

NCEMSF NEWS

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"In the midst of focusing on the necessary elements to provide the highest level of care, our attention may be diverted from the very reason why we exist: to serve our

Message from the President

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

In the fall edition of *NCEMSF News*, I typically write about the changes that occur at the start of the academic year. I stress the importance of preplanning, setting goals, and leadership development. These areas are vital to the success of our organizations. However, as we focus on creating plans for recruitment, training, upgrading equipment, etc., it is easy to lose sight of the broader picture or rather our core purpose: serving our "customers."

The reality is that there are many action items that demand our attention. We focus on the areas that need critical attention. We need to ensure that our members are proficient and that they have the equipment to provide quality care. These tasks are vital to our daily operation. We often forget that the "customer" should be at the core of our initiatives.

You may be thinking "customers?" Don't you mean patients?

Most organizations define their "customers" as the person who dials 9-1-1 when they have an emergency. We focus our resources on answering that phone call. We spend countless hours preparing for the situation that we have yet to encounter. We pride ourselves on maintaining a high state of readiness that enables us to respond quickly. We strive to provide the best quality of service under stressful and difficult conditions.

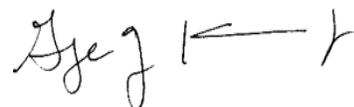
However, campus EMS organizations have many "customers". If we define our "customers" as anyone who provides remuneration for the services that we provide, we can begin to understand why some organizations thrive and others grow slower. Remuneration can be in many forms. On most college campuses, we do not ask for payment for our services. Typically, we receive funding from university sources. Although remuneration can occur in many forms, it may occur by providing space, equipment, or benefits such as housing. It may also occur from the vocal support that we receive from administrators.

Using this definition we have many customers, the Dean of Students is our customer. The Student Health Director is our customer. The Athletic Director is our customer. The Director of Public Safety is our customer. The Student Government is our customer. Practically everyone we interact with on a college campus is our customer. It is important that we strive to satisfy all of our customers not just our patients. This will in turn strengthen your organization and provide the environment for what we do best, provide care to our patients.

The support of every aspect of your university is vital to your success. I challenge you this year to critically evaluate who your "customers" are and how you can better meet their needs. Each of the people listed above have their own unique needs. The Dean of Students is interested in what you are learning from the experience of participation in campus EMS. He or she is also interested in how it is affecting your academic performance. Your fraternities and sororities have minimum GPA's and so should your organization. Perhaps it should be higher than what is required by other organizations. The Student Health Director is interested in promoting a healthy campus and extending his or her reach without having to increase staff. It should be your goal to find ways that your organization can complement and help them achieve their goals. In turn, their support for your organization will prove to be invaluable.

Best wishes for a great year. I hope to see you at our 17th annual conference in Baltimore.

Regards,



George J. Koenig, Jr., DO
NCEMSF President

Public Health In Collegiate EMS

Michael T. Hilton, MD, NCEMSF National Coordinator

You and your crew are sitting in your crew quarters awaiting your next call. You are working a 12-hour shift today and have had one call in the first 6 hours. Meanwhile, outside of your crew quarters, your classmates are carrying on with their daily routines. Perhaps there are those at risk for a severe asthma attack. Many others are at risk for injury or death from accidental trauma. The other residents in your college town, some with uncontrolled diabetes, are at risk for related complications. What if, between calls, you and your other squad members could work to prevent illness and injury on campus and in the surrounding community before they arise? And, to supplement your efforts, the local EMS agency could have its crews make cold calls to local residences identified by EMS call reports as having been transported for hypo or hyperglycemia and asthma exacerbations to provide blood glucose checks and asthma preventative health education. The combination of these efforts could greatly improve the health of your college campus and its surrounding community.

EMS personnel are already strategically placed around the community, are accustomed to responding to private residences, and are respected by the public and thus equipped to fulfill this public health role. Involving EMS providers in programs to improve the health of their community and to prevent avoidable emergency department visits, hospital admissions, morbidity and mortality can easily become part of the future of EMS. This additional role of EMS will encourage career growth and development of its paid and volunteer positions into the field of public health. There would be new roles for EMS personnel in the community where providers could act as community health educators and preventative health providers. They could work side-by-side with Diabetes Nurse Educators and Sexual Assault Nurse Educators and could be based in EMS stations, hospitals, community clinics and health departments. In addition to improving the health status of the community, this effort would provide an outlet to those who would like to decrease the number of 911 or transport shifts that they work, but who still want to remain in EMS. It will provide an alternate role for temporarily or permanently disabled or injured EMS

providers and for those who have become "burnt-out" with the daily grind of 911 EMS. The majority of EMS providers believe that disease prevention should be a part of EMS. Earlier this year, in *Prehospital Emergency Care*, an article was published that evaluated the results of a survey of NREMTs. This study found that 82.7% (99% CI: 82.1-83.3) felt that EMS professionals should participate in disease prevention. Despite this large percentage, only one third, 33.8% (99% CI: 33.1-34.6), of the respondents reported having provided prevention services.¹ Clearly, more work needs to be done to incorporate disease prevention into EMS.

