Almost every morning on my way to work, I stop at Starbucks for my usual nonfat latte. The short break affords a mental pause before I start my hectic work day. The trip is also somewhat nostalgic as many hours over the course of my education were spent studying at Starbucks. I remember when the baristas made your espresso by hand instead of pushing buttons on a machine. When they handed you your coffee, they had a sense of pride that the beverage they just made for you was perfect. While the coffee may not taste any different and the lines may move quicker today, something along the way was lost.

At Starbucks the baristas used to be true connoisseurs of coffee. They were trained thoroughly about the product that they were selling and were quick to offer a suggestion when asked. Today, when you ask about a particular blend, the most common answer that you receive is “I don’t know” or “I don’t drink coffee.” I am perpetually astonished that a person can work in a store that focuses on the sale of a single product and not know that product intimately.

This summer, my walk to work changed after I moved. While there is still a Starbucks on the way to work, there is also a local coffee shop. One morning, I stopped at Café Twelve. The experience was eye opening. As a family run business, the owner/operators are staff. They make an effort to know you and take the time to ask about your day. They remember your coffee preferences and genuinely send you on your way hoping that they have made your morning a little easier. It is refreshing to see the pride and focus that they have on you, the customer.

When we respond to a call on our campus, the service that we provide is not very different than that of a retail business. For the most part, the only real difference is that the service we provide can save a life. We often focus on this difference and forget about the similarities. Our patients do have a choice. While it is not as simple as going to another coffee shop a couple of blocks away, campuses, municipalities, and cities can and have changed their 911 providers.

Instead of focusing on the differences, in order to make our organizations stronger, we need to focus on the similarities. Similar to the coffee shop, we have only minutes to build rapport. In those few minutes, we need to engender trust so that we can provide our patients with the care that they need. Think about the last time that you had a patient that you encountered that did not want to go to the hospital. How did you convince him or her to go? You convinced him or her with your knowledge, with your compassion, and with your pride in the service that you provide. In essence, you negotiated a “sale” so that the patient could get the treatment that he or she needed.

EMT curricula are packed with information about providing medical care, but often leave out how to build rapport. EMS is more than just applying medical skills. It is learning to address not only the physical, but the emotional needs of patients as well. As EMS leaders, we need to supplement the EMT curriculum through further training to address the emotional needs of our patients. These skills are not innate, but are developed over time through practice. The few extra minutes that you take to make sure that your patients are comfortable will likely be the only part of their trip that they remember. As the scope of practice for EMTs continues to expand, it is vital that we not focus on the automation of applying skills. But rather focus on delivering personalized service so that our customers will lust after the service that we provide.

Best regards for a successful year,

George J. Koenig, Jr, DO
NCEMSF President
Regional Roundup
News from Around the NCEMSF Regions

From the National Coordinator
The Regional Coordinator (RC) network facilitates communication between NCEMSF and its constituents. Regional Coordinator vacancies exist in the Mid Atlantic, New York, and Southeast regions. If interested in applying, please find me at conference and email me your application (available online along with a complete listing of all the RCs).

Central
Southern Methodist University's Mustang EMS appointed a new EMS Director. Lee Arning also serves as the University's Director of Emergency Preparedness and Business Continuity.

Midwest
University of Dayton Rescue Squad has added an Advancement Officer, whose job is to work on furthering the growth of the squad working closely with alumni, and also helping to maintain and grow contacts in the Dayton EMS community. The squad also held its annual MCI drill in conjunction with Dayton Rescue One and added CPAP equipment to its ambulance. UDRS received a grant from the state of Ohio to help pay for the equipment.

Efforts are still under way to start a campus EMS program at the Ohio State University. The EMS squad will be a joint venture between the OSU Student Group/EMS Auxiliary, OSU Dept. of Public Safety and OSU Center for EMS/OSU Wexner Medical Center. The Center for EMS would be responsible for protocol, medical direction, training, QA/QI, continuing education and possibly medical supplies. The goal is to have one or two First Response Fly Cars, staffed by a combination of two people which could include students trained in CPR and First Aid, EMTs, Paramedics, EM residents and possibly ED Attendings.

New York
SUNY Cortland EMS was named Central New York Agency of the Year. Congratulations! Over Labor Day weekend SUNY Cortland, together with NCEMSF leadership, organized and hosted a meeting of 13 New York State collegiate EMS chiefs. The purpose of the meeting was to discuss issues of mutual interest and develop an additional forum for ongoing communication within the NCEMSF region. The group looks forward to continued conversations throughout the year.

