

# NCEMSFS NEWS

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***"The network of friends and colleagues that you build today will allow you to strengthen your organization in the future."***

## Message from the President

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

Welcome to the 14th annual NCEMSFS Conference!

This weekend over 600 collegiate EMS providers will have the opportunity to attend over 40 seminars, learn new skills, meet new friends, and return to their campus energized to make a difference.

Each year we continue to make changes to our conference program based on your suggestions. On Friday, for those attendees arriving early, we have arranged local tours of the Baltimore City Fire Department, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the R Adams Cowley Shock Trauma Center. On Friday night, in addition to our Medtronic EMS Skills Competition, we have added the Zoll CPR Challenge, where you will have the opportunity to win an AED for your organization.

On Saturday, we have increased the number of lectures to provide you with even more options. Most of the workshop sessions now have five concurrent lectures. We have also added an airway skills lab session that will allow you to practice your airway management skills. We have strengthened our roundtable sessions covering topics such as Recruitment and Retention, Financing, and Training. These moderated sessions offer the opportunity to share your success stories as well as to voice your problems and create solutions.

On Saturday night, the party will be at Bedrock Baltimore, only two blocks from the hotel. You will be able to dance the night away in the downstairs dance club or challenge your colleagues to a game of pool upstairs.

On Sunday, we have introduced a collegiate EMS alumni speaker series providing recent graduates with the opportunity to share their insight and perspective with future generations of collegiate EMS providers. We

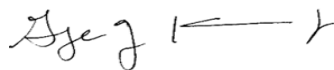
have also added a skills competition review session that will discuss the differential diagnosis and dissect the medicine behind each of the scenarios focusing on the proper patient management.

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 and that you return to your campus energized with new ideas to strengthen your organization. Many thanks to University of Maryland Baltimore County Emergency Health Services, Hopkins Emergency Response Organization, the Regional Coordinators, the support of our NCEMSFS friends, and the 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 that I can assist you with, please do not hesitate to ask during the conference or email me at [president@ncemsf.org](mailto:president@ncemsf.org).

Best Wishes,



George J. Koenig Jr., DO, MS  
President, NCEMSFS



## College Students and Alcohol

Michael T. Hilton, NCEMSF National Coordinator

Collegiate EMS providers are in a unique position to see the use of alcohol on college campuses and the effects of alcohol on college students. These providers treat patients suffering from the medical or traumatic effects of intoxication. In order to avoid misconceptions and assumptions regarding alcohol use on campuses, it is important for these providers to review data concerning alcohol use on college campuses. Further, it is also important, for good healthcare practice and communication, to review the terms used to describe alcohol use, as well as to know the limits of moderate drinking and the point at which one is more susceptible to adverse health effects.

Alcohol use is common on college campuses. LaBrie et al. describe the extent of the problem: "forty percent of college students report heavy drinking within the prior month."<sup>1</sup> Heavy drinking leads to consequences such as "damaged property, poor class attendance, hangovers, trouble with authorities, injuries, and fatalities" all of which adversely affect the collegiate education and health. The 2000 National Household Survey on Drug Abuse report shows that 18.7% of people between the ages of 12 and 20 engaged in binge drinking and 6% drank heavily in the preceding 30 days.

Freshmen and males are sub-populations at an increased risk for alcohol-related events and heavy intoxication. The 2002 National Institute on Alcohol Abuse and Alcoholism (NIAAA) Task Force on College Student Drinking report shows that "first year resident students frequently misuse alcohol and experience negative consequences ...many freshmen students initiate heavy drinking during their first weeks on campus... students who drank heavily before college appear to significantly increase their drinking during the initial month at college."<sup>1</sup> Male college students have a uniquely elevated risk of heavy drinking and its consequences. Alcohol-related trauma is more frequent among males and among students over 18 years of age. The most frequent cause of injury: "accidents and fights."<sup>3</sup> Intoxicated patients are 3 times more likely to be men, 2.5 times more likely to use tobacco and 1.5 times more likely to be a young adult ages 18 to 22 and to be a college

student. Interestingly, acute intoxication occurs more frequently among women and students less than or equal to 18 years of age.<sup>2</sup>

To fully understand this picture and the population in which collegiate providers work, it is important to review what exactly defines moderate, heavy, and harmful drinking and describe the difference between alcohol abuse and alcohol dependence. One standard drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 90-proof liquor. Keep in mind that in a bar, one is usually served draught beer in a pint glass which is 16 ounces, and thus larger than one standard drink. Also, some beers come in cans or bottles larger than 12 ounces and mixed drinks in a dorm room can have varying amounts of alcohol. A detailed history as well as on scene observations are necessary for a complete history by a collegiate EMS provider.

