

NCEMSFS NEWS

Inside this issue:

President's Message	1
EMS Research: Ambulances Cause Injury	2
Professor Squirrel	3
Membership Minute	3
Regional Roundup	4-5
Practical Process Improvement	6
Startup: Lessons Learned	7
NCEMSForum.org	8

"The dedication towards making a difference is what makes our organization special"

Message from the President

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

Welcome to the 17th annual NCEMSFS Conference! This weekend over 800 collegiate EMS providers will have the opportunity to attend over 70 lectures, learn new skills, meet new friends, and will return to their campuses energized to make a difference. The dedication towards making a difference is what makes our organization special.

Like many of our EMS colleagues, we strive to provide the best possible care for our patients. We spend countless hours training for situations that we hope will never occur. We constantly challenge ourselves to improve the service that we provide. The difference is our enthusiasm in our quest for knowledge.

Our dedication to the advancement of EMS is unparalleled to other EMS providers. We want to learn more to change the way that we care for our patients. We want to become involved in EMS research and outcomes. We want to design and implement new protocols to advance EMS to a higher standard. Our foundation to accomplish this is our participation and involvement in campus EMS.

Our refreshing outlook on the present and future of EMS extends beyond "responding to the call." It extends to every facet of campus life. We have become stalwarts of safety. We provide training and education for the entire campus community to ensure that people know what to do when an emergency arises. We have become engaged in health prevention and safety awareness. We remain determined to prevent the injury before it occurs.

In the end, these experiences help us grow individually. We become leaders with a unique skill set. Our communication skills, our problem solving skills, and our interpersonal skills become stronger. We learn how to overcome seemingly impossible challenges. But most importantly, we learn the importance of giving back to our communities.

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 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.

Best wishes,



George J. Koenig, Jr., DO
NCEMSFS President

Ambulances Cause Injuries and Fatalities

Dr. Michael T. Hilton, NCEMSF National Coordinator

As collegiate EMS responders, you put your life and safety at risk every time you step into an ambulance or response vehicle. In the United States, there are a total of 4,500 ambulance collisions per year. Compared to police cars and fire trucks, ambulances experience the highest proportion of collisions with injury or death of an occupant. Ten percent of ambulance collisions involve major injuries or vehicle damage. In a four-year study of the Fatal Accident Reporting System (FARS), 109 ambulance collisions resulted in 126 fatalities. A second study of the FARS database found that 309 ambulance collisions over ten years caused 405 deaths and 838 injuries. Unfortunately for the general public we are supposed to protect, injuries and fatalities occur more often to occupants of other vehicles involved in ambulance collisions rather than to EMS providers and ambulance occupants.^v

The most serious and fatal injuries of ambulance occupants in collisions occur in the rear rather than front compartment and to improperly restrained occupants.^v Rear occupants become injured more often because they are unrestrained. The reasons for not wearing seatbelts in the rear compartment are numerous. Respondents to a survey of 900 prehospital providers provided these reasons: inhibited patient care (67.9%), restricted movement (34.7%) inconvenience (15.1%), or lack of efficacy (5.3%). In another study, two-thirds of respondents reported that they did not wear seatbelts while treating patients -- 50% believed that using a seatbelt interferes with patient care.ⁱ

You need to consider whether these reasons are valid as these are the reasons for which you are putting yourselves and your patients at risk for injury and death. You need to provide appropriate patient care and monitoring. How much of this needs to be done while unrestrained? Cardiac monitors should be set up so that a restrained provider can view them. In most cases, you can stabilize your patients, start IVs, administer medications, place leads and pulse-ox probes, and take vital signs prior to transport. When purchasing ambulances, you should ensure that the patient compartment design allows providers to do most monitoring and intervention prep work while restrained so

that time unrestrained can be minimized.