In the medical literature, there have been a number of examples of preventative health roles that EMS providers could fill. Thus far, the areas that have been studied are not particularly relevant to collegiate EMS, but the studies provide examples of what can be achieved if EMS personnel formally participate in providing public health services. One example is having EMS providers train IV drug users in CPR and intranasal naloxone administration. These IV drug users would be provided with prescriptions for naloxone as part of the training program. One study evaluated the Staying Alive program in Baltimore that was organized along these lines. Eighty-five participants completed a pre- and post-training evaluation survey. A total of 43 participants reported having witnessed an overdose. In the post-training survey, 19 participants reported having administered naloxone; there were no reported adverse effects.² A second study evaluated a similar health education program in San Francisco and found that participants witnessed 20 heroin overdoses in the 6 months after the training. In 16 of these events, CPR was performed and, in 15, naloxone was administered. All overdose victims survived.³ Preventative health for IV drug users can prevent overdose-related deaths and can be performed by EMS personnel.

Another area in which EMS providers could become involved is primary injury prevention. The elderly population has an elevated risk of mortality and morbidity from even the most minor slip, trip or fall. Meanwhile, the number one cause of death in the pediatric through college-

aged population is accidental injury. Think about how many college students you have transported for preventable injuries. EMS providers are the ideal health professionals to provide primary injury prevention because they are in the home and on campus and can identify fall risks - such as loose carpets, wires, cords, stairs without banisters - and risky behavior - such as helmetless bike riding, seatbelt-less driving, careless drinking. Collegiate EMS providers can screen for other potential in-dorm and on-campus injuries. In a study published in the *Journal of Emergency Medicine*, 70% of EMS providers believed that primary injury prevention should be a part of the mission of EMS. Yet, only 33% of the respondents reported routinely educating their patients about injury risk behaviors and only 19% routinely provided instruction about proper use of injury-protective devices.⁴ In a 4 month prospective study evaluating the potential for an EMS injury prevention program, all transports for patients over 65 years of age were followed up with a survey identifying hazards in 6 areas: environment, appearance, health, violence, access to help, and repeat medical care utilization. The study found significant problems in the patients' environment in 53% of cases, in appearance in 29%, health in 77%, abuse in 3%, access in 57%, and repeat use in 33-68%.⁵ Formal programs for injury prevention education can be developed that make use of EMS providers. Just as firefighters make visits to homes and businesses to identify fire hazards and provide fire prevention and safety education, EMS personnel could make similar visits focusing on specific injury and health risks and provide related preventative education.

The role of EMS providers in preventative health can go beyond education and risk identification. College EMS providers, with training, could administer vaccines and distribute information about disease pandemics on campus. A prospective, observational cohort study in *Prehospital Emergency Care* evaluated the feasibility of vaccine administration by EMS providers in the Pittsburgh area, which included urban, suburban and rural providers. Paramedics attended a training session, after which they returned to their communities to

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Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Professor Squirrel,

Our squad is looking forward to the 2010 NCEMSF conference in Baltimore, but money is tight. Do you have any ideas on how we can fund our trip?

Flat Broke

Dear Broke:

If your squad is attending an NCEMSF conference for the first time or has not attended in the past 4 years, you might be eligible for the NCEMSF New Group Initiative, which provides limited conference scholarship. Check the NCEMSF Web site for more details.

Other groups have had success in the past in getting support from a variety of sources. One source to consider is if any of your members are volunteers with a squad back home that provides an educational stipend for members to pay for continuing education and professional development. Your members home squads may help defray or pay for registration and travel for their attendance.

It is not too soon to consider asking your customers on campus for help. Who are your customers? They are the residence life association, the student health center, campus security, intercollegiate athletics, and student affairs. If you are

responding to residence halls, providing standbys for sports, concerts, and club activities, Greek events, and other campus programs and events, then they have an interest in your group's professional development. Ask them all to chip in a portion of the cost.

Look to the NCEMSF web site for past conference programs and continuing education schedules to show these groups exactly what they will be supporting. Submit a letter of request with a conference travel budget that shows multiple potential funding sources so that they know they are not picking up the entire tab. Attach a copy of last year's program showing them the kind of educational opportunities that you will have.