Moderate drinking, which is the upper limit which generally avoids health risks, is defined as two drinks a day for men and one drink a day for women. Heavy drinking, which increases short and long term health risks, is defined as consuming the following: more than 14 drinks per week, or four to five drinks at one sitting, for men; more than seven drinks per week, or three drinks at one sitting, for women. Harmful drinking, when physical or psychological harm has occurred, is characterized by clear evidence that alcohol is responsible for the harm, the nature of the harm can be identified and alcohol consumption has persisted for at least a month or has occurred repeatedly for the past year.

Alcohol abuse is considered as having one or more of the following alcohol-related problems over a period of one year: failure to fulfill work or personal obligations; recurrent use in potentially dangerous situations; problems with the law; continued use in spite of harm being done to social or personal relationships. Alcohol dependence is defined as three or more of the following problems over one year: increased amounts of alcohol are needed to produce an effect; withdrawal symptoms or drinking alcohol is used to avoid these symptoms; one drinks more over a given period than intended; unsuccessful attempts to quit or cut down are common; one gives up

significant leisure or work activities; one continues to drink in spite of the knowledge of its physical or psychological harm to oneself or others.

Alcohol use on college campuses is an important public health issue with potentially adverse consequences on health, property, and education. Reviewing the data about alcohol use on campuses helps collegiate EMS providers have a more complete understanding of their patient population. Reviewing the terms relating to alcohol use is important for collegiate EMS providers too in order to deliver the best possible patient care. Knowing the upper limit of moderate drinking (two drinks a day for men and one drink a day for women) is important for all college students, EMS provider or not.



<sup>1</sup> LaBrie, J.W., Pedersen, E.R., Lamb, T.F., Quinlan, T. (2006). A campus-based motivational enhancement group intervention reduces problematic drinking in freshmen male college students. *J. Add. Behaviors*.

<sup>2</sup> Horn, K., Leontieva, L., et al. (2002). Alcohol problems among young adult emergency department patients: making predictions using routine sociodemographic information. *J. Crit. Care*, 17(4):212-220.

<sup>3</sup> Turner, J.C., Shu, J. (2004). Serious health consequences associated with alcohol use among college students. *J. Stud. Alcohol*. 65 (2): 179-83.

MEMBER BENEFITS



## Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Professor Squirrel,

*I am a freshman. Some of my little friends say there is no Professor Squirrel. Chief says, "If you see it in THE NCEMSF NEWS it's so." Please tell me the truth; is there a Professor Squirrel?*

Virginia

Dear Virginia,

Your little friends are wrong. They have been affected by the skepticism of a skeptical age. They do not believe except that which they see. They think that nothing can be which is not comprehensible by their little minds. All minds, Virginia, whether they be paramedic's or EMT's, are little. In this great universe of ours man is a mere insect, an ant, in his intellect, as compared with the boundless world about him, as measured by the intelligence capable of grasping the whole of truth and knowledge.

Yes, Virginia, there is a Professor Squirrel. He exists as certainly as love and generosity and devotion exist, and you know that they abound and give to your life its highest beauty and joy. Alas! How dreary would be the world if there were no Professor Squirrel! It would be as dreary as if there were no Virginias. There would be no childlike faith then, no poetry, no romance to make tolerable this existence. We should have no enjoyment, except in sense and sight. The eternal light with which EMS fills the world would be extinguished.

