote your group while educating the campus – make some of the surveillance data available for everyone to review. This way, people can see how your squad is utilized, may be more likely to call if they themselves need help, and can draw conclusions about trends interesting or relevant to them.

Despite the fact that EMS textbooks spend mere seconds on syndromic surveillance, it is actually a powerful tool that can help not only your squad, but also the population of your campus as a whole. I challenge all schools in the NCEMSF database to implement a surveillance system of their own, no matter how big or small, so that the excellent work that all of you do every day can be quantified and appreciated by all.



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Please visit the Membership section of the NCEMSF Web site to keep your contact information up-to-date.

The NCEMSF Database of Collegiate EMS Providers is an excellent resource in the event of natural disaster or other public health emergency. Please keep your information up-to-date so that should the situation arise, we can contact you and collectively as campus based EMS answer the call to act!

NCEMSF Unveils New Web Site!



All of the latest campus-based EMS related information now available at your fingertips! Redesigned from the ground-up, the new NCEMSF Web site utilizes a state-of-the-art content management system that offers unparalleled searchability in a graphically enhanced setting with numerous new features as well. All NCEMSF online resources, including Forum, are now housed under one roof with one login and password with links to popular social media sites. The new Web site also allows for future expansion of services to continuously meet the growing needs of our constituent organizations and members.

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Check out our new Web site upon your return from Conference!