At NCEMSF we believe that we offer the best conference around in terms of educational speakers and presenters at the lowest cost if you compare our conference to any of the other national EMS conferences. We are looking forward to seeing you this February in Baltimore! Don't forget to have someone feed the campus squirrels while you are gone.

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@ncemf.org. The Professor will answer the best ones in the NCEMSF newsletter. Your name and school will be kept confidential.



(Continued from page 2 - PUBLIC HEALTH) implement an influenza vaccination program for eligible adults. The paramedics consented all patients, administered the vaccine and monitored the patients for side effects. Paramedics and subjects completed surveys and EMS managers reported costs and resource utilization. The study included 90 paramedics from 15 EMS agencies based in 3 counties. The paramedics immunized 2,075 adults. Of these, 1,014 (49%) did not receive influenza vaccination in the previous year and 705 (34%) reported that they probably would not have been vaccinated otherwise. No adverse events were reported.⁶ EMS providers, being conveniently located and being available in hours beyond the 9AM-5PM work day kept by many primary care doctors and express clinics, would be perfect vaccine administration sites. Influenza, swine or not, is a relatively benign disease for most adults under 65. However, mortality and morbidity of this disease rises exponentially above the age of 65. EMS providers can have a role in preventing these deaths.

We are only at the beginning stages of incorporating the preventative health role into EMS systems. Thus far, the literature

supports this role as safe and efficacious. It is an exciting area of inquiry and those participating will be playing an active role in developing the future of EMS.

You can incorporate public health measures into your collegiate EMS squad. Moving beyond the typical blood pressure screenings and CPR courses, you can also teach first aid. You can work with your health services to identify targetable disease and injury entities on your campus for which you can provide health education to your fellow students. You should think about these ideas and decide what is right for your campus and your squad. Just as fraternities provide service to the campus and surrounding community, you might also want to provide public health services to the surrounding community..

If you would like specific advise on how to incorporate public health measures into your collegiate EMS squad's regular activities, please email me at nc@ncemf.org. Also, take advantage of the available NCEMSF resources, such as www.NCEMSForum.org, and discuss the public health initiatives with which you and your squad are involved with your fellow collegiate EMS providers.

If you have not already taken the NCEMSF Campus Based EMS Public Health Survey, please do so at your earliest convenience (the survey takes one minute). The information collected from the survey will be used to further advocate for CBEMS and plan for future NCEMSF programming. Thank you!

www.ncemf.org/publichealthsurvey



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- 2 Tobin KE, Sherman SG, Beilenson P et al. Evaluation of the Staying Alive programme: training injection drug users to properly administer naloxone and save lives. *Int J Drug Policy*. 2009 Mar;20(2):131-6. Epub 2008 Apr 22
- 3 Seal KH, Thawley R, Gee L, et al. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. *J Urban Health*. 2005 Jun;82(2):303-11. Epub 2005 May 4
- 4 Jaslow D, Ufberg J, Marsh R. Primary injury prevention in an urban EMS system. *J Emerg Med*. 2003 Aug;25(2):167-70
- 5 Weiss SJ, Chong R, Ong M. Emergency medical services screening of elderly falls in the home. *Prehosp Emerg Care*. 2003 Jan-Mar;7(1):79-84
- 6 Mosesso VN Jr, Packer CR, McMahon J, Auble TE, Paris PM. Influenza immunizations provided by EMS agencies: the MEDICVAX Project. *Prehosp Emerg Care*. 2003 Jan-Mar;7(1):74-8

Regional Roundup

News from Around the NCEMSF Regions

From the National Coordinator

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

Canada

After being suspended by St. John Ambulance in November 2008, the *Carleton University Student Emergency Response Team* has continued with the normal 24/7 operations. It is now operating under the Department of University Safety at Carleton, allowing the use of digital radios among other benefits. It is also collaborating with the Ottawa Paramedic Service for training purposes. This year new members will be participating in ride-alongs with paramedics of local ambulance services.

The *Ryerson Student Emergency Response Team* is pleased to announce its success in establishing itself as a first response team responding 24 hours a day, 7 days a week providing emergency medical services to students of the Ryerson University Campus (Ryerson was previously special event coverage only). After five years of negotiations, meetings, inquires, and research, the group has the opportunity to start offering its services. When students are on campus they are able to access RyeSERT through the 911 system or through the internal emergency response phone system. Currently RyeSERT is only responding to calls in high risk areas on campus.