Not believe in Professor Squirrel! You might as well not believe

in Siren Head! You might get your Chief to hire men to watch in all the trees on campus to catch Professor Squirrel, but even if they did not see Professor Squirrel foraging for nuts, what would that prove? Nobody sees Professor Squirrel (except at conference), but that is no sign that there is no Professor Squirrel. The most real things in the world are those that neither EMTs nor paramedics can see. Did you ever see firefighters dancing on the lawn? Of course not, but that's no proof that they can't dance. Nobody can conceive or imagine all the wonders there are unseen and unseeable in the world.

You could tear apart the ambulance's siren and see what makes the noise inside, but there is a veil covering the unseen world which not the strongest man, nor even the united strength of all the strongest men that ever lived, could tear apart. Only faith, fancy, poetry, love, romance can push aside that curtain and view and picture the supernal beauty and glory beyond. Is it all real? Ah, Virginia, in all this world there is nothing else real and abiding. No Professor Squirrel! Thank GOD! He lives, and he lives forever. A thousand years from now, nay, ten times ten thousand years from now, he will continue to make glad the heart of campus EMS.

See you around the conference!

Professor Squirrel  
With apologies to Francis Pharcellus Church



Professor Squirrel has been hanging out on campus begging for food from students and keeping an eye on campus EMS for many years. Send your questions to the Professor at [professor@ncemsf.org](mailto:professor@ncemsf.org). The Professor will answer the best ones in the NCEMSF newsletter. Your name and school will be kept confidential.

## The Benefits of Membership

Karolina Schabses, NCEMSF Membership Coordinator

Do you wonder what benefits your NCEMSF membership provides? 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, help support our annual conference, produce publications including *NCEMSF News*, honor outstanding collegiate EMS organizations and personnel through our awards program, and advocate for collegiate EMS throughout the country.

Your membership in NCEMSF also entitles you to a host of member discounts. These offers and discounts are detailed on our Web site and are available only to members of NCEMSF. Nextel has been embraced by

emergency services providers nationwide. EVP, an authorized agent for Sprint/Nextel, offers NCEMSF members substantial discounts on phones, rate plans, and accessories. Skyscape is the leading provider of medical references for PDAs (handhelds), carrying over 170 different titles across 25 specialties that are all cross-linked with each other. Skyscape, in collaboration with NCEMSF, offers you a 20% discount on the purchase of these references. Savelives.com / Common Cents EMS Supply, offers a 10% discount to NCEMSF members on many of its great products. Emergency Training Associates / The NCEMSF Store, offers up to a 26% discount for EMS texts and apparel. Emergency Medical Services Magazine is also available to personal NCEMSF members free of charge.

Your NCEMSF membership adds to the collective strength of hundreds of members throughout the nation - those participating in and advocating for collegiate EMS. If you weren't already a personal member of NCEMSF before this conference, your conference fees included membership for the rest of this academic year. Renewing your NCEMSF membership in June for the 2007-2008 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 offers life memberships which 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).



## Regional Roundup

News from Around the NCEMSF Regions

### From the National Coordinator

Welcome to the 14<sup>th</sup> annual NCEMSF Conference! I hope you find the conference educational and enjoyable and that you are able to take advantage of the networking opportunities. The Regional Coordinator Network exists to facilitate communication between NCEMSF and its greater than 225 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 find me during the conference, and I will gladly connect you with your regional coordinator.

A number of Regional Coordinator positions are available, including Canada RC, Central RC, Midwest RC, and West RC. To apply, please visit: [www.ncemsf.org/about/leadership.ems](http://www.ncemsf.org/about/leadership.ems) or see me during the conference.

### Massachusetts

This semester, the Massachusetts region has been emphasizing the word *service* in emergency medical services.

Did you know *MIT* students volunteered over 10,000 hours last year? All those hours paid off when they were dispatched to a three alarm fire in Cambridge this past December. In addition to the on-call crew, two off duty volunteers and an MIT alum were on scene at this mass casualty incident. Over 100 people were triaged and 36 required treatment. MIT-EMS transported two of those individuals, one of whom required CPR and advanced life support. MIT staff described MIT-EMS' performance as being "beyond magnificent" and John Greib of the Cambridge Public Health Department, said that MIT-EMS "seemed to be everywhere." Contact: Rachel Williams, Chief, [ems-officers@mit.edu](mailto:ems-officers@mit.edu).