Pediatric patients especially are put at risk because they are not restrained properly more frequently, mainly because of provider's incomplete knowledge of restraint systems. Of a survey of 302 EMS providers, 91% of respondents reported having had some training in child-restraint use. In fact, respondents were quite comfortable with their own abilities to restrain a child: fifty percent believed they knew "a lot or very much" about how to restrain a child. Yet, 31% could not identify the correct way to restrain a 2-year-old child and 40% could not identify how to secure a child seat.ⁱ

Your organization can take one simple and proven step to prevent death and injury: enact a policy requiring seatbelts. A survey of 41, 823 NREMTs found the following association: providers in EMS agencies with no organizational seat belt policy were less likely to use seatbelts compared to providers in organizations with a seat belt policy. As collegiate EMS leaders, you should enact a seatbelt policy that encourages seatbelts to be worn by all ambulance and first responder vehicle occupants. You should do this even if your agency is not required by the state. In 14 states, no agency is responsible for ambulance regulations – and therefore for requiring seatbelt use on ambulances. More surprising, over half of the states do not require restraining ambulance patients.

To prevent collisions, it is important to know the conditions in which they are most likely to occur. One might expect ambulance collisions to occur on wet, curvy roads at night. However, study after study shows that this is not the case. Collisions most often occur in daylight on straight roads in dry, clear conditions at intersections. The FARS study found that collisions occur "more often between noon and 6 PM (39%), on improved (99%), straight (86%), dry roads (69%) during clear weather (77%), while going straight (80%), through an intersection (53%), and striking (81%) another vehicle (80%) at an angle (56%)."^v When compared to collisions involving similar sized vehicles, ambulances are more likely to be involved in 4-way intersection collisions (43% vs 23%), angled collisions (45% vs 29%) and collisions at traffic signals (37% vs 18%). A study in Denver

found that a T-bone mechanism and collision at an intersection were significant predictors of injury in an ambulance collision.

Based upon these findings, ambulance collisions are occurring while the ambulance is traveling straight through an intersection and the driver fails to recognize a vehicle that is turning into the ambulance' path or the driver fails to recognize a vehicle that is traveling perpendicular through an intersection. It's easy to recognize that this type of collision most likely involves use of lights and sirens.

Over and over again, the data shows that collisions occur most often during lights and sirens use. One study found that 91% of ambulance collisions occurred during a lights and sirens response.^x In another study, seventy-five fatal crashes (69%) occurred during a lights and sirens response. The 10 year FARS study revealed that most collisions (202/339) and most fatalities (233/405) occur when lights and sirens are in use.^v

To prevent death and injury, you should limit your use of lights and sirens. As collegiate EMS leaders, you should enact a policy of appropriate, targeted and limited use of lights and sirens. As future leaders in EMS, you should create a culture change in EMS at large. This will save lives and prevent injury and death. Appropriate use of lights and sirens is defined by a measurable improved clinical outcome compared to if no lights and sirens were used. By this measure, most lights and sirens use is inappropriate.

Lights and sirens use does not save significant time. In one study, in fifty transports, lights and sirens use allowed the paramedic to arrive to the hospital 43.5 seconds on average faster than without lights and sirens. Another study found that the 32 responses with lights and sirens averaged one minute and 46 seconds faster than those without lights and sirens usage. In 67 transports over 21 months, a third study found that the time saved by using lights and sirens was 3 minutes and 63 seconds. A fourth study reveals nearly identical results: the mean difference between lights and sirens vs. no lights and sirens transport time was 3

(Continued on page 6 - AMBULANCES)

Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Readers:

Welcome to the 17th Annual NCESMF Conference and to the beautiful Baltimore Inner Harbor! We have over 40 sessions that you can choose from in various clinical and administrative tracks. Our conference offers the best value in speakers and programs of any EMS conference. Consider competing in the Physio Control EMS Skills Competition or the Richard W. Vomacka Student Speaker Competition, and best wishes to all who are competing. Visit our vendors and exhibitors that support the conference. Perhaps most importantly, be sure to take advantage of the networking opportunities to meet other campus EMS providers and educators to share questions, ideas, and experiences. As always, I am available to answer your specific questions as well. Feel free to email me at professor@ncemfsf.org or check out my archived columns online for detailed answers to many common questions.

While you are in town, don't forget to check out the waterfront including the National Aquarium, Maryland Science Center, the Constellation and the other ships, and the other museums. Also be sure to find the great restaurants and shops in Harborplace and the surrounding area.