Trent University is looking into developing a team debriefing program both for performance evaluation and also for critical incident stress and responder health. It is doing this by collaborating with both Counselling Services and also

the head of the peer support network for the Ontario Ministry of Natural Resources. This is an area where Trent sees a necessary development for the team to both assist responders and improve its standard of care. Also, TUEFRT has been upgrading its radio protocol to follow Canadian standards. TUEFRT has a new executive and a smaller group of responders which will prove challenging but will hopefully create a tighter knit group.

Wilfrid Laurier's Emergency Response Team is going 24 hours for its Orientation Week. The group is hoping this will help it in its goal to be a 24 hour/7 days a week team. Currently it is still only 24 hours on weekends during the regular school year.

University of Windsor (UWERT) has revamped its entire training program basing it on the Emergency First Responder protocols. It also continues to analyze its continuing medical education program. The group has also instituted a new quality assurance program that will review in detail every single ECR and provide feedback to all members on the call, good or bad. UWERT continues to push for a vehicle to decrease response times. It is also seeking a new Medical Director to bring all delegated acts in house instead of an outside provider for both training and cost purposes.

The University of Waterloo Campus Response Team (UWCRT) has seen some new and exciting changes over the last two terms. With a changing of the guard between its executive and the student government executive, many new and exciting ideas were brought to the table to help improve the overall capabilities the team is able to offer its campus. Canada Day marked the first shift UWCRT put its newly purchased (and first) AED unit into operation. With budgetary increases, the team will benefit from new equipment including an AED trainer matching the model it has in service; three-season coats for late fall through early spring shifts; better CPR mannequins; a newer computer; speakers to use for showing training videos; and money for certification reimbursements. Also in the budget increase, it now has opportunities to reward its members both at meetings and for larger team socials.

Massachusetts

Boston University is continuing its education program, with pass rates approaching 100% for its EMT classes and several other continuing education classes lined up for the upcoming semester.

Harvard University is starting up its EMS interest group once more, getting students into EMT classes and exploring a possible response group.

Midwest

Though it was not in service during the summer months, *Case Western Reserve University EMS (CaseEMS)* did plenty of preparing for students' return to campus in August. Over the summer, six EMTs earned their AHA CPR Instructor certificate and will begin teaching CPR to members and then to the campus community. This summer was also a time to plan for CaseEMS' second ever Mass Casualty Incident drill which will take place September 19th. CaseEMS has coordinated its efforts with campus police and a surrounding area fire department (Cleveland Heights Fire) for practicing vital triage and communication skills. The first MCI drill on campus, which included a simulated propane tank explosion during a rock concert, took place in December of 2007. CaseEMS plans to coordinate at least one full-scale drill per year to bring awareness and experience to the community and ensure the importance of being prepared for anything. The group continues to improve its equipment, vehicle and office resources including new office space that is double the size of its old office.

Indiana University Emergency Medical Services (IUEMS) is now known as *Indiana Collegiate Emergency Medical Services (ICEMS)*. ICEMS is currently working to certify its board members as CPR Instructors. It also plans to provide BLS coverage at major Indiana University events such as the Indiana University Dance Marathon and the Little 500 bicycle race season.

Northeast

The University of RI EMS has co-sponsored a project of the National Institute for Public Safety Research and Training that will develop a training curriculum to assist colleges and

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universities across the nation to better prepare for and respond to all-hazards incidents. As part of the \$1.9 million grant, URI EMS will travel across the nation to assist these institutions at no cost to the host agencies. URI EMS is also a co-sponsor of another \$260,668 grant project to prepare URI for such events. The organization also received a \$20,000 grant to obtain thermal imaging capability to assist in search and rescue efforts and also to assist law enforcement in other duties.

Northern New England

Dartmouth Emergency Medical Services (EMS) has acquired a 2008 Ford Explorer to enable expansion in its emergency medical care services. The organization acquired the vehicle in July; it is currently being equipped for EMS use, and is expected to be fully operational at the start of the fall academic term. The vehicle will be used primarily for responding to medical calls during the weekend campus coverage program. It will also serve to transport equipment and personnel to various training classes and medical standby events.

Pennsylvania

DeSales EMS had a huge turnout of new EMT's this year perhaps because DeSales EMS was recently added to the DeSales website and recruited at some prospective student events last year. The group held a mock disaster involving local ambulance squads, Northampton County EMA, and the DeSales nursing department at the end of September. It ran a similar drill over the summer as part of the DeSales community nursing class. Finally, the group is starting a lecture series this year at its weekly meetings. Each meeting one EMT will present a quick presentation on a topic of his/her choosing. The purpose of these lectures is to refresh everyone's memory on selected topics and promote leadership and speaking skills.