Northeast
Rowan EMS’ new ambulance has gone out to bid and should be received in February. The university has decided to renovate a building on campus and will be giving Rowan EMS a large, custom laid out area with a two garage bay to enclose its two ambulances. Seven of the corps’ members successfully completed EMT class over the summer.

The College of New Jersey Lions’ EMS has received its response vehicle and is in the process of transitioning from responding on foot with backpacks, to a much more practical 4-seater GEM car. Additionally, members have brand new, personalized uniforms for the first time. They have also restructured the Executive Board and edited the squads’ SOPs and Bylaws.

New England
Saint Anselm EMS EMTs are working with a local charity program called Road for Hope. Those participating in this event will be walking from Lewiston, Maine all the way to the St. Anselm campus in Manchester, New Hampshire. The 130-mile trek takes about a week and St. A’s EMS will have a crew taking part in this event. Another exciting event being organized by the St. Anselm Student Government is a week in memory of 9/11, which coincides with a Family Fun Day for First Responders. St. A’s EMS is waiting to hear about its proposal to the college for a quick response vehicle and hopes to hear good news soon.

St. Michael’s Rescue Squad currently has almost 20 members, with 7 drivers and 3 crew chiefs-in-training, but only 2 fully certified crew chiefs, meaning they will be working many extra hours to keep its ambulance in service. The squad wrapped up its back to school “boot camp” with 5-8 hours of training each day for five days. St. Michael’s is also proud to say that this past spring its members delivered a healthy baby girl and had a code save as well. The squad is looking forward to its annual Sutton Cup golf tournament later this September.

The University of Vermont Rescue Squad’s focus has been on keeping up with curriculum and protocol changes as the state of Vermont readies itself to switch to the new NREMT certification levels. UVM Rescue is also in the midst of renovating its station with support from alumni. New floors, showers, and kitchen cabinets have been donated to the squad from many of its alumni members who were present at the UVM Rescue 40th anniversary banquet last April. In the coming year, UVM Rescue hopes to begin incorporating Paramedic-level care into its service and to launch some campus-wide safety and training efforts.

(Continued on page 3 - RR)
Tulane EMS Handles Isaac
Ian Feldman, NCEMSF Central Regional Coordinator and Bijan Rizi, Director Tulane University EMS

While traumatic injuries, alcohol intoxication, and medical calls make up a normal shift at most collegiate EMS agencies, Tulane EMS faces a slightly different threat: severe weather. August saw the arrival of Hurricane Isaac. The storm impacted Southern Louisiana, where Tulane is located, along with other neighboring states. Tulane EMTs provided continual EMS coverage in campus shelters, and as a result received the appreciation of their leadership, the University administration, and the student body.

Tulane University, no stranger to severe weather, implemented emergency plans that were based on predictions about the storm. Because the storm was expected to primarily involve wind and rain (as opposed to storm surge), the University allowed those who wished to stay to shelter-in-place in campus buildings built to withstand hurricane-force winds.

During a hurricane, many public safety agencies stop responding due to the dangers posed by high winds and flooding. To provide continued service to the Tulane community, TEMS activated its Disaster Response Team. Twenty-two of the agency's members elected to ride out the storm, stationed in campus dormitories and equipped with medical bags, temporary sleeping arrangements, and food.

Students who stayed on campus entered designated shelters, which included dorms, the University's Recreation Center, and an athletics practice facility at 2pm on Tuesday the 28th, just one day after the start of classes for the fall semester. A lockdown was initiated to protect students, which extended through the following day. Hurricane Isaac made landfall the night of 28 August as a Category 1 storm.

Though some shelters experienced flooding and lost power, the Tulane Hulabaloo reported that most students were satisfied with the University's emergency plans. Sections of the University and surrounding community remained without power for several days after the storm, and TEMS DRT members provided continual coverage to the campus for over fifty hours straight.

Due to their efforts to assist students, Tulane EMS received commendations from the University administration. In a letter to the organization after the event, Dean of Student Affairs Michael Hogg stated, "[TEMS members] each set the bar high and you are the example that we all should follow."

Though not utilized in Isaac, Tulane EMS has the ability to play other roles in a hurricane response. Should a more severe storm strike, the group would be responsible for assisting both the University's evacuation as well as providing a staffed unit to assist the State of Louisiana's evacuation efforts. The agency also has a disaster response trailer, stocked with medical supplies that can be used by the University or as part of a state disaster deployment.

Tulane EMS, founded in 1981, serves both Tulane University and Loyola University--New Orleans. TEMS staffs two Type III ambulances and a supervisor vehicle. A third ambulance, a new Braun Express, is expected to be delivered in late October after being featured at the EMS World Expo. 

