

# NCEMSFS NEWS

## Inside this issue:

<i>President's Message</i>	1
<i>Opiate Drug Abuse on College Campuses</i>	2
<i>Lessons Learned from the Other Side</i>	3
<i>Regional Roundup</i>	4-5
<i>University of Colorado EMS Prepares</i>	5
<i>Your Digital Presence</i>	6
<i>Evidence Based Guidelines</i>	6
<i>EMS Ready Campus</i>	7
<i>NCEMSFS Membership and Startup Information</i>	8

***“While we have continued to grow, we have remained committed to providing high quality education...”***

## Message from the President

*Dr. George J. Koenig, Jr., NCEMSFS President*

Welcome to the 22nd Annual NCEMSFS Conference! We are excited this year to return to Baltimore, especially with JEMS' EMS Today occurring the same weekend. We hope you were able to take advantage of complimentary entry to the EMS Today exhibit hall on Friday by registering early for our conference. The conference committee has planned over 100 lectures from which you may choose. We expect our total attendance to approach 1100 registrants, representing over 100 colleges and universities from across North America. While we have continued to grow, we have remained committed to delivering high quality education at an affordable cost. Our conference continues to represent the best value in EMS education.

There are several exciting additions to the program this year. The Saturday morning panel has been redesigned to focus on developing your leadership skills. You will learn that leadership is not just for those with titles. You will listen to stories from leaders in their fields and learn how they overcome challenges, motivate teams, and cultivate relationships. During the day on Saturday, participate in our high fidelity active shooter simulation and learn practical combat medical skills. In the late morning, do not miss the Vomacka Student Speaker Competition, when your fellow colleagues compete and let their knowledge shine on a variety of topics. On Saturday night, our Maj. John P. Pryor, MD Memorial Lecture will be given by Elliot Haut, MD, PhD. He will focus on how research can change our practice and show you how you can utilize your experiences to formulate research questions.

On Sunday, the morning starts early and we have packed in another 36 lectures. The morning begins with our young alumni series. This series highlights the successes of our recent graduates. Support them as they share their knowledge. Our closing keynote, presented by A.J. Heightman, Editor-in-Chief of JEMS, will “challenge your clinical boundaries” and discuss the future of prehospital care.

We continue to set the standard for quality EMS care. Over fifteen years ago, we created the “Striving for Excellence” program to recognize collegiate organizations that demonstrate quality in the delivery of care, training, continuing of education, and service to the community. This highly successful program continues to recognize the best in campus EMS. Two years ago, we added “HEARTSafe Campus”. This program represents a standard that all of us strive to achieve. It is not just about public access to AEDs. It is ensuring that all of the elements of the Chain of Survival are in place to improve the chances of survival and recovery for victims of heart attack, stroke, and other emergencies.

This year we introduce “EMS Ready Campus.” This program is designed to recognize excellence in emergency management and disaster preparedness of collegiate EMS organizations. The program provides a framework for the enhancement of emergency management education, overall campus preparedness, and response capabilities.

We continue to strive to raise the bar for our Foundation and our annual conference, but we can only do it with your help. During the conference weekend, please take a few moments to reflect on your experience by filling out an evaluation form, which can be found online at [www.ncemfs.org/conf2015](http://www.ncemfs.org/conf2015). We value your comments, and continue to incorporate your suggestions at our conferences and through year-round initiatives. We hope that our program exposes you to skills that are relevant to you today, but also knowledge that will be relevant to you in the future.

The network of friends and colleagues that you build today will allow you to strengthen your organization tomorrow. If there is anything with which I can assist you, please do not hesitate to ask during the conference or email me at [president@ncemfs.org](mailto:president@ncemfs.org).



## Opiate Drug Abuse On College Campuses

Michael T. Hilton, MD, MPH, NCEMSF Director-at-Large and Research Coordinator

News about deaths from, and abuse of, heroin, fentanyl-laced heroin, and prescription opiate drug over doses has been saturating the airwaves, the Internet and social media. In many cases, the victims featured have been celebrities. However, abuse of opiate drugs is also a problem on college campuses. According to a Clinton Foundation report, between 1993 and 2005, the proportion of college students abusing prescription opiates increased by 343%. Most deaths due to these drugs are not purposeful. According to the National Institute on Drug Abuse, "deaths from accidental overdoses of painkillers have quadrupled since 1999."<sup>1</sup>

Deaths from opiate overdoses are due to hypoxemia (low concentration of oxygen in the blood). Opiates both decrease level of consciousness (leading to loss of airway patency and protective airway reflexes) and also decrease inspiratory drive. These two factors lead to low oxygen levels in the blood. When oxygen levels reach a critically low level, heart rate slows (bradycardia) and blood pressure drops. Very soon thereafter, the heart stops beating completely (asystole).