Juniata College EMS has recruited 20 new members. It is planning an EMS retreat for October and is considering taking a wilderness first aid class.

Ursinus SERV (Student Emergency Response Volunteers) has had a lot of new changes in the last year that accompanied the complete restructuring of the organization at the end of the Spring '09 semester. The organization is now run by a new cabinet, with the guidance of a board made up of college

Regional Coordinator Network

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Massachusetts	Kathryn Kinzel	ma-rc@ncemsf.org
Mid Atlantic	David Weand	midatl-rc@ncemsf.org
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Pennsylvania	Les Polk	pa-rc@ncemsf.org
Southeast	Noah H. Prince	southeast-rc@ncemsf.org
West	Amanda Wong	west-rc@ncemsf.org

faculty and local EMS providers. It has also incorporated a New OIC program for newly certified students to work with Field Training Officers before becoming OICs on campus, as well as an observer program to get more of the student body involved. In addition to creating new programs, it has also improved its constitution, QA policy, and protocols.

Southeast

Bellarmino Emergency Response Team is excited to report that its operating procedures and medical director have been approved, putting it well ahead of its anticipated schedule. BERT hopes to be in service at special events this semester, under the guidance of their new faculty advisor David Porta. The team's former advisor, Joan Combs Durso, writes, "Thanks for the support of everyone at NCEMSF. We did it in two years. Could not have done it without you all."

Emory EMS has continued to produce stunning results with its CPR training. While last year's session certified roughly 800 out of 1300 incoming freshmen, this year the group was able to train 1175 out of 1325 new students. With the attention of the local and national media, help from the American Heart Association (who contributed 4,000 CPR kits), and cooperation from Resident Life and Student Health Services, the CPR program was an official part of the freshmen orientation program, which made it a big success. Emory EMS

hopes to continue its community outreach with a newly established AED Initiative.

West

Stanford EMS provided event coverage for several events on campus, including the Inter Milan v. Club America exhibition professional soccer match at Stanford Stadium. Stanford EMS also participated in an exercise at Stanford Hospital testing "drive thru" triage for pandemic flu patients. This summer, Stanford EMS, with Palo Alto Fire, was the primary EMS care provider at the National Senior Games, most of which was held on Stanford's campus. Their crews provided 16 consecutive days of event coverage, from early in the morning until late at night and saw over 70 patients.

UCLA EMS has established a scholarship program some years ago that allows it to offer two UCLA students, who qualify, the opportunity to attend the initial EMT training (and receive books) free of charge. Currently UCLA EMS has two scholarship recipients who were selected in May, about to attend EMT training. During the 3-week EMT course, UCLA EMTs will be mentoring them through their studies. After they graduate (and obtain certification), they will begin the UCLA EMS training program.

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.

Alumni Corner

Daren T. Spinelle, NCEMSF Alumni Coordinator

This year, the Alumni Committee's agenda focuses on reintroducing members and leaders to their former squads and their successors. One of the greatest challenges that faces collegiate EMS is the extraordinarily high turnover of its experienced members. While this encourages innovation, it, unfortunately, also yields the unnecessary reinventing of the wheel. Valuable experiences and lessons are lost annually with the graduation of the senior class. As the Alumni Coordinator, I acknowledge this truth and have committed to re-engaging these untapped resources. Each alumnus has an in-depth understanding of his former organization and can offer unequivocal support for its unique concerns. Furthermore, most graduated members desire continued involvement with their beloved collegiate EMS groups.

Some of squads have already identified the value of having a strong alumni network by developing several programs designed to engage these hidden assets. From extending an alumni invitation for participation in an MCI drill to an end-of-year banquet acknowledging success, many groups continue to reap the benefits of former members. For groups that already have successful alumni programs we encourage you to share your ideas with us through www.NCEMSForum.org.

Most collegiate EMS alumni, from the just graduated to the founding members, yearn to catch up with old friends and see how their group has evolved. This year's NCEMSF conference is again expected to be one of the largest and most successful gatherings of collegiate EMS

providers. Along with the immediately visible benefits of novel EMS lectures and organizational networking, the annual conference provides the ideal conditions for energetic alumni to meet old friends, observe and interact with their successors, and share their own professional resources with aspiring students. I encourage all Alumni regardless of career path and graduation date to attend the 2010 conference. With the potential to reignite old friendships and develop new ones, the conference weekend can be beneficial for everyone.

Current campus leaders, I urge you to reengage your alumni and encourage them to join you and the rest of your current team in Baltimore this winter!