You will be sure to see me around at conference in the company of our President Dr. Koenig or one of the other volunteers who helps put on the conference and other NCESMF programs throughout the year. Please talk to them and let them know what you like and what ideas you have for

future conferences. They want to know what keeps you and your school coming back every year; and they would like to know if you are interested and willing to take on the commitment to become an NCESMF volunteer.

On behalf of all of the NCESMF leadership and committee members, we hope you enjoy this year's conference and find it to be a valuable experience in helping you be the best in campus EMS. Have a safe and enjoyable event, and remember, it's okay to feed the squirrels at conference!

Professor Squirrel



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@ncemfsf.org. The Professor will answer the best ones in the NCESMF newsletter. Your name and school will be kept confidential. Visit his nutty e-Shop at www.cafepress.com/ncemfsf and get your own Professor Squirrel and NCESMF apparel and souvenirs. You can also purchase textbooks and other EMS reference materials at highly discounted prices through the official NCESMF Store. NCESMF apparel is available at the NCESMF Store as well. Visit the NCESMF Store and help support the Foundation by clicking the "Store" link on the NCESMF Web site.

Membership Minute

Karolina Schabses, NCESMF Membership Coordinator

Do you wonder what benefits your NCESMF 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 *NCESMF News*, honor outstanding collegiate EMS organizations and personnel through our awards program, and advocate for collegiate EMS throughout the country.

Your membership in NCESMF 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 NCESMF. Skyscape is the leading provider of medical references for PDAs (handhelds), carrying hundreds of different titles across multiple specialties that are all cross-linked with each other. Skyscape, in collaboration with NCESMF,

offers you a 20% discount on the purchase of these references. Savelives.com / Common Cents EMS Supply, offers a 10% discount to NCESMF members on many of its great products. AllMed's VAP program allows institutional members to save on hundreds of commonly-used EMS supplies. Emergency Training Associates / The NCESMF Store, offers up to a 26% discount for EMS texts and NCESMF apparel. Purchases through the NCESMF store also support the Foundation. *JEMS* offers discount subscription to members. *Emergency Medical Services Magazine* is available to personal NCESMF members free of charge.

Your NCESMF 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 NCESMF before this conference, your conference fees included membership for the rest of this

academic year. Renewing your NCESMF membership in June for the 2010-2011 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. NCESMF 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.ncemfsf.org/membership.



Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

Welcome to the 2010 NCEMSF Conference! The Regional Coordinator (RC) network exists to facilitate communication between NCEMSF and its nearly 300 constituents. It is through the Regional Coordinators that NCEMSF is best able to accomplish its mission of advocating and supporting campus based EMS. The Regional Coordinators are equipped to assist each squad with the day-to-day issues it faces and to help publicize squad achievements. There are few issues that the NCEMSF leadership has not seen before and for which it is not equipped to offer advice and guidance. Please do not leave the conference without meeting your RC and exchanging contact information with him/her. Please also make certain to join your RC at the Regional Roundtable discussions on Saturday afternoon.

Canada

McMaster University Emergency First Response Team (EFRT), through its partnership with the Canadian Red Cross, is providing public CPR/FA/AED training, which both promotes the team and also generates much needed revenue for team operation. It has been very successful since September, and McMaster looks forward to continued public training the remainder of the year.

Trent University Emergency First Response Team (EFRT), while around for a number of years and running 24/7 through the entire school year, this year will mark its first time attending the NCEMSF Conference. The squad looks forward to a great relationship with NCEMSF and to attending the conference and networking with its peers.

University of Western Ontario Student Emergency Response Team (SERT) is hard at work preparing for the National Conference of Campus Emergency Responders, the all Canadian version of NCEMSF Conference, which converges many Canadian teams from around the country together for a weekend. The highlight of the conference every year is the team competition which takes place on the Sunday, starting bright and early lasting approximately 8 hours.

University of Windsor Emergency Response Team (UWERT) has

experienced great success with the Medical First Responder Program for its entire membership. It continues with the EMA level for its Supervisory personnel. UWERT has also launched a new website which it hopes is cleaner, and easier to navigate. You can find it at uwert.org. UWERT has also had a positive response to its new Quality Assurance program, which has proved valuable for maintaining team morale and providing positive feedback to members on a job well done, while at the same time correcting minor mistakes when required.