The **Brandeis Emergency Medical Corps (BEMCo)** has also dutifully been serving the community. They just began their third semester as a licensed Class V

ambulance and by the start of February had already answered their 200<sup>th</sup> call of the year. This semester, as part of their annual coffeehouse meeting, they are reaching out beyond their campus by raising funds for the Leukemia and Lymphoma Society. Contact: Debbie Bakes, Director, [bemco@brandeis.edu](mailto:bemco@brandeis.edu).

Other schools are reaching out through education. **Boston College's Eagle EMS** has an educational component which provides EMT and CPR classes each semester. **Boston University, Smith College,** and **Tufts University** are also offering community CPR programs.

### Mid Atlantic

**Georgetown Emergency Response Medical Service (GERMS)** took delivery of a new ambulance this past winter which is in addition to their previous ambulance. They are a BLS transport agency and this additional ambulance allowed them to respond to more calls, an additional 342 to be exact. In 2005 they responded to 800 calls, and in 2006 they had 1142 calls. These are both 911 calls and responses to transport patients from the helicopter landing zone to the hospital's emergency department. They have also been able to provide coverage at standby events with the extra ambulance, such as the Virgin Music Festival and international food eating contests, in addition to a contract with the Athletics Department for standbys at basketball, lacrosse and other sporting events.

On the administrative side, GERMS has seen a dramatic increase in membership applications. So many, in fact, they had to implement a new procedure to handle applications and training of so many new members. The two main sources of applications have been from their EMT class on campus and students who are already EMTs looking for reciprocity. They have also seen a decent budget increase which has allowed them to purchase replacement equipment for their units. Contact: Alicia Nelson, Dir. Of PR, [help@germs.georgetown.edu](mailto:help@germs.georgetown.edu).

**Radford University EMS (RUEMS)** has seen a large turnover in its leadership personnel this year. Many of its experienced providers and administrators graduated in 2006 and so this year has

been a rebuilding year. Now that the agency's recertification process has been completed, members are looking towards the future and considering expanding the services provided. RUEMS is currently a BLS First Response group with an SUV and a bike team. Leadership has also been able to reestablish a decent budget from the University and has submitted proposals for next year to increase that funding. They are also investigating other sources of funding and have ensured that all of their members are NIMS qualified so that they will be eligible for federal grants. Contact: Ben Butterworth, Captain, [ruems@radford.edu](mailto:ruems@radford.edu).

### University of Delaware's Emergency Care Unit (UDECU)

has seen an increase in call volume, but the percentage of calls off-campus has dropped since the town began paying for an additional ambulance crew to work during the daytime. This past year UDECU responded to about 500 calls, 40% of which were off-campus. They are pleased with their active members who were able to stay in-town and respond to calls during their winter break. This year they had a much better turn-out than in past years. The surrounding county recently constructed a new water reservoir, and because of the associated hazards with it, the UDECU purchased equipment to assist with water rescues and implemented new training and SOPs for water emergencies. Additionally, they are still working to coordinate with the county dispatch office to install a MDT in their unit and CAD printer at the station. Contact: Sarah Esheric, Coordinator, [udecu@hotmail.com](mailto:udecu@hotmail.com).

The **Virginia Tech Rescue Squad (VTRS)** recently purchased a Gator with a "med-bed" at-cost from the dealer. VTRS also applied for a grant from the Commonwealth of Virginia to purchase a new ambulance to replace the older of its two ALS ambulances and was awarded an 80-20 grant, where the state will donate up to 80% of the vehicle's cost or \$99,000, whichever is less. They are working on the bids now, and expect the vehicle to be operational by September of 2007. The county's emergency planning manager has also asked that the VTRS write an MCI pre-plan for their agency and to allow the county to then adapt that plan countywide as the standard

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procedure. That project is in the research phase, and if you have any experience or examples to share, please contact VTRS. Members are also planning for their annual awards banquet that allows an opportunity to recognize current members and invite alumni back to campus and encourage their continued support of the active squad. VTRS is also busy providing medical coverage at all of the school's home men's and women's basketball games. They have had a solid application group this spring and their EMT class has been overfilled each semester they have offered it. Contact: Matt Green, President, vtrescue@vt.edu.