When coming upon a possible overdose, what can you do? How can you save a life? First and foremost, manage the airway and breathe for the patient! Position the patient and perform manual

maneuvers such as a head-tilt/chin-lift or jaw thrust. Next, place a nasal airway (and oral too, if tolerated). Finally, use a BVM connected to an oxygen source to provide manual ventilations. Also, have suction at hand and suction any secretions. At this point, the patient is temporarily stabilized. You are keeping the patient alive.

If you are an advanced level provider, you would now deliver naloxone via IM or IV route. Naloxone blocks the brain's receptors for opiates and consequently blocks their effect. In response, the patient should wake up. A side effect is immediate opiate withdrawal – agitation, nausea and vomiting – so be prepared for this!

However, the majority of college EMS providers are certified at the BLS (EMR or EMT) level. Rapidly becoming common is the allowance of naloxone administration by intra-muscular auto-injector (which recently gained FDA approval<sup>2</sup>) or aerosolized intra-nasal route by BLS providers and bystanders.<sup>3,4</sup> Currently, 12 states allow BLS providers to administer naloxone.<sup>5</sup> Massachusetts has allowed non-EMS first responders to administer naloxone.<sup>6</sup> Other municipalities are outfitting police officers with naloxone auto injectors. BLS administration may allow for administration of naloxone by 5-10 min earlier than ALS administration.<sup>7</sup>

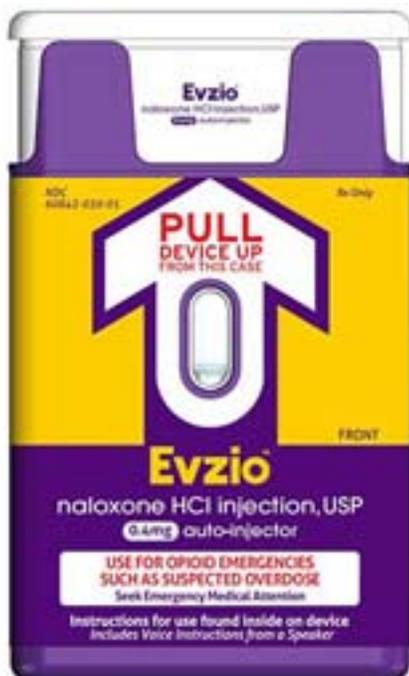
As always, it is important to review the evidence for a new treatment before instituting it widely. Unfortunately, the evidence is limited. The use of naloxone by any route administered by BLS providers has not been studied. The use of naloxone by IM route has not been well studied. The use of naloxone by intra-nasal route has the most literature supporting its use. Intra-nasal naloxone seems to be effective, with 83% of patients responding to it, although 16% of these initial responders require further IV naloxone for continued opiate reversal.<sup>8</sup> However, another study has found that IN vs IV naloxone are similarly effective, but IN route takes longer to have an effect, by 5 minutes.<sup>9</sup> One additional route for naloxone, but unlikely to see the light of day, is nebulized naloxone.<sup>10</sup>

BLS administration of naloxone is an exciting and emerging treatment for on-



campus opiate overdoses and is rapidly becoming possible by legislative and regulatory law. **However, BLS providers must first and foremost focus on good airway and ventilation management when managing these patients.** More research needs to be performed on the effectiveness and safety of naloxone by IM and IN routes administered by BLS providers to ensure it can be administered safely and does not interfere with BLS airway management.

Opportunities for research are available on your campus. Contact [director1@ncemsf.org](mailto:director1@ncemsf.org) to learn how to take advantage of them and contribute to providing the evidence for EMS practice.



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## Lessons Learned From the Other Side of the Stretcher

Scott C. Savett, PhD, NCEMSF Vice President and Chief Technology Officer

Despite being an EMT for more than 20 years, it was just a few years ago that I took my first ride in an ambulance as a patient. I firmly believe that the experience, coupled with more recent interactions with the healthcare system, have made me a better EMS provider.