Massachusetts

Brandeis Emergency Medical Corps (BEMCo) is looking to start offering more training programs open to both BEMCo members and members of other college EMS programs in the greater Boston area, with the aim to provide lectures relevant to campus EMS. The first in the series will be aimed on how to work with responding area ALS, giving a good report, and how to package patients. For more information, please contact Dan Saxe, dsaxe@brandeis.edu.

Worcester Polytechnic Institute (WPI) EMS is evaluating its service, with the aim of identifying resolvable issues and possible solutions to present to the administration by the end of this semester, giving its squad a well-deserved upgrade.

Midatlantic

The Mid-Atlantic Region schools are very excited about the conference being held in Baltimore and is looking forward to having a strong showing of support with large numbers in attendance. We welcome the other schools to our area and hope you enjoy your visit to the beautiful Inner Harbor. Besides dealing with a very cold winter and some record-breaking snow storms, here is some of the recent activity from our schools.

GERMS (Georgetown University) has been very busy recently. The group is currently working on purchasing a new ambulance and laptops with electronic patient care reporting software. It has also hired a new EMT-B instructor who provides an EMT class every semester on campus for its members and the community. Members have also made major changes to the squad's bylaws and

have reorganized its entire administrative structure. Members look forward to sharing their experiences with these projects and hope to elicit feedback from other groups as well.

Lynchburg College EMS is having increased success with recruitment and activity levels on campus. It continues to grow and is getting a reasonable amount of support from the University. It took the opportunity to work with the Virginia Tech Rescue Squad at some of the VT football games this past year to learn how it could improve coverage at its own local events.

Salisbury State University is forming a medical response group on its campus and will have a small delegation at the conference to draw from our knowledge on how to best get off the ground. The group is receiving guidance from the NCEMSF leadership, but also wants to hear your personal tips and suggestions.

Virginia Tech Rescue Squad has added three new vehicles to its growing fleet. VTRS used various grant sources to purchase a Chevy Suburban with a radio interoperability system and command post materials. It also purchased a heavy-duty pickup truck with technical rescue equipment for vehicle accidents, confined space, and rope rescues. The third vehicle was an ambulance to bring its total transport vehicles to three. VTRS uses two ambulances for the on-duty crews and the third is designated for campus standbys, but is available for a third 911 call.

Midwest

Case Western Reserve University EMS (CaseEMS) members will celebrate the organization's 5th year of existence later this semester. 12 students have enrolled in the organization's spring EMT-Basic course and six others are awaiting their CPR-Instructor certifications. CaseEMS intends to begin a campus-wide CPR program, beginning by certifying its own probationary members and university police officers before offering CPR classes to all students, staff and faculty at little or no charge. The organization has also elected a new officer position to oversee its Quality Assurance and Improvement Program as well as patient privacy concerns related to daily operations.

(Continued on page 5 - RR)

(Continued from page 4 - RR)

The Ohio State University Center for EMS is currently in the early stages of reestablishing a campus EMS transport service (it previously operated a two vehicle campus ALS system). It is also working on EMS Week activities and its 7th Annual EMS Conference on campus in September. The OSU Center for EMS also recently unveiled its MOTIVE (Mobile Outreach Training Vehicle) for EMS. The 1997 Ford ambulance was previously used as a Medic Unit by Columbus Division of Fire. The vehicle will be used at special events, for returning equipment to area EMS agencies, and to transport training equipment and staff to EMS departments that request continuing education.

University of Dayton Rescue Squad (UDRS) recently held cardiac arrest and trauma training scenarios for potential crew chiefs. Also, all 16 of its new members passed the NREMT exam.

The University of Toledo EMS finished up its first season of men's football standbys this fall. This semester, UT-EMS is staffing men's basketball games at the new Savage Arena. The EMT's have all been busy with a variety of tasks, including moving into a new office, helping at the first drive-through H1N1 Vaccination Clinic in Northwest Ohio, and participating in a mock DUI extrication.

New York

St. Bonaventure University has added 14 new EMTs to its roster.