### **New York**

The **Alfred University Rescue Squad** has implemented an innovative training event in the form of an EMS scavenger hunt. Spreading stations throughout the campus, the leadership is able to provide a fun event while practicing the critical skills required of medical personnel. Contact: aurs@alfred.edu.

**Columbia University EMS** known around campus by their unofficial name, CAVA, has set an all-time record high for the number of calls served by their single ambulance in the 2006 calendar year. They reached 770 runs, exceeding their previous record of 681 in 2005. Contact: Ethan Brovman, Director, cava@columbia.edu.

**Cornell University EMS** has recently completed the process to becoming NIMS/ICS compliant, and in the Spring semester is beginning continuous 24-hour EMS coverage for its Ithaca campus. They are also trying to start the process of moving from a strictly First Response agency to a Transporting agency. Contact: cuems@cornell.edu.

**Harpur's Ferry Student Volunteer Ambulance Service of Binghamton University** has been assisting in a great number of true emergencies in the past year. In June of 2006, Broome County, home of Binghamton University was struck by some of the worst flooding the state of New York has ever seen. A State of Emergency was declared and Harpur's Ferry personnel and crews helped in many capacities, including aiding in the staffing needs of a refugee shelter on the university campus. In October of 2006, the ambulance corps was also called upon in a mutual aid role to Buffalo, New York after the area was hit by a

tremendous blizzard. Harpur's Ferry sent an ambulance and crew and responded to calls in the municipality, more than 200 miles away from their primary operating area. Contact: Jackie Bass, 1st Asst. Chief, deputy@harpursferry.org.

**SUNY Geneseo's Geneseo First Response (GFR)** is being featured in a PBS documentary this upcoming fall. On January 16, 2006, GFR responded to an 18-year-old patient in cardiac arrest. Lieutenant Charlie Bueche and Sgt. Matt Carr witnessed the collapse and Sgt. Jon Berardi led the crew that defibrillated the patient. The actions of these members ultimately saved the life of the patient, coincidentally one of their Sigma Alpha Mu fraternity brothers. It was later discovered that the patient had Long Q-T syndrome, a genetic heart condition. The disease will be discussed in one part of a three part documentary called "The Mysterious Human Heart" scheduled to air nationally November 2007. The patient's cardiologist at Strong Memorial Hospital in Rochester, NY referred the producer to Geneseo's student-run EMS squad and, on January 25th & 27th, film crews came to the campus to film and interview officers, the responding members, and the patient. Contact: Erica Truncale, Captain, esquad@geneseo.edu.

**Syracuse University Ambulance** is currently in the process of acquiring a new flycar. The new vehicle will replace an older Ford Econoline van. Contact: Heather Will, Supervisor, hwill@syr.edu.

The **University of Rochester MERT** eagerly awaits delivery of its new 2007 Jeep Grand Cherokee response vehicle. This vehicle was finally approved by the University after 3 years of negotiations. Not only does the vehicle ease the burden of members, it also increases coverage area to include graduate and off campus housing. The vehicle will obey all regular traffic laws and will not be equipped with a siren or red lights. Contact: mert@cif.rochester.edu.

### **North Central**

North Central extends a warm welcome to its newest EMS organization at **Loyola University Chicago**. Formed in October 2006, Loyola EMS will respond to campus emergencies as a QRS service, serving a total population of approximately 14,000 on the north side of Chicago. Additionally, they will provide event coverage for sporting events,

concerts and Commencement. Within the next few months, they hope to announce the First Annual North Central Games, inspired by the recent Yankauer Games in Boston. All North Central campus organizations will be invited to attend. As an up-and-coming EMS organization, Loyola EMS will need everyone's support. Contact: Michael O'Brien, Coordinator, mobri1@luc.edu.

### **Northeast**

**Rowan University EMS** handled a total of 188 EMS calls during the fall semester. A former university president, who was also the first advisor to the squad when it was formed in 1978, established a scholarship for eligible members of the Squad. It is known as the Mark and Barbara Chamberlain Emergency Medical Service Scholarship. The \$500.00 scholarship will be given annually to a Junior for use in his/her Senior year.

