

# NCEMSF NEWS

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***"The single biggest problem in communication is the illusion that it has taken place"***

***-George Bernard Shaw***

## Message from the President

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

The start of an academic year is filled with change and excitement on college campuses. For incoming first year students, it is the start of their transition to independence as they engage in new experiences and learn new skills. For juniors, it marks the transition to seniors, and the opportunity to lead, to serve as role models, and to create change on their campus. For collegiate EMS, it is a time for new leadership to execute their plans for the year and to grow and shape their organizations as they pursue new goals.

Each year, in the fall edition of *NCEMSF News*, I challenge each of you to reflect on your leadership skills and think about how you can strengthen them. Recently, I had a conversation with a previous director of his campus EMS squad. He was concerned about the direction of the group after his departure. As we spoke, I assured him that he can still be a leader and help further the goals of his campus EMS group despite the fact that he no longer had a title. The same premise applies to everyone. You do not need a position or a title to lead, but rather patience, skills, and commitment.

Perhaps the greatest skill that a leader can possess is communication. For many, it is not innate and is a skill that needs to be developed. Communication skills are essential for developing not only professional, but personal relationships. By developing communication skills, you can learn how to influence every interaction in a positive way. However, it is important to remember that the same opportunity to strengthen relationships can be lost as a result of ineffective communication.

With the tremendous growth in technology and the increase dramatic increase in accessibility, one could conclude that communication should be easy. The list of potential avenues for communication is endless: Facebook, MySpace, Twitter, LinkedIn, email, forums, blogs, instant messaging, text messaging etc.. One might even claim that with the multitude of

options to communicate that an article on effective communication doesn't apply to present day organizations.

However, I would argue that communication is more difficult today than ever before because we are constantly bombarded with communication. The average college student receives between 20 to 100 emails daily, receives 80 to 100 text messages daily, and spends about 20 to 60 minutes on Facebook daily. Amidst the background chatter, it is increasingly difficult to clearly communicate and to get your message across.

In addition to the challenges of finding the appropriate medium to convey your message, there is a tendency to substitute face-to-face contact for the convenience and ease of email, text and instant messaging. If you were very concerned about your performance in a class, you would try to address this in a face to face conversation. However, when confronted with an important or challenging issue within our campus EMS organization, we tend to revert to a passive method of communication. Each of us has been guilty at one time or another by attempting to handle sensitive or delicate issues through indirect means. The end result is usually angry and frustrated members and subsequent chaos within our organization.

As a leader, the most important thing that you can do is to be assessable and regularly meet and talk with members of your campus community. Get off your computer and walk down the hallway and really connect with and be a part of your team. Then when it comes time to make large changes or to implement a new idea, people will be willing to join with you because you have built a level of trust. We need to break the Facebook cycle of interaction and stop relying on passive means of communication. We will always be one step behind if we continue to wait or adjust our strategies based on "status" updates.

*(Continued on page 3 - PRESIDENT)*

## Making Mistakes: Improving Quality and Safety

Joshua A. Marks, MD, NCEMSF Secretary

I recently had the humbling experience of presenting an unfortunate case at the Department of Surgery's weekly morbidity and mortality conference (M&M). For those unfamiliar, the overall purpose of M&M conferences is to provide a confidential environment in which one can present unfortunate outcomes to peers and, with their collaboration, identify what led to that outcome and what piece of knowledge, system change, or policy might prevent a similar result from occurring in the future. It is intended to be an educational experience for all involved, although, as the presenter, it is easy to perceive that your colleagues in the audience are assigning blame and thus to become defensive while being questioned. The questioning is generally in an effort to understand better and help realize the root cause of the problem so that it can be fixed. The case I presented was that of a young gentleman who died a preventable death. The details of the particular case are not relevant other than to acknowledge that several errors of omission were made, those involved had an incomplete understanding of the problem, and the system as a whole failed; as a result the patient died.