How did these experiences change my attitude and actions as a provider? It made me realize four things:

1) **Don't be anonymous.** Even though your name may be embroidered on your duty shirt or you have a name badge hanging from your lapel, you should introduce yourself and your crew to your patient. This should happen during the first moments of interaction so the patient can refer to you by name (if they choose to) for the duration of the call. Even though my ambulance ride as a patient was in 2011, I still remember the crew's first names – and I'm usually horrible at remembering names. The crew introduced themselves, which is something I've subsequently personally adopted as a best practice.

2) **Speak in terms your patient understands.** We learn medical jargon in EMT class so we can communicate effectively with physicians, nurses, and other EMS providers. Unless your patient is a fellow healthcare provider, the use of the jargon should disappear when you're speaking with them. Use "plain speak" to explain what you're doing. As an experienced provider, it's easy to forget

that we're invading somebody's personal space while attaching cardiac leads, applying a nasal cannula, or taking a blood pressure. Explaining what you're doing in basic terms helps ease the patient's fears.

On a paradoxical note, some physicians raise their guard when a patient speaks to them in medical terms. Just before a recent outpatient surgical procedure under general anesthesia, I asked the anesthesiologist what medications she would be using for my induction and anesthesia. A bit rattled, she probed about my background to determine why I would ask such a technical question. Being a Ph.D. chemist and an EMT, I didn't think it was such a technical question. The lesson for the EMS provider: adjust your communication with your patient to suit their background and level of education.

3) **Be empathetic.** For many college students, your arrival at their doorstep may be their very first interaction with an ambulance crew. What seems "normal" to you is likely foreign to the patient. For example, riding rear-facing and strapped to a stretcher isn't something most of our patients have experienced before. Even with air ride suspension, good roads, and a careful driver, an ambulance isn't the most comfortable ride. To build empathy, I believe the experience of being "the patient" should be part of every driver training program. To encourage gentle driving, a driver trainee should have to

experience the sensation of hard acceleration, hard braking, fast turns, and rough roads while on a stretcher.

If you can't be empathetic, at least be sympathetic. As providers, we can't personally understand everything our patients experience leading up to and during a call. Do your best to imagine what they are going through so you can appropriately acknowledge their fears and concerns.

4) **Be honest and sincere.** If a procedure is going to be uncomfortable (e.g., starting an I.V.), tell the patient what to expect. Don't use metaphors like "a little pinch" when you're jabbing a 16-gauge catheter into their arm. If the patient asks, "Am I going to be OK?" don't dismiss them with a simple "yes" unless you are 100% certain that they will be treated and released before you're done writing your patient care report (which begs the question of why they are being transported by EMS in the first place). Instead, assure them they are in good hands and that you are providing the best possible care and safe transport.

In summary, I encourage you to internalize your personal experiences (both good and bad) as a patient to become a better EMS provider. Not only will this benefit you in the short term in the collegiate EMS arena, it will also continue to provide benefits if you choose to pursue a medical career.



## Graduating In a few months and moving to a new job in a new city? Need advice on applications for post-graduate education?

***Check out our alumni mentorship page!***

Our alumni have gone on to pursue careers in a diverse array of professional fields, and as such, are well-prepared to offer insight and advice to students to help guide them through the transitory process of graduation and the application process for post-graduate education.

A complete listing of alumni mentors can be found on the NCEMSF website:  
[www.ncemf.org/resources/alumni-resources/mentorship-program](http://www.ncemf.org/resources/alumni-resources/mentorship-program)

You must be logged onto the website for access to the database.  
Any listed mentor can then be contacted by e-mail for further questions or advice.

Interested in serving as an Alumni Mentor? Contact [alumni@ncemf.org](mailto:alumni@ncemf.org) for more information.

## Regional Roundup (December 2014 to February 2015)

### News from Around the NCEMSF Regions

#### From the National Coordinator

The Regional Coordinator (RC) network facilitates communication between NCEMSF and its constituents. It is through the Regional Coordinators that NCEMSF best accomplishes 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.

NCEMSF has a **grant program** to provide financial support for regional events and special projects that directly further the NCEMSF mission. Sponsored activities must be educational in nature and provide direct benefit to campus EMS. For further information, eligibility requirements, program rules, or a grant application, contact your RC.