Virginia Tech Harnesses the Power of its Alumni

David Weand, NCEMSF Mid Atlantic Regional Coordinator

Most alumni feel a strong tie to their alma mater and universities harness that feeling to solicit as much alumni financial support as possible. It is a business unto itself with a full time staff devoted to raising the greatest amount of money. With this much effort put forward by universities, why is it that many collegiate rescue squads don't track their alumni?

Many collegiate EMS alumni feel a stronger bond to their former squad than they do to the university as a whole. The time and effort that most collegiate EMS personnel devote to their squad is probably more than they spend in a classroom; and it is spent performing in a high-stress situation as a team. These strong bonds should be maintained and encouraged to grow after graduation.

The Virginia Tech Rescue Squad has a large and active group of alumni with which they stay in contact. Initially the graduating seniors organized a few social outings to various amusement parks and campgrounds. They wanted to create a more formal organization to better keep in touch and, in 1978, they founded the VTRS Life Member Association. This organization is separate from the active student squad, with its own set of bylaws and elected officers. The membership of the organization was originally those members who had been given the title of "Life Member" of VTRS, but is now open

to all alumni members of the squad. The mission of the VTRS Life Member and Alumni Association is to organize its members for professional and fraternal goals; to provide technical and financial assistance to the squad for special projects, seminars, and programs; and to provide human and physical resources for various projects and programs. They accomplish this goal by maintaining a contact roster of all their members, which they use to send a quarterly newsletter and ask for donations. They also organize at least two meetings a year where the group can come together to network, socialize and conduct business. One of those meetings is when the active squad has an annual awards banquet and they invite all the alumni to attend.

Over the years the alumni group has been able to provide an annual donation to VTRS in the form of gifts, money and training. Some notable examples are: station renovation to provide a kitchen, ACLS and PALS training, CPR and intubation manikins, and personnel to assist in the recovery after the school shootings. The active squad has added an administrative officer position whose role is to foster and build alumni relations. This provides the alumni with a specific point of contact within the active squad to coordinate activities and events.

The most recent project undertaken by

the alumni group is to create and fund a scholarship for the active squad. The alumni group has over 300 members. By harnessing the power of their members, they have already collected \$50,000 in one year. Their goal is to reach \$4 million to provide a full tuition scholarship to every member of the rescue squad every year. It is a large goal, but the active squad and the alumni group feel that they have the power to achieve it.

Every year your organization graduates a class of alumni who then spread across the country in a wide array of job fields. They have an ever growing knowledge base- both in regards to EMS operations and business operations. It is a vast resource of technical skills and administrative knowledge that you should not overlook or underestimate. You should consider them a valuable resource and make efforts to reconnect and maintain contact with your group's alumni.

NCEMSF has an Alumni Committee chaired by Daren Spinelle (alumni@ncemf.org) They have many ideas to assist you in building your alumni network. I encourage you to contact him or your regional coordinator if you need help. If you would like more information about VTRS or its alumni group, check out its website at www.rescue.vt.edu.



Membership Minute

Karolina A. Schabses, MPH, NCEMSF Membership Coordinator

Welcome back for another academic year! While you've had your summer break, we've been hard at work bringing you the best that NCEMSF has to offer. We encourage you to renew your NCEMSF membership now by visiting www.ncemsf.org/membership

NCEMSF is dedicated to furthering collegiate EMS activities and as such our memberships operate on the academic year, not the calendar year, to accommodate school schedules. Memberships purchased between June 1, 2009 - May 31, 2010 will be credited to the 2009-2010 academic year. To receive the full benefit of your annual membership, renew now.

Institutional memberships are only \$25 annually. Annual personal memberships are \$10 for current students and \$20 for

non-students. Life memberships (\$75 student, \$100 alumni, \$150 non-student) are also available. Make sure to update both your personal and institutional online profiles with your current telephone number and email address, and, if you moved since the last academic year, your new mailing address as well.

Membership benefits include great member discounts and offers, consulting services, reduced conference fees, eligibility for annual awards and membership cards. Check out our latest offers online from VistaPrint, Journal of Emergency Medical Services, Skyscape, SaveLives.com, Emsbooks.com and Emergency Medical Services Magazine. We appreciate your ongoing support!



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.

This Semester's Moderated Discussion Topics:

October: General Illness - Responding to flu like symptoms: H1N1, influenza, meningitis, TB

November: Politics with neighboring agencies

December: Determining when and when not to allow patient to sign refusal.

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

NCEMSF Names Resource Coordinator

Robert A. Fabich Jr., RN

Being intimately involved in education, I know how hard it is to develop a training program. Add the demands of a busy college schedule, ambulance calls, and an exam the next day it makes it even more impossible to always develop quality training for your squad. One of our goals at NCEMSF is to create a data bank of training resources from squads across the country to help others create quality training programs. To start this process we are looking for your help.