University of Rochester MERT has put several new pieces of equipment in service, expanded its programs for crew chief trainees, and updated its uniforms to better reflect its role as an EMS organization. As it enters 2010, plans are in place to transition to an electronic PCR system.

Columbia University EMS has successfully deployed electronic charting this past semester. The system, based on the emsCharts platform, utilizes tablet computers to record information in the field. Data is digitally managed and transmitted to receiving hospitals, as well as regulatory bodies. Additionally, CUEMS has begun the planning process to acquire a new ambulance.

Northern New England

Daniel Webster College EMS continues to remain positive during its quest to be

Regional Coordinator Network

Region	Name	E-mail Address
National Coordinator	Michael T. Hilton	nc@ncemsf.org
Canada	Jeffrey J. Bilyk	canada-rc@ncemsf.org
Central	Amy Berenbaum	central-rc@ncemsf.org
Massachusetts	Kathryn Kinzel	ma-rc@ncemsf.org
Mid Atlantic	David Weand	midatl-rc@ncemsf.org
Midwest	Joseph Grover	midwest-rc@ncemsf.org
New York	Eric Pohl	ny-rc@ncemsf.org
North Central	AVAILABLE	northcentral-rc@ncemsf.org
Northeast	Yoni Litwok	northeast-rc@ncemsf.org
Northern New England	Stephen Lanieri	nne-rc@ncemsf.org
Pennsylvania	Les Polk	pa-rc@ncemsf.org
Southeast	Noah H. Prince	southeast-rc@ncemsf.org
West	Amanda Wong	west-rc@ncemsf.org

re-instated as a licensed responding unit on campus. Due to an ownership change at the college last fall, its license was not renewed as the new administration felt DWC EMS' services were a "liability" and nothing more than a cost-center for the college. Medical coverage for students and visitors on campus now rely solely on a private ambulance service that only staffs 3 ambulances for the entire city of 90,000. Although unable to respond to emergencies, DWC EMS EMTs continued to instruct other students in its fall EMT class and are enthusiastic about celebrating its 5th anniversary.

UVM Rescue will be electing new officers on February 28 (hope for good weather or the current officers might not make it back in time for elections!). UVM Rescue purchased a Ford E450 ambulance in 2009, which arrived in May. This ambulance, designed by several current and alumni members in conjunction with Osage Ambulances, replaced an ambulance purchased in 2002.

Pennsylvania

DeSales University EMS offered a CPR re-certification in January and is hosting a class regarding documentation in February. It is currently in the process of shopping for a new response vehicle and has been recently moved to a new office. Last semester it was able to offer priority class registration to its members.

Juniata College EMS QRS-8 was able to allocate the funds raised by providing

CPR training to students on campus to purchase a new AED trainer.

Southeast

Bellarmino Emergency Response Team (BERT) has been making significant progress as a startup organization. Just over two years after the group was formed, it has started staffing special events, and has signed an agreement for medical direction. This semester, BERT is looking to create an Alumni Board of Advisors that will help it pave the way to continued success. Members are also looking forward to the prospect of a wilderness EMT class.

The Southeast region has had quite a few new startup groups over the past few months, including the University of Georgia, University of Florida, and North Carolina State University. Tripp Gregory, a Junior at NC State, hopes to revive the EMS squad after several years of hibernation by looking to nearby Duke University for support.

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

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



Practical Process Improvement to Address Change

Dr. Scott C. Savett, NCEMSF Vice President

There is no doubt about it: change is tough. Humans are creatures of habit. Getting into a new daily routine that includes a trip to the gym is hard. Quitting smoking is hard. When you were trained to drive on the right-hand side of the road, driving on the left-hand side of the road in London is hard. Changing the way you do things at your collegiate EMS squad can be equally challenging.

A sundry selection of supplies is needed for a successful NCEMSF conference. These supplies are gathered throughout the year and accumulated in various places (especially in my basement, much to the chagrin of my wonderful wife). Among the supplies we need are magic markers, silkscreened t-shirts, nametags, conference folders, mountains of computers and technology supplies, and a large stack of awards plaques. The procurement of the plaques was especially troublesome this year, and I'm thinking that the vendor is a ripe candidate for a process change.