To err is human, as is, unfortunately, to try to skirt blame. Every one makes mistakes. By definition, mistakes are not intentional. No one outwardly seeks to make a mistake. They are products of lapses in judgment, inattention to detail, or lack of information. There is often a root cause that can be identified and corrected. Hence, we learn best from the mistakes we make and consequently, assuming we care enough to do so, avoid repeating the same mistakes in the future. In order for this to be true, however, we need to be able to admit our shortcomings, to stand up and admit that we made a mistake. Only once admitting the error, even if only to ourselves, can we actually learn from it and improve upon it going forward. The problem is that it is far easier to blame another person or to explain that while the mistake might be our own, it is not our fault that we made it. By walking away from the responsibility, we also tend to walk away from the learning opportunity.

While our patient's outcome was regrettable, all involved recognized the sources of error that arose in the process

of trying to do our best for him, collectively assumed responsibility and learned from the experience such that if any of us were to be presented with a similar scenario in the future, our actions would be different and hopefully the outcome different as well.

Currently, not many EMS systems host case review conferences similar to hospital M&M conferences despite substantial focus in EMS on regular quality assurance and improvement. We review care reports, question and counsel providers and assure compliance with protocols. At my alma mater, this process was developed into an active learning opportunity with similar objective to M&M conference. All of the crew chiefs met monthly with our medical director and reviewed patient care reports together. We questioned each other, had those involved describe the scene and explain their rationale. Our medical director provided further context and medical knowledge as well as follow-up information. It was a non-confrontational means of learning from our actual calls and improving our service and care based on our collective experiences, including our mistakes. Through this collaborative review, we were able to assure that all the crew chiefs learned the same key lessons and that mistakes were not repeated. Shortly after our BLS unit started carrying aspirin for chest pain, we identified a problem in our collective understanding of the protocol and how it was to be implemented through the mistake of one of our peers. Similarly we identified system errors that our administrative leadership was then able to address and correct. An analysis of increased response times to certain buildings revealed access issues that were corrected simply by obtaining a copy of a new key. Other problems with the inappropriate handling of simultaneous calls by one crew chief, led to an overhaul of our dispatch system and the information that the dispatcher asked for and relayed to crews.

As organizational leaders, how we react when a mistake is made is equally important. Shouting or belittling a colleague when an error is made may not be as effective, and certainly not as professional, as helping to figure out the cause and constructively remediating those involved. Similarly, we must learn

to anticipate and prevent mistakes before they occur. Reacting effectively to an incident that has already occurred is important, but it is better to learn to be proactive than reactive. Mistakes inevitably will occur although we must strive to limit them and tolerate them only to the point that we acknowledge them as areas for improvement. They are part of the evolutionary process, but thinking through potential pitfalls and making appropriate adjustments is critical to organizational success.

This problem solving and decision making process to, not only, reduce error, but also improve care and our overall services is a corner stone of the collegiate EMS experience. In that connection, it is important to recognize that solutions to your problems exist, most problems are not unique and others have faced them previously. We need to resist the temptation to reinvent the wheel unnecessarily. Similarly, we must be advocates for positive change, yet oppose change simply for the sake of change. There exists a network with which to collaborate and share ideas. NCEMSF provides the framework through our annual conferences, regional coordinator network, and online discussion forums. Your squad's alumni are an excellent source for trouble shooting and problem solving as well. With a standard four year turnover for most collegiate organizations, networking and staying in contact with alumni is essential to keeping our organizations moving forward, to learning from the past to ensure for the future, and to minimizing our mistakes and allowing us to learn from them when they occur.

The collegiate EMS benefit is far greater than the acquisition of medical knowledge. It is about developing life-long leadership, problem solving and learning skills. Working to prevent errors, but recognizing the positive that can come from them is one of the keys to ultimate success. As the academic year begins, I encourage you to consider the mechanisms in place within your organization for addressing mistakes and, more importantly, for you to take a fresh look at your operation to identify potential setups for error and correct them before they present themselves.



## Medical Direction in Campus Based EMS

Michael T. Hilton, MD, NCEMSF National Coordinator

Collegiate EMS groups interact with many university divisions. These include public safety/police, health services, and Resident Life. If your leadership has a good working relationship with these divisions, your group will function well within the university framework. Your EMS group may also have an advisor, who guides you through, usually, non-medical issues and decisions. The advisor, in most cases, defers to you as the medical experts. However, this is not optimal – just as you have an advisor for non-medical issues, it is important that you have an advisor for medical issues. Having a medical director for your service will improve your quality of care through updated protocols, more effective quality improvement, guidance on training sessions, and through continuing education-style activities.