The **University of Rhode Island EMS** completed acquisitions of over \$50,000 worth of communications equipment funded by homeland security grants including a laptop to be mounted in their ambulance, 30 portable radios, 15 pagers, 2 dispatch consoles, 4 mobile radios/control stations and a repeater. URI EMS is currently also exploring options with a new statewide 800 MHz digital APCO25 radio system. In addition, the squad has completed moving into a new \$1.4 million station complete with garage bay, office space, training room, day room, showers and bunks. They are also currently in the process of purchasing a new ambulance for the Corps. Contact: Shad Ahmed, Commander, uriems@etal.uri.edu.

### **Northern New England**

**Saint Michael's College Fire and Rescue** had a busy fall recruiting season, taking on nine new members, bringing its roster up to 29 members. Members completed the EMT-B and EMT-I classes. The squad also purchased a new ambulance, a 2007 Ford F-450 Road Rescue, which is scheduled to arrive at the beginning of the summer. Contact: rescue@smcvt.edu.

**University of Vermont Rescue** has installed PlymoVent in its station and has just taken receipt of a new 2007 PL Custom F350. The new rig will be in service this month. Contact: rescue@uvm.edu.

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**Vermont Technical College First Response** currently has about ten members serving as First Responders for the campus and just recently held officer elections. Thus far this academic year members have responded to over 20 calls.

#### **Pennsylvania**

Since the last NCEMSF conference, **Carnegie Mellon EMS** has moved into its new headquarters and developed a new funding source through Housing Services. In addition, CMU EMS has started an official bike team. Contact: [cmuems@andrew.cmu.edu](mailto:cmuems@andrew.cmu.edu).

The **Lehigh University EMS** membership has increased by approximately 30% this academic year for a total of 30 active EMTs and 20 members enrolled in the EMT class. Lehigh EMS has also partnered with the Lehigh Police Department to arrange for free summer housing. This will make 24/7 summer coverage this year possible. Contact: [ems@lehigh.edu](mailto:ems@lehigh.edu).

**Muhlenberg College EMS** held an EMT class on campus in the spring of 2006 which produced 20 new EMTs many of whom joined their organization or were already members. The squad had a "Mock DUI" drill with a complex extrication on campus in the fall and worked with paramedics from Cetronia Ambulance Corp and City of Allentown EMS as well as firefighters from Allentown Fire Department. Members hosted the president and deans of the college for dinner, had lunch with the board of trustees of the college, made a homemade Thanksgiving Dinner for all their members, have had four continuing education classes on campus, held a free blood pressure screening for all students, faculty, and staff, and will be stocking pediatric and adult Epi-pens on our QRS unit in the next few weeks! Contact: Les Polk, Captain, [ems@muhlenberg.edu](mailto:ems@muhlenberg.edu).

At **The Pennsylvania State University**, construction of the new Penn State University Student Health Services Building, which includes PSU EMS' new home, has begun and should be completed by spring of 2008. The new building will provide garage space for both University Ambulance Service's (UAS) BLS equipped ambulances as well as more storage space for all of its equipment.

## Regional Coordinator Network

Region	Name	E-mail Address
National Coordinator	Michael Hilton	<a href="mailto:nc@ncemsf.org">nc@ncemsf.org</a>
Canada	(Available)	<a href="mailto:canada-rc@ncemsf.org">canada-rc@ncemsf.org</a>
Central	(Available)	<a href="mailto:central-rc@ncemsf.org">central-rc@ncemsf.org</a>
Massachusetts	Steph Sharp	<a href="mailto:ma-rc@ncemsf.org">ma-rc@ncemsf.org</a>
Mid Atlantic	David Weand	<a href="mailto:midatl-rc@ncemsf.org">midatl-rc@ncemsf.org</a>
Midwest	(Available)	<a href="mailto:midwest-rc@ncemsf.org">midwest-rc@ncemsf.org</a>
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Northern New England	Matt Friedman	<a href="mailto:nne-rc@ncemsf.org">nne-rc@ncemsf.org</a>
Pennsylvania	Andrew Mener	<a href="mailto:pa-rc@ncemsf.org">pa-rc@ncemsf.org</a>
Southeast	Noah Prince	<a href="mailto:southeast-rc@ncemsf.org">southeast-rc@ncemsf.org</a>
West	(Available)	<a href="mailto:west-rc@ncemsf.org">west-rc@ncemsf.org</a>

Thanks to Matt Palilonis, a PSU EMS alumnus, UAS has obtained two brand new EMS equipped TREK Mountain bikes. The new bikes joined their fleet, which includes two BLS Ambulances, 2 EMS equipped John Deere Gators, and 4 other EMS equipped mountain bikes to allow members to provide a more efficient and quick response to 911 emergencies on the University Park Campus.