It started simply enough with an order from a company's Web site. An e-mail confirmation told me the plaque frames would be on their way shortly. Sure enough, two days later there was a box

on my doorstep. I opened the outer box and examined the contents of the five smaller boxes contained within it. While the order had been for twenty identical *silver* plaque frames, I held in my hands *black* plaque frames.

I couldn't fault the vendor much. The plaque frames had been shipped from the manufacturer with the wrong item number on the boxes. The vendor assumed the package labeling was correct, and put them in the "silver" warehouse bin as opposed to the "black" bin where they actually belonged. It was an honest mistake that anybody could make.

The vendor was apologetic about the incident and paid for return shipping. I was assured that a "bin check" would be performed by the warehouse staff before the replacement frames were shipped. The definition of a "bin check" to the office staff in Wisconsin was different than what the warehouse staff in New York actually performed. My frustration grew when the replacement shipment had multiple boxes of mislabeled black plaque frames.

On my third call to the company to get the situation remedied, I learned that this

incident was lunchroom fodder among the Wisconsin office employees. It was clearly an opportunity for process improvement for this vendor. As polite as the vendor's customer service representatives were during this ordeal, ultimately the company failed in delivering the seamless shopping experience I was seeking. What could they do to improve their process?

My employer has a formalized company-wide program called Practical Process Improvement (PPI). PPI aims to identify non-optimized business processes and then take steps to streamline them, thereby creating a better experience for the customer and/or saving the company money. With a workforce of 35,000 employees worldwide, this can be challenging, so most PPI projects are tackled at a much smaller scale, such as a singular production facility or business unit of a couple hundred people.

One great thing about PPI is that it looks at a problem from multiple angles. It is always undertaken by a cross-functional team. People who don't necessarily have a direct stake in the process being reviewed are invited to join the team to
(Continued on page 7 - CHANGE)

(Continued from page 2 - AMBULANCES) minutes and 50 seconds. Interventions that clinically benefitted the patient -- that would have been delayed by the increased time of a no lights and sirens transport -- occurred in only 5% (4 of 75) of patients.

As one might expect, lights and sirens are used inappropriately. This is shown in one large seven-month study of transports of pediatric patients in Cincinnati. Inappropriate use of lights and sirens was defined as lights and sirens transport of a stable patient. Of 622 transports, lights and sirens were inappropriately used in 123 (39.4%). BLS units were more likely to use lights and sirens inappropriately than were ALS units.

Collegiate EMS providers are in a unique position to change the field of EMS to improve safety. You can save lives and prevent injury. You can do this by making evidence-based changes to your collegiate EMS organizations. Among you are the future leaders of EMS, Fire

Services, Public Safety, Emergency Medicine, and Trauma Surgery. You will have the ability to enact change in an emergency service culture that resists change. From today forward, you be an advocate for seat belt use among all occupants of emergency vehicles. You should increase the awareness of ambulance collisions and the factors associated with them. You should be a proponent of limited, targeted use of lights and sirens. In EMS, responses and transports without lights and sirens should be the default. Lights and sirens should be used only in specifically defined situations where the benefits outweighs the increased risk of collision, injury and fatality.

- i. Johnson TD, Lindholm D, Dowd MD. Child and provider restraints in ambulances: knowledge, opinions, and behaviors of emergency medical services providers *Acad Emerg Med*. 2006 Aug;13(8):886-92. Epub 2006 Jul 6.
- ii. Becker LR, Zalosnjaja E, Levick N, et al. Relative risk of injury and death in ambulances and other emergency vehicles. *Accid Anal Prev*. 2003 Nov;35(6):941-8.
- iii. Biggers WA Jr, Zachariah BS, Pepe PE. Emergency medical vehicle collisions in an urban system. *Prehosp Disaster Med*. 1996 Jul-Sep;11(3):195-201.
- iv. Pirrallo RG, Swor RA. Characteristics of fatal ambulance crashes during emergency and non-emergency operation. *Prehosp Disaster Med*. 1994 Apr-Jun;9(2):125-32.