\( \text{(Continued from page 2 - RR)} \)

initiatives for CPR, first aid, and increased awareness of the EMS system.

Pennsylvania

The University of Pennsylvania Medical Emergency Response Team (MERT) has received approval and recognition as an official Quick Response Service (QRS) by the Commonwealth of Pennsylvania. This certification holds MERT to a higher standard and allows it to remain in compliance with upcoming legislative changes. MERT has been striving to attain this licensure for the past several years and is incredibly proud to have achieved this milestone. MERT is the first university EMS agency to achieve this recognition within the City of Philadelphia.

Do you have news about your squad you'd like to share? Contact your RC and look for it in the next issue of NCEMSF News.
Taking a Picture On Scene Can Get You Arrested
Stephen J. Lanieri
NCEMSF National Coordinator

It happens all the time in EMS. We get back to the station or get home after our shift and we can't stop talking about that huge incident we just responded to. Maybe it was our first structure fire or our first car accident with entrapment. We're in EMS; we love what we do and we're proud of it, so we want to make it known. In the age of cell phone cameras and social media, we can boast at an alarming rate, making our emergency service friends instantly jealous of the calls we're on. "This car accident would look awesome on my Facebook wall" and "I can make the picture of this burning house look super cool on Instagram" are statements we've either heard or thought about ourselves. In a matter of seconds, with a few clicks of our phone, that devastating moment for victims involved in an incident can be captured and posted for everyone to see on our social feeds.

Over the summer, the Governor of New Jersey signed a law that prohibits first responders from taking pictures while on the scene of emergencies. More specifically, the law bans photography and the sharing of pictures or videos of victims without their or their families' consent. The law stems from a 2009 car accident in which a first responder posted a picture of the scene on Facebook and a family member of the victim saw it before she was notified of the victim's death. Violating this law will cost up to $1,000 and/or 6 months in jail, plus the possibility of being sued in civil court. Pictures may be taken for "legitimate law enforcement, public safety, health care, or insurance purpose or pursuant to a court order", however publicly distributing these pictures is entirely illegal.

As an EMT you're probably thinking to yourself "well, I would never take a picture of a patient." Regardless of whether there is an obvious patient in the picture or not, this new law highlights an overall consensus that we as emergency service providers need to have more sensitivity when it comes to taking pictures of any kind on scene. Imagine being the owner of the house that was engulfed in flames and is now the backdrop for your local fire department's newest group photo with their thumbs up in the air and smiles on their faces. Or what if you're best friend was involved in a major accident, but you didn't know about it until their crumpled car ended up on your EMT friend's Facebook page. The difference between the news photographer and us as emergency service professionals is that the public trusts us to act responsibly and have their best interest at heart all the time.

In collegiate EMS, the concern of on-scene photography, confidentiality, and public trust as a whole is a major issue. Those who have tried to start a collegiate EMS squad will tell you this is one of the biggest concerns from college administration. We are classmates, students, peers, friends, and co-workers of our patients. What we do or say can travel like wildfire and our actions on or off the scene can have compounding results. It only takes one questionable picture on Facebook for a college administrator to shut down a collegiate EMS squad for good. We must remain vigilant of our actions on scene and after calls to always represent ourselves and our teams in the best way possible.

NCEMSF's position on photography and the dissemination of photography during and after an incident: While sometimes photography may be necessary in order to best document a scene for the doctor receiving a patient, pictures should never be used on social media or disseminated in any public forum. Common sense and your own judgment must be used at all times as it pertains to pictures of your squad, incidents, and personnel activities. As it is your squad's and your school's responsibility to maintain the highest standards of patient confidentiality, strict Standard Operating Guidelines/Procedures must be in place governing these topics.

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New Campus EMS Startups Resources
At the start of every academic year, NCEMSF receives a flurry of inquiries from eager and enthusiastic EMTs on campuses across the country desiring to establish squads of their own on their college campus. NCEMSF, our Startup Coordinator and Regional Coordinator Network are available to assist and help guide those interested through the difficult yet rewarding process. Please consult our website to read our startup philosophy and then email us (startup@ncemsf.org) to request our official startup packet.
A Duty to Educate
Dr. Scott C. Savett, NCEMSF Vice-President and Chief Technology Officer

Think about your life before you stepped through the looking glass and entered the world of emergency medical services. Unless you had a friend or family member who was involved in EMS, you probably didn’t know much about EMS operations. In the event that you needed an ambulance, someone dialed 9-1-1, explained the situation, and the necessary resources were dispatched to your location. You probably didn’t know or care about the certification levels of the crew on the ambulance that arrived. You didn’t care if they were paid or volunteer. You may have noticed the squad name on the side of the ambulance since it is like a rolling billboard, but it probably wasn’t important enough to register. Instead, you were simply relieved that somebody was there to care for you at your time of medical need.