**Regional training events** and single day conferences are great ways to harness the energy of campus EMS at the local level. Contact your RC to coordinate goals and dates with the NCEMSF national agenda.

This past month, we welcomed Lex Martin as the new Midwest RC, replacing Joey Grover who now serves as NCEMSF's Startup Coordinator. Lex is a senior at Case Western Reserve University completing her BSN, and is the Chief of Case EMS.

Regional Coordinator **vacancies** exist in the Canada, Northeast, Southeast, and West regions. If interested in applying please find me at conference and email me (Stephen Lanieri - nc@ncemsf.org) your application (available online).

Please join your RC at the **regional roundtable discussions** on Saturday morning and chat informally with your RC and other squads and leaders from your region throughout the conference.

#### Central

The *University of New Mexico* (UNM EMS) is planning on beginning response operations. The plan calls for the group to start by providing first-responder coverage during the day on weekdays using two-person bike teams. The group will also provide standby service at intramural sports competitions and move-

in days. The group will offer public education and outreach activities, such as CPR training as well. The initial level of service is expected to grow along with the organization. The campus newspaper, the Daily Lobo, reported that around 40 people attended the most recent informational meeting.

*University of Oklahoma* is making strides in its startup process. The group has secured a medical director and a partnership with Norman Regional Hospital, which will involve EMR training, ride-alongs, and support of the medical operations at OU football games. The group is continuing to build interest on campus as it progresses to full-fledged EMS operations.

#### Massachusetts

*Worcester Polytechnic Institute, WPI EMS*, is entering its 25th year of service! The group started in 1990 as the result of a student project that identified a need for prompt medical service on the campus. They have an entirely student-run service currently composed of 40 members, over half of whom are certified at the EMT-Basic level. WPI EMS also hosts both EMR and EMT-Basic courses that are open to the entire Worcester community, and free CPR classes open to any WPI student. In addition, WPI EMS has also established a working partnership with the Boylston Fire Department, where many squad members are employed part-time. WPI EMS is looking forward to expanding into a BLS service and is thrilled to see such progress over the past 25 years. Congratulations WPI EMS!

#### Midwest

Between 2013 and 2014, *Case Western Reserve University EMS*, a BLS transport squad, experienced a nearly 40% increase in annual call volume. Looking ahead to 2015, *CWRU EMS*, a BLS transport squad, expects sustained rapid growth in service. During the spring semester, *CWRU EMS* will again host an on-site EMT-Basic course and a weekly continuing education lecture series featuring physicians, nurses, and paramedics from the community. In conjunction with *CWRU's* Police Department, EMTs will be attending training regarding field use of intranasal Narcan through Metro Hospital's Project DAWN. Hoping to eventually achieve the HEARTSafe Campus certification, the

agency also continues to focus on CPR outreach and has begun a monthly campus-wide AED maintenance program to ensure function of the campus's thirty-eight defibrillators.

*John Carroll University EMS* is very excited to have just graduated a very large EMR class which will double the size of the department and should allow a return to full overnight coverage. Additionally, the department held its third annual MCI drill this fall, which was very successful and served as a quality training opportunity for JCU EMS, campus police, and the local fire department. In the coming year, the department is also transitioning to new leadership with Spencer Furin and Josh Krach being named Chief and Deputy Chief, respectively, and is looking forward to more opportunities and visibility as a part of John Carroll University's new pre-health minor.

#### Northern New England

The Northern New England Region got hit by the snowocalypse of 2015, but that didn't deter our EMS agencies. Kudos to *McGreggor EMS* on their mention on local news for being a part of the game plan to help an expectant mother get to the hospital during the snow emergency. Kudos also go to Peter Wirth of *Colby Emergency Response* for helping shovel walkways during snowstorm Juno.

*University of New England EMS* did alcohol awareness outreach at the Twisted Tour this month. *UVM Rescue* is helping to support a toddler of one of the local firefighters who was just diagnosed with leukemia. In addition, *UVM Rescue* is in the process of fundraising to build new quarters. Please see their Facebook page, *UVM Rescue*, to support the cause.

*Colby Emergency Response and Dartmouth EMS* are also in the process of coordinating their annual spring regional training days.