- v. Kahn CA, Pirrallo RG, Kuhn EM. Characteristics of fatal ambulance crashes in the United States: an 11-year retrospective analysis. *Prehosp Emerg Care*. 2001 Jul-Sep;5(3):261-9.
- vi. Larmon B, LeGassick TF, Schriger DL. Differential front and back seat safety belt use by prehospital care providers. *Am J Emerg Med*. 1993 Nov;11(6):595-9.
- vii. Studnek JR, Ferketich A. Organizational policy and other factors associated with emergency medical technician seat belt use. *J Safety Res*. 2007;38(1):1-8. Epub 2007 Feb 20.
- viii. Seidel JS, Greenlaw J. Use of restraints in ambulances: a state survey. *Pediatr Emerg Care*. 1998 Jun;14(3):221-3.
- ix. Ray AF, Kupas DF. Comparison of crashes involving ambulances with those of similar-sized vehicles. *Prehosp Emerg Care*. 2005 Oct-Dec;9(4):412-5.
- x. Custalow CB, Gravitz CS. Emergency medical vehicle collisions and potential for preventive intervention. *Prehosp Emerg Care*. 2004 Apr-Jun;8(2):175-84.
- xi. Biggers WA Jr, Zachariah BS, Pepe PE. Emergency medical vehicle collisions in an urban system. *Prehosp Disaster Med*. 1996 Jul-Sep;11(3):195-201.
- xii. Saunders CE, Heye CJ. Ambulance collisions in an urban environment. *Prehosp Disaster Med*. 1994 Apr-Jun;9(2):118-24.
- xiii. Hunt RC, Brown LH, Cabinum ES, et al. Is ambulance transport time with lights and siren faster than that without? *Ann Emerg Med*. 1995 Apr;25(4):507-11.
- xiv. Brown LH, Whitney CL, Hunt RC, et al. Do warning lights and sirens reduce ambulance response times? *Prehosp Emerg Care*. 2000 Jan-Mar;4(1):70-4.
- xv. Ho J, Lindquist M. Time saved with the use of emergency warning lights and siren while responding to requests for emergency medical aid in a rural environment. *Prehosp Emerg Care*. 2001 Apr-Jun;5(2):159-62.
- xvi. O'Brien DJ, Price TG, Adams P. The effectiveness of lights and siren use during ambulance transport by paramedics. *Prehosp Emerg Care*. 1999 Apr-Jun;3(2):127-30.
- xvii. Lacher ME, Bausher JC. Lights and siren in pediatric 911 ambulance transports: are they being misused? *Ann Emerg Med*. 1997 Feb;29(2):223-7.



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

NCEMSF wants to hear, please email stories, photos, videos, press releases and local press coverage to:

emsweek@ncemsf.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.

Opinions expressed in articles in NCEMSF NEWS are those of the authors, and not necessarily those of NCEMSF. Information contained in NCEMSF NEWS is not intended as medical advice. Contact your medical director before changing medical protocol. NCEMSF hereby grants permission to reprint materials herein for the non-commercial purpose of dissemination of information to the EMS community. Any reprinted material must contain the following credit line: "Reprinted by permission of the National Collegiate Emergency Medical Services Foundation and NCEMSF NEWS (www.ncemsf.org)," and should include the volume and issue of the article's original publication. Any other use without the expressed consent of the NCEMSF is prohibited.

Copyright © 2010, National Collegiate EMS Foundation

E-mail articles to be considered for publication to info@ncemsf.org

A Few Lessons From Collegiate EMS Startup

Andrew S. Mener, NCEMSF Startup Coordinator

Over the past year I have had the privilege of working with ambitious students at over 30 schools and of helping guide them through the many obstacles to starting a collegiate EMS organization. Though no two campuses are exactly alike, each with its own set of specific obstacles students must overcome, I have found that a number of lessons hold true across all schools.

First, continuity is key. One of the most important things a collegiate EMS organization can do is show continuous student effort. It is crucial to make sure that no one drops the ball – both in terms of medical and leadership training. The worst thing for an observer, especially a school administrator to see is a strong start, but then a significant reduction in student commitment. This lack of momentum can be especially harmful when trying to get the support of the college administration. Starting (and maintaining) a collegiate EMS organization takes a lot of effort and a high level of commitment by its student members. Nationwide, the most successful groups are those that have shown consistently strong efforts to continue medical training and leadership training for members.