- What resources would help you

create better training for your members?

- What kind of training program do you have at your college campus?
- What additional information about training programs would help your squad?
- What additional EMS resources do you need?

As the new resource coordinator I am here to help find any EMS resources

needed for your program as well as network programs to help produce better training for your members. Please contact me anytime at: resources@ncemsf.org

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MARK YOUR CALENDARS!

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will be held February 26-28, 2010
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Further Details Available at www.NCEMSF.org

The NCEMSF Board of Directors looks forward to greeting you this winter!

Your Squad's Key Documents Deserve a Review

Scott C. Savett, PhD, NCEMSF Vice-President

Think about your squad's important documents. Do you know where to find copies of your SOPs, constitution, by-laws, and treatment protocols? If your squad is like most campus squads, there is probably a copy of most of these kicking around the crew room – probably in a three-ring binder that is collecting dust. You may have copies of the documents available as Microsoft Word files or PDFs in the "members only" section of your group's Web site, which certainly makes them more accessible, but no more inviting to read.

When was the last time these documents were updated? When were they last reviewed for content and clarity? Unless you recently had a drastic administrative change in your organization, there is a good chance it has been years since these documents were closely scrutinized, and it is probably time for a review.

SOPs: Has your organization undergone any operational changes since the last review? For example, if your SOPs were written with a non-transporting QRS in mind and you now have BLS transport capabilities, there are probably gaps in procedures that now impact your organization. All sorts of new questions need to be addressed. Who is able to drive the ambulance? Does the person need to have taken an emergency vehicle operations course (EVOC)? Are there guidelines for emergency vs. non-emergency response?

When writing or revising SOPs, ensure you are in compliance with any state laws in addition to abiding by any policies mandated by your campus police or public safety department. Many organizations have renamed their SOPs to SOGs to emphasize that they are "guidelines" instead of "procedures." SOPs cannot be written to anticipate every situation, so by offering a framework of *guidelines* instead, you can empower your members to use good judgment in unforeseen circumstances.

Constitution / By-Laws: Your group's constitution and by-laws are, for the most part, static documents. The major changes that are normally made to these documents involve the definition or refinement of leadership positions. As a group's size increases and decreases over the years, it is sometimes necessary

to adjust the number of squad officers. If your group's by-laws were written when the group was small and your group has grown significantly over the years, it may be time to add some mid-level positions to allow better representation of all members.

Keep in mind that changing your constitution and by-laws may require submitting them through your student government for re-approval if you are considered a student activity. In this regard, you retain more flexibility to change your constitution and by-laws if your group is completely independent or if it is a division of your campus health, campus police, or public safety. Having said that, any changes to these documents should be carefully considered. As tempting as it may be to change them when things get challenging, changes in organization governance should not be made for political reasons. If you are unhappy with your organization's leadership, attempting a coup d'état through changes in the constitution or by-laws is not the long-term solution.

Protocols: Treatment protocols are generally adopted from state-wide or regional protocols. You should ensure your organization's protocols are in compliance with your governing protocols. It goes without saying that your medical director (assuming you have one) should also review and approve your treatment protocols.

Ongoing medical research leads to changes, but they are generally slow to trickle down to EMS providers. For example, while continuous positive airway pressure (CPAP) has been used for years in the hospital environment, it has only been within the last few years that it has become the gold standard in the pre-hospital arena. The same can be said for the ability to record and transmit 12-lead EKGs, which has been in the field longer than CPAP, but still is not mandated in many regions. If your treatment protocols still contain references to medical anti-shock trousers (MAST) for treatment of hypovolemic shock, you should definitely consider revising them. For treatment protocols that change regularly, it may be easier to refer to a national standard (e.g., American Heart Association CPR guidelines) and include it as an appendix

rather than write the external protocol into your document.

Insurance: One major document that nobody thinks about, but is worth looking at is your squad's insurance policy. The topic of insurance makes some university officials uncomfortable, but it really shouldn't, especially if you are proactive about it. Your insurance needs change over time. It may be that your squad started out as a foot patrol and you now have a vehicle to transport your crew and equipment. You may also have expensive new equipment (e.g. tablet computers for recording patient care reports) that you did not have when your policy was written. Are you covered for loss or damage? What is your deductible? In a real-world example, my squad sustained a \$35,000 loss during a recent water rescue when a cardiac monitor / defibrillator, fully stocked ALS bag, and oxygen duffel went overboard. Thankfully, our insurance coverage was up-to-date. Our deductible was \$500, which was a hit to the organization's bottom line, but a far more tolerable hit than the full \$35,000 would have been.