#### Pennsylvania

*Bryn Mawr and Haverford Colleges EMS* (BMHC EMS) was founded in January as an education-based collegiate EMS group with members from Bryn Mawr College and Haverford College. BMHC EMS was granted official recognition as a new student organization and also

(Continued on page 5 - Regional)

## University of Colorado EMS Prepares for the Future

Daniel Wilkins, CUEMS

How well a community responds to a mass casualty incident or an emergency depends heavily on the interconnectivity of the community. The large population and footprint of a major public university adds complexity to the planning and preparedness for incidents. Realizing the need for trained individuals in the field and on campus, members from the University of Colorado Emergency Medical Services (CUEMS) attended the seven-day Hospital Emergency Response Training for Mass Casualty Incidents and Hands-On Training for CBRNE Incidents courses hosted by FEMA and the Center for Domestic Preparedness.

The courses, located at FEMA's main training facility in Anniston, Alabama, included numerous individuals from all aspects of healthcare; from Registered Nurses and security staff on hospital HAZMAT teams, to paramedics and EMTs from public and private organizations across the U.S. Many of these healthcare providers discovered the free course through word of mouth from colleagues who had already trained at the facility. College junior and Training Chief for CUEMS Ethan Zerpa attended a class in 2014 in Anniston, and felt it necessary to bring the news back to CUEMS about this "world class" opportunity for continuing education. "I heard about the CDP from one of my colleagues at Boulder Community Hospital last year and I thought I'd check it out. There were world class training opportunities and the fact that they were all free made it that much more appealing." Ethan concluded that the retention rate for returning to train is high, and that "... I can definitely see myself going back a few more times."

Operations Chief Michelle Gaffney had

noted that many of the instructors at the Center for Domestic Preparedness "... brought with them a unique set of knowledge and expertise that can only come from years of experience in their fields. It was definitely some of the best training I have ever had."

The application process to attend the training is similar to many of the other courses that are put on by the Department of Homeland Security and FEMA throughout the nation: a formal application requiring information and completion of Incident Command Systems online courses, also provided by FEMA on their site. Sophomore and recent addition to the CUEMS group Stacey Horwitz "...thought that the application process was very streamlined, and easy enough to complete. The steps were very simple since I just had to state information about myself and the organization for which I was attending the training."

The training involved numerous classroom sessions learning about the safe operation and organization of a Decontamination Area outside of a receiving hospital after an MCI, mixed in with several days of hands on training. The week culminated with a live exercise on the final day of the course to test what the attendees had learned, simulated with prosthetic mannequins, real actors and even live chemical and nerve agents



during the final day of the CBRNE course. When asked about how the training for Mass Casualty Incidents and CBRNE response would tie into his volunteer work back at the University of Colorado, senior Zach Bohn stated: "Being on a college campus with thousands of students, we are at a higher risk for an MCI in the modern world we live in. Having a group that is highly trained in MCIs not only benefits the university, but the surrounding city of Boulder, having such a vital resource as CUEMS."

After returning to Colorado, the majority of the participants from CUEMS stated their interest in attending yet another course as a group, and hope to continue learning how to make their community a safer one by continuously providing top notch medical service coupled with amazing learning experiences.



*(Regional - Continued from page 4)*  
received funding to purchase training supplies, including moulage, for biweekly EMS training drills. BMHC EMS is also looking into offering CPR training and facilitating an annual EMT course.



**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.**



## Don't Let Your Digital Presence Show Its Age

Ian Feldman, NCEMSF Central Regional Coordinator and Assistant Webmaster

Websites and social media profiles are commonplace among collegiate EMS agencies and other organizations. They serve as a primary source of information for anyone interested in your organization. Gone are the days when people would write a letter asking for information and you'd reply with a brochure or pamphlet. And with this instant ability to learn about an organization comes a responsibility: keeping your digital presence up-to-date.

Unlike other EMS agencies, collegiate EMS squads by their very design have a high rate of turnover. This isn't a bad thing, but it does mean that membership rosters, organizational charts, and leadership change almost every year. This is why it's important that squads check their websites and social media profiles to ensure that information listed about their group's personnel is current. Lack of updated contact information, especially for a squad's leadership, can lead to delays in important communications. In addition, keeping contact information updated helps ensure your squad maintains its professional appearance.