The Penn State University EMS Training Institute, which PSU EMS manages with the help of a full time EMS Supervisor/Instructor, continues to expand its credit and non-credit programs at the University Park Campus. Last semester the Training Institute ran a Wilderness EMT upgrade that trained its students in wilderness based medicine techniques and included a day of practical evolutions in the field. A Management of Emergency Services class, which focuses on the administrative tasks of running a 911 or emergency management service has also been added. In addition to these two programs, UAS continues to offer basic EMT training programs that prepare approximately 60-70 students a year to sit for the state EMT exam, as well as EVOC (The Emergency Vehicle Operations Course), International Trauma Life Support (ITLS), AHA CPR and First aid Instructor, EMS Assistant Instructor, EMS Instructor (which leads to state certification as a licensed instructor for

EMT, First Responder and Continuing Education Programs), Incident Command System for EMS, and an EMS Field Practicum as well as several other practical based programs for teaching. Contact: Patrick Gomella, UAS Company Supervisor.

The **University of Pennsylvania Medical Emergency Response Team (Penn MERT)** is getting ready to complete its first full year of first response service. MERT increased its membership from 24 EMTs last spring to its current staff of 51 EMTs. MERT also increased its hours of operation in January so as to provide coverage from 7:30PM to 7:30AM seven days a week. Contact: [mert@dolphin.upenn.edu](mailto:mert@dolphin.upenn.edu).

**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 annual awards ceremony Saturday evening.**



**NCEMSF still wants to hear how you and your campus celebrated EMS Week 2006...**

**Email your stories and photographs to: [emsweek@ncemsf.org](mailto:emsweek@ncemsf.org) and you may be eligible for NCEMSF Honors**

### **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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## **Shakes on a Plane**

Dr. Scott C. Savett, NCEMSF Vice-President

It's never a good sign when you see three flight attendants swarming around a passenger two hours into a six-hour trans-continental flight. I recently watched as such a situation unfolded just a few rows in front of me while on a United Airlines flight from Los Angeles to Philadelphia.

The overhead speaker made a "ding" followed by the announcement, "We have a medical emergency aboard the aircraft. If there is a physician or other medical professional on board, please make yourself known to the flight crew." There were good odds that at least one of the 112 passengers aboard the Airbus A319 that day would come forward to help. Thousands of times each year health professionals are pressed into service outside their normal workplaces to care for the sick and injured aboard planes.<sup>1,2</sup>

Calmly climbing over my fiancée and the poor guy who was in the aisle seat, I made my way to the ill passenger. Meeting me there were a nurse and a physician. It made for a well-rounded medical team. The patient was in his late 20's and was traveling with his wife and small child. From what witnesses stated, the patient said he didn't feel well and then proceeded to slump over. The passenger sitting next to the patient said she saw what appeared to be thirty seconds of right hand tremor after he slumped over.

Being somewhat familiar with the airline industry, I knew the keywords. "Where is your EEMK?" I asked the flight attendant. EEMK is the airline abbreviation for "Enhanced Emergency Medical Kit." Since 2004 every US commercial aircraft has been mandated to be equipped with at least one EEMK in addition to an AED.<sup>3</sup>

For years previous to 2004, commercial aircraft were mandated to carry what EMS folks would consider a rudimentary kit containing bandages, tape, BP cuff, stethoscope, splints, oropharyngeal airways, nitroglycerine, dextrose (D50), 1:1,000 epinephrine, and diphenhydramine along with needles and syringes to administer the drugs in the kit. The rules of the game changed in April 2004 when a BVM, CPR mask, IV kit including a 500ml bag of normal saline, lidocaine, bronchodilator metered dose inhaler, atropine, aspirin, and 1:10,000 epinephrine were added to the list of required items.