Recent research has looked into medical direction to see if it truly does provide benefit for EMS groups. There are no studies looking at collegiate EMS groups. However, we can extrapolate and we will look at how to incorporate these findings into your group. After engaging a medical director, an EMS squad might expect improved chart reviews leading to “significant improvements in clinical quality.” There might be improvement in quality of patient care reports. There is more adherence to protocol and improved skills.<sup>1</sup> Unfortunately, despite these benefits, up to one third of EMS providers have no contact with a medical director. Volunteer squads, rural squads, and BLS squads<sup>2</sup> are least likely to have medical directors.<sup>3</sup> Many of our member college-based EMS squads meet two or three of these descriptors.

There are a number of ways for you to get a medical director involved in your squad. First, have the medical director review your patient care reports on a regular basis. If there are deficiencies found or if the director identifies ways to

improve documentation, you can share this with your entire squad by email, at a meeting, or in a con-ed session. Second, have your medical director directly organize con-ed sessions on topics relevant to collegiate EMS providers. Third, have the medical director work with your leadership to review all of your patient care protocols and SOPs to see if there are ways to tweak or improve them. Fourth, you should have the medical director attend meetings of the squad as a whole and meetings of squad leadership so that the medical director becomes well integrated into your squad and feels comfortable contributing during these meetings. Fifth, if quality improvement issues arise, such as deviation from protocol or problems with specific skills, the medical director should be consulted while you work to address the issue and can provide advice on how to fix the issue. The medical director can also play an active quality improvement role, by being the designated person who pays attention to squad-specific quality benchmarks to ensure that these are being met. Finally, encourage the medical director to do ride-alongs and to directly observe the care you perform. Your members can benefit from the knowledge of the medical director that is shared during immediate post-call debriefings. A qualified medical director should be able to provide advice on how to improve your patient assessment, care and skills. The director may also have insight into how to improve the functionality of your EMS system as a whole, which should be shared with squad leadership.

As you might expect, not every physician is qualified to be a medical director. You should actively look for a medical director. Do not wait for someone to approach you. Not every physician who is interested in becoming involved with your group will be your best option for a medical director either. The potential medical director should have a

background that includes experience in EMS. The medical director should know your college inside and out: its physical *and* administrative lay-out. The medical director should also know about your region's and your state's EMS system design and regulation. The medical director should ideally be an emergency medicine-trained physician, as these physicians receive specific training in EMS management as part of their board-certification process. The medical director should be aware of the time commitments needed to be medical director. Most importantly, the medical director should be someone who is enthusiastic about being medical director.

You can find a medical director in a number of places. Start by looking at physicians in your college's health services. You may also look at local emergency departments. Search the websites of these entities as physician profiles may be posted which would indicate the interests of these physicians and what things they have done in the past (EMS?). You may also look at local EMS squads to see whom they use as medical directors.

If you need help finding or selecting a medical director or would like help on how best to incorporate a medical director into your squad, please do not hesitate to contact NCEMSF.



1. Munk MD, White SD, Perry ML, et al. Physician Medical direction and clinical performance at an established emergency medical services system. *Prehosp Emerg Care*. 2009 Apr-Jun;13(2):185-92

2. Studnek JR, Fernandez AR, Margolis GS. Physician medical oversight in emergency medical services. *Prehosp Emerg Care*. 2009 Jan-Mar;13(1):53-8

3. Slifkin RT, Freeman VA, Patterson PD. Designated medical directors for emergency medical services: recruitment and roles. *J Rural Health*. 2009 Fall;25(4):392-8.

(Continued from page 1 - PRESIDENT)

As you start this semester, I challenge you to critically think about the ways in which your organization communicates and ways in which you could communicate better with your peers as well as members of the larger campus community, including health services, public safety, student affairs, and local municipal services. Remember, there is a

place for electronic communication, but it should not replace face-to-face communication. When the communication medium is wisely chosen you give yourself the best shot at improving the performance and engaging your peers and the rest of the campus community. Take the time to get