Another area that is sometimes neglected are copies of annual statistics. Websites are a perfect way to educate your campus and others about the valuable role your squad plays. However, if someone seeking to learn why a collegiate EMS group is necessary can only find call statistics from four years ago, it does little to answer their questions. Be sure that whenever you produce a report for your school's administration that you also upload the newest copy to your website. At a minimum, consider a PDF copy of your annual report. Or, if your college has an open data program, work with them to make more statistics available, within the confines of applicable privacy laws.

At the same time you update your social media profiles and websites, remember that your squad has another digital presence too: your NCEMSF Organization Database Profile. This page provides basic statistics and details about your squad to anyone visiting the NCEMSF website and hoping to learn more about collegiate EMS. It also is a source of data for new and growing organizations. Updating this profile at

least once a year ensures that the database remains current and useful. To learn more about the organizational database and how to update it, log in to your school's institutional website account, click "Institutional Database Profile" at the very top of the page, and follow the listed directions.

Finally, as your leadership team changes, we want to remind you to keep your Regional Coordinator updated with the latest contact information. This helps make sure that your squad's leadership can be kept abreast of the latest news from NCEMSF.

Just like making sure your crews wear uniforms, your vehicles are clean, and your jump bags are checked and organized, your squad's digital presence needs to be reviewed regularly too. Keeping your websites and social media pages up-to-date ensures that people can easily get the information about your squad that they're looking for.



## Prehospital Evidence Based Guidelines (EBGs)

The National EMS Research Agenda (2001) and Institute of Medicine report "Emergency Medicine at the Crossroads" (2006) recommended a national investment in EMS research infrastructure and the development of EBGs for EMS treatment. Subsequent recommendations included forming relationships among stakeholders, incorporating EBGs into national EMS education, promoting training and funding for EMS research, and making the process for developing EBGs more efficient. NAEMSP was awarded a cooperative agreement to develop a National Strategy that engages EMS stakeholders and identifies sustainable approaches to promote the development, implementation, and evaluation of prehospital EBGs. The report, **National Association of EMS Physicians. A National Strategy to Promote Prehospital Evidence-Based Guideline Development, Implementation, and Evaluation. 2015**, was made available at: [www.naemsp.org](http://www.naemsp.org) this month and describes the Strategy developed by a

working group in collaboration with 57 other EMS organizations, including NCEMSF, representing all aspects of prehospital care.

### Report Action Items:

- #1: Create a Prehospital Guidelines Consortium (PGC)
- #2: Promote Research Supporting the Development, Implementation, and Evaluation of EBGs
- #3: Promote Development of EBGs
- #4: Promote Education Related to EBGs
- #5: Promote the Implementation of EBGs
- #6: Promote Standardized Evaluation Methods for EBGs
- #7: Promote Funding for the Development, Implementation, and Evaluation of EBGs

**Next Steps:** Following the distribution and communication of this Strategy, EMS stakeholders should work together to form the PGC and begin carrying out the other items of this Strategy. An inaugural meeting of the PGC is planned for January, 2016.

**SAVE THE DATE**  
**April 29, 2015**

**Register Online**  
**[www.NAEMT.org](http://www.NAEMT.org)**



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

**Email stories, photos, videos, press releases and local press coverage to:**

**emsweek  
@ncemfsf.org**

### **About This Publication**

*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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## **EMS Ready Campus Recognition Program**

*Eric Pohl, NREMT-P and Ryan M. Hay, RN, NCEMSF Emergency Management Team*

With the creation of the *EMS Ready Campus* program in 2015, NCEMSF is seeking to recognize those collegiate EMS organizations that set the standard for all-hazards emergency preparedness and emergency management on their campuses and in their communities.

The EMS Ready Campus recognition program was designed specifically to address the emergency preparedness needs unique to a collegiate environment, while promoting industry and government standards for emergency management. The program is established not only to recognize those that have set the standard for collegiate EMS emergency preparedness, but also to serve as a foundation for those organizations looking to develop or strengthen their emergency preparedness programs. The program does not certify or license any agency or person, but rather recognizes the organization, its members, and its parent institution for their dedication to all-hazards emergency preparedness.

The "all-hazard approach" to emergency preparedness is a mainstay of the emergency management community that focuses on developing plans and procedures that can address a myriad of emergencies whether man-made, natural, or technological emergencies. By not focusing on simply one scenario, all-hazards plans are flexible enough to be applied to many different emergency situations and can easily be integrated into local and regional emergency response frameworks.