Many airlines, including United, have gone beyond the original FAA regulations and are now flying with a commercial EEMK called Stat

Kit by Banyan.<sup>4</sup> This sixteen-pound super-sized kit includes additional ALS medications (e.g., diazepam, naloxone, furosemide, lanoxin), disposable oral thermometers, an intubation kit, and basic suturing equipment.

Now back to our patient in row 21 on the flight from LAX to PHL. He was pale and very diaphoretic. He was conscious but lethargic. His blood pressure was 90/60 according to the physician – but the BP cuff wasn't inflating well, so I'm not sure I actually trusted the reading. The patient's pulse was 72 and regular. Respirations were 16 and non-labored. According to his wife, the patient had no past medical conditions, was on no medications, and had no allergies.

Even though our patient wasn't tachycardic, I was thinking "hypoglycemia" so I asked the \$64,000 question: "When did he last eat?" It had been at least eight hours since his last meal. I imagine that traveling with a young child can be stressful, and it was easy for our patient to overlook keeping himself fed while he focused on his wife and daughter. After some oxygen via a nasal cannula and a few glasses of orange juice our patient was feeling much better and his color improved dramatically.

While I was impressed with what was included in the EEMK, there were glaring omissions. The physician and I were debating if the patient was suffering from hypoglycemia or something cardiac related. A hand-held blood glucose monitor or reagent strip such as Dextrostix would have been useful to confirm suspicions of hypoglycemia. As for doing an EKG at 35,000 feet to rule out cardiac involvement, it is possible to perform a rudimentary EKG using the on-board AED, but it's not recommended. So we were pretty much out of luck. Had we been flying with a different airline (British Airways or Virgin Atlantic), we could have used their on-board pocket EKG monitor (\$3,000) that can relay cardiac rhythms and vital signs to physicians on the ground for further assessment.<sup>5,6</sup>

The goal of having the EEMK and hand-held EKG monitor is to avoid unnecessarily diverting a flight for a medical emergency. If you think a \$3,000 EKG monitor is expensive, consider that one medical diversion is ten times more expensive for airlines. Why so expensive? Dumping fuel for an emergency medical landing is costly. Dumping 40,000 pounds of "Jet A" fuel costs \$25,000 at today's prices.<sup>7</sup> Factor in additional landing fees and

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**Note: personal NCEMSF membership follows the academic calendar and will expire on May 31, 2007.**

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subsequent ripples throughout the airline's schedule due to a late plane, and a diversion becomes a very costly nuisance.

In the 15 years that I've been a semi-frequent air traveler and EMT, I've been involved with four emergencies on-board aircraft. In two cases I was asked by the flight crew whether a medical diversion was necessary. In both cases the patient was stable and could easily withstand the remainder of the flight. Not until very recently did I understand the gravity of their question and its implications.

If you are traveling home from the NCEMSF conference aboard a plane, keep in mind the resources available to you if a medical emergency occurs. While pre-hospital providers tend to dislike physicians and nurses on an EMS scene, an airplane is nobody's "scene," and it's no place for territory wars. You and any other medical professionals

aboard, along with the flight crew, can be a life-saving team.



<sup>1</sup>"Is there a doctor on the aircraft? Top 10 in-flight medical emergencies." *BMJ*. November 25, 2000; 321(7272): 1336-1337.

<sup>2</sup>"In-flight medical emergencies: an overview." *BMJ*. November 25, 2000; 321(7272): 1338-1341.

<sup>3</sup> 14 CFR Part 121.310; 14 CFR Part 121 Appendix A; 14 CFR Part 121.803.

<sup>4</sup> Web site: <http://www.statkit.com>

<sup>5</sup>"In-Flight Medical Diversions Present Myriad Challenges to Flightcrews". *Air Safety Week*. February 26, 2001.

<sup>6</sup>"Airline readies remote telemedicine tools". *Computerworld*. December 5, 2000.

<sup>7</sup> Web site: <http://www.airnav.com/fuel/report.html>

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