In summary, just as the EMT curriculum tells us to regularly re-check our patient care interventions during transport to the hospital, we should also regularly review important documents that form the foundation of a collegiate EMS organization. You would never allow an oxygen cylinder to go completely empty while it is supplying a non-rebreather mask on a patient. From an organizational standpoint, it would be similarly bad to allow treatment protocols, SOPs, insurance, constitution, or by-laws to become outdated. You should be proactive by familiarizing yourself with your squad's important documents today and making necessary changes now rather than procrastinating.



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“Crew Resource Management encourages a culture where respectful questioning of authority is encouraged. However, the primary goal is not enhanced communication, but rather enhanced situational awareness.”

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LEADERSHIP LESSONS: Everyone is a Leader

Michael S. Wiederhold, MD, MPH, NCEMS Treasurer

On a recent flight out of town, I had an extended layover at Hartsfield–Jackson Atlanta International Airport. I had time to eat at one of the terminal restaurants that overlooked the central service road on the tarmac. It becomes easy to take for granted the background activities that make a commercial flight possible. Many of these mundane tasks such as refueling the plane and loading the luggage into the cargo hold are mostly hidden from view. I thought about the coordinated efforts of the people that worked at the airport. Each person completing an individual task in combination with others allows the system as a whole to function.

The baggage handlers would drive directly underneath me on the way to bring their loads to individual planes. While I was watching the hustle and bustle all around me, I noticed one of the baggage handlers had inadvertently dropped a bag on the ground while maneuvering his vehicle. For the next 30 minutes, a multitude of other baggage handlers drove right past the suitcase sitting in the middle of the road. One even slowed down and looked down at the bag as he passed it. Finally a bag carrier drove past the bag and then stopped and ran back to get the bag. I wondered about where that bag was headed. Was it going on a connecting flight? Did that flight already leave? Was the passenger waiting for their bag at the baggage claim?

There has been a large amount of research on quality improvement and aviation. These concepts have been adapted for use in other industries like medicine and the fire service. I wondered how an industry that prides itself in quality could allow something like this to happen. The missing factor was a culture of leadership. Leadership is not just at the management level. It is at all levels. Just like the airline industry, many businesses need to develop and recognize all of their informal and formal leaders.

In the late 1970s, Crew Resource Management (CRM) was created as an attempt to reduce accidents in the aviation industry. Researchers found that the primary cause of most aviation accidents was human error. The main problems found in causing the human error were failures of interpersonal communication, leadership, and decision making in the cockpit. CRM attempted to minimize these failures by focusing on communications, situational awareness, problem solving, decision-making, and teamwork. CRM encourages a culture where respectful questioning of authority is

encouraged. However, the primary goal is not enhanced communication, but rather enhanced situational awareness. It recognizes that a discrepancy between what is happening and what should be happening is often the first indicator that an error is happening.

There are generally five steps for effective Crew Resource Management:

Opening or attention getter Address the person by name to get their attention, "George."

State your concern State what you see in a direct manner, "The fuel is getting low."

State the problem as you see it "I don't think we will have enough fuel to finish the shift."

State a solution "I think we should go to the gas station."

Obtain agreement or buy-in "Does that sound good to you, George?"

Once again, the key concept of Crew Resource Management is situational awareness. The pilots use CRM to help with their situational awareness. In the same way, the baggage handlers could have been empowered to use the same technique. CRM does not try to make everyone a supervisor, but allows everyone to be a leader by being aware of the situation around them and alerting their supervisor with a suggested solution. Many baggage handlers saw the bag sitting in the middle of the road but it sat there until one person took a leadership role.

CRM can easily be applied in your EMS experience while driving to a call or rendering patient care, but it can also be used in relation to your squad development. Members of your squad should be able to respectfully question decisions made by the management of their squads and this can easily be done using CRM. Every member of your organization has an important role regardless of their officially defined role. Each member must be empowered to be a leader for your organization. When faced with any situation, you can use Crew Resource Management to help you improve communications, situational awareness, problem solving, decision-making, and teamwork.

Remember, everyone in your organization is a leader.



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Interested in starting a new collegiate EMS organization?

Contact the startup coordinator at startup@ncemsf.org and ask for the "NCEMSF Guide to Starting a Collegiate EMS Organization"

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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!

NATIONAL COLLEGIATE EMS WEEK - November 9-15

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

And, This Year, To Kick Off Collegiate EMS Week...

NATIONAL COLLEGIATE CPR DAY

On Monday, November 9

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

Support materials and program particulars are available online at www.NCEMSF.org and through your Regional Coordinators

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