NCEMSF looked at a variety of local, state, and federal certification programs and regulations when developing the requirements for recognition. The program is a scalable and dynamic program with three tiers of recognition that encourage the organizations applying to enhance their personal and organizational plans, capabilities, and education. Minimal cost is projected to be required to attain recognition, as the focus of the program is a perpetual growth of the core capabilities of the organization as evidenced by improvement in interpersonal relationships, planning, education, and exercises.

The program begins with an organization applying for recognition at the "Bronze" level. This is the first-tier of recognition and shows



that the organization, institution, and their leaders are committed to some of the global foundations of emergency preparedness. Each level of recognition is valid for a period of three years and recognitions are presented annually at the NCEMSF Conference. Within the three year recognition period, organizations are encouraged to work toward a higher level of recognition (silver and then gold respectively). As the tiers of recognition increase, the difficulty and work required to obtain recognition increase as well. This is to ensure that the organization is consistently moving forward and applying the lessons learned from the previous tier.

The culmination of the program is the Gold level of recognition. The awarding of this final tier shows that the organization is a dedicated partner in emergency preparedness on campus, in their local community, and within the collegiate EMS community.

We are hopeful that you and your organization choose to pursue recognition through this program and, in doing so, develop a strong emergency preparedness program for your campus and a strong relationship with your local response partners.

More information about the EMS Ready Campus program, including how to apply, is available on the NCEMSF website under the program tab. The first ever recipients of this new campus recognition will be announced at the NCEMSF Annual Awards ceremony on Saturday evening.

Email [emergency.management@ncemfsf.org](mailto:emergency.management@ncemfsf.org) with any questions or comments about NCEMSF's newest program.



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**Please visit the Membership section of the NCEMSF Web site to keep your contact information up-to-date. By virtue of your attendance at the 22nd Annual Conference, you are now a NCEMSF Personal Member through the completion of the 2014-2015 academic year (May 31st). 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!*

In addition to making a continued commitment to the advancement of existing collegiate emergency medical services and the development of new response groups, your membership provides financial support to promote Collegiate EMS Week and our annual conference, produce publications, honor outstanding collegiate EMS organizations, and advocate for collegiate EMS.

Your membership in NCEMSF also entitles you to a number of member discounts including medical software and reference, EMS equipment and supplies, apparel and *EMS World Magazine*. These offers and discounts are detailed in their entirety on our Website and are available only to NCEMSF members.

Your NCEMSF membership adds to the collective strength of hundreds of members throughout the nation - those participating in and advocating for collegiate EMS. Renewing your NCEMSF membership in June for the 2015-2016 academic year shows your continuing commitment to collegiate EMS. Don't let your enthusiasm for collegiate EMS diminish just because your college graduation is imminent. NCEMSF also offers life memberships that keep you in touch with the world of collegiate EMS. More information about our membership categories and rates can be found online at [www.ncemsf.org/membership](http://www.ncemsf.org/membership).

## Campus EMS Startup Resources

Every year, NCEMSF receives multiple inquiries from enthusiastic EMTs on campuses across the country desiring to establish squads of their own. Among the many resources we provide to help new groups succeed, we advise strongly that organizers make it to the annual NCEMSF conference. One of the most challenging aspects of starting a collegiate EMS organization is developing a network of experienced providers at peer institutions who can give advice, answer questions, and serve as a sounding board for ideas.

This year is no exception, several new groups and those still trying to form are in attendance to learn from the whole of campus based EMS. Please reach out, welcome them and share your collective knowledge!

The NCEMSF Startup Packet was revised this winter and is available for download online. Contact the NCEMSF Startup Team, Joseph Grover and Daniel McConnell, with specific questions: [startup@ncemsf.org](mailto:startup@ncemsf.org).

### It Takes a Village

*A new campus EMS video is now available online under New Startup Resources*

From a thirty-year vantage point, a founder of a collegiate EMS, Dr. James Meisel, describes the eight steps - and one secret ingredient - that resulted in an institutional transformation successful beyond any of the founders' imaginations.

Originally presented as the Major John P. Pryor, MD memorial lecture on March 1, 2014 at the 21st Annual NCEMSF Conference in Boston, MA