Now that you are “in the know” as an EMS provider, you hopefully have more insight into the magic behind the curtain. You understand the different levels of EMS providers in your area. If your area has tiered response (BLS/ALS), you comprehend why multiple vehicles (possibly including a fire truck) from different agencies may simultaneously descend upon the scene. Primary coverage territories and mutual aid agreements mean something.

As EMS providers, we have a duty to educate community members how the system works. They don’t need to understand all of the details and nuances, but they should understand what will happen when they dial 9-1-1 and request an ambulance. Who will show up? Does the ambulance squad bill for its services? If the closest ambulance isn’t available – where is the next closest one located?

Of special interest on campus is the question of whether police or public safety will respond when EMS is called. Obviously, if the patient isn’t doing anything illegal, there shouldn’t be any need for concern. But if the call involves underage drinking or illicit drug use, law enforcement may be inclined to treat the scene and the patient differently. This is where your campus EMS squads need to have clearly defined procedures for when and how to involve law enforcement. Does your campus have a medical amnesty policy for such situations? (If yes, NCEMSF would appreciate a copy of the policy to support an ongoing college public health project - email it to nc@ncemsf.org) What information can you provide to campus law enforcement while still protecting your patient’s privacy and being HIPAA compliant? It’s important that your squad establish a rapport with campus law enforcement allowing you, the EMS provider, to do what is in the best medical interest of your patient. Once those procedures and relationship are in place, they need to be communicated to the campus community. That way there are no surprises, and people may be more inclined to summon EMS – especially when alcohol or drugs are involved.

If you did not take advantage of the beginning of the academic year to educate (or re-educate) students, faculty, and staff about how your campus EMS squad operates and its role educate) students, faculty, and staff about how your campus EMS squad operates and its role throughout North America do the same.

Keeping In-Touch: Alumni Resources
Joshua E. Glick, NCEMSF Alumni Coordinator

NCEMSF has developed a new resource for our undergraduate members! Since the end of last year’s conference, we have worked to compile an initial listing of alumni in a diverse array of professional fields who are willing to be contacted to provide advice and guidance to undergraduate students and NCEMSF members.

We understand that many of our members will go on to pursue a variety of careers, and one of our goals is to help prepare our students for life beyond collegiate EMS. We hope that this new listing can provide students with the ability to contact NCEMSF alumni-mentors with questions regarding professional development and education.

The listing of alumni mentors can be found on the NCEMSF website under the Resources tab. Please note that the contact information is not publically available, and members must log onto the website in order to access the listing.

If you would be interested in serving as a possible mentor to graduating students, please contact me (alumni@ncemsf.org) for more information.
NCEMSF Executive Officers

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Stephen J. Lanieri

Contact Information:
PO Box 93
West Sand Lake, NY 12196
Phone / Fax: (877) NCEMSF-1
Email: info@ncemsf.org
Web: http://www.ncemsf.org

National Collegiate EMS Foundation
PO Box 93
West Sand Lake, NY 12196-0093

Please visit the Membership section of the NCEMSF Web site, renew your membership for the current academic year and update your contact information. Thank you for your ongoing support of campus based EMS and NCEMSF!

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!

NATIONAL COLLEGIATE EMS WEEK - November 12-18

Take advantage of this opportunity to celebrate campus based EMS together with all other collegiate corps nationwide. The annual packet filled with ideas for activities and publicity is available online.

Kick Off Collegiate EMS Week With...

NATIONAL COLLEGIATE CPR DAY
Monday, November 12

Join together on this single day in the pursuit of educating as many college students across North America as possible in the basic principles of CPR and how to save a life!

Support Materials and Program Particulars Available Online at www.NCEMSF.org

LEARN 2 STEPS
SAVE ONE LIFE

CALL
CALL 911

PUSH HARD AND FAST
POSITION HANDS IN THE CENTER OF THE CHEST
FIRMLY PUSH DOWN TWO INCHES ON THE CHEST

CONTINUE UNTIL HELP ARRIVES

Stay tuned for information about NCEMSF’s HEARTSafe Campus Program

Modeled after National EMS Week, endorsed by the American College of Emergency Physicians (ACEP), and supported by the American Heart Association (AHA)