Second, seeking to make and maintain friends rather than enemies is a must. Students who have successfully started and

are now running collegiate EMS organizations will agree that the good relationships they have fostered along the way have proven to be invaluable on their journey. It is important to constantly seek out new and useful partnerships and funding. Students should make sure to remain on good terms with those around them since these are the people they will most certainly need in the future. Whether with public safety officials, student health, or student government, good relations are key for ensuring the smoothest possible course on what is already a fairly difficult road. These partnerships will make your job easier.

Third, and finally, sharing ideas and learning from other established groups can be an extremely valuable resource. I would like to encourage you to take the time while you are here to introduce yourself to some of the more established groups and to share your ideas about medical and leadership training programs for your campus with them. The more you learn about some of the more established programs, the better able you will be to tailor a program to the specific needs of your campus. I also encourage the established groups to proactively engage the startup organizations and share your experiences running a collegiate EMS agency.



(Continued from page 6 - CHANGE)

provide input. Inevitably, their inclusion leads to more creative and "out of the box" solutions to the problem.

Just as my employer's PPI program includes ancillary people on the problem solving teams, I encourage you to build your problem solving teams similarly. Depending on the nature of the issue, you may want to include campus health center personnel, police or campus security officers, or officials from student life. Additionally, since the majority of your patients are likely students, you may want to include these "regular" students on your process improvement team. You shouldn't forget to include the agencies that you interact with downstream as well, such as your local ambulance squad (if your group is a QRS) or the local hospital's emergency department. All of these people can contribute unique points of view that will provide an added depth of analysis.

While PPI focuses on enhancing the customer experience and lowering costs for the company, there is an added dimension that you need to consider: providing the best

possible patient care. Unlike my employer, your campus squad isn't accountable to shareholders expecting a certain earnings per share. But you are accountable to your patients who are expecting your squad to do what's in their best interest.

As you participate in the workshops and seminars at this year's conference, I would encourage you to think about possibilities for process improvement within your campus EMS organization. This conference is *the* place to find possible solutions, as there are few problems that have not been tackled on another campus. The solutions you find at the conference are not generally a "one size fits all" fix, but are instead a starting point for a change on your campus.

Albert Einstein defined *insanity* as "doing the same thing over and over again and expecting different results." There's enough craziness on college campuses. Do your part to stop the insanity by putting into place a smart method to address change within your organization.



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

Vice-President
Scott C. Savett, PhD

Secretary
Joshua A. Marks, MD

Treasurer
Michael S. Wiederhold, MD, MPH

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

Division Chairs
Membership Coordinator
Karolina A. Schabses, MPH

National Coordinator
Michael T. Hilton, MD

Startup Coordinator
Andrew S. Mener

Alumni Coordinator
Daren T. Spinelle

EMS Week Coordinator
Timothy J. McMichael, NREMT-P

Contact Information:
PO Box 93
West Sand Lake, NY 12196
Phone / Fax: 208-728-7342
Email: info@ncemsf.org
Web: <http://www.ncemsf.org>



Looking for something to do this summer? Consider the newly-created NCEMSF Summer EMS Research Internship. Stay tuned for developing details and email president@ncemsf.org if interested!

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

Please visit the Membership section of the NCEMSF Web site to update your contact information. In the spring, NCEMSF will distribute Volume 14, Issue 4 of NCEMSF News that will include a ballot for Executive Officer elections to every member.

Furthermore, the NCEMSF Database of Collegiate EMS Providers is an excellent resource in the event of natural disaster or other public health emergency, so 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!

Indicate your support of NCEMSF on your organization's home page!



We have updated the graphic, which may be downloaded from:
www.ncemsf.org/logos/

NCEMSForum.org
NCEMSF's Online Discussion Board

NCEMSForum provides the official online venue for collegiate EMS communication enabling collegiate EMS providers to remain in contact with one another throughout the year.

Log on to www.NCEMSForum.org today and start connecting with your fellow collegiate EMS providers!

The 18th Annual Conference will be February 25-27, 2011. Interested in hosting?
Complete the RFP online at: www.ncemsf.org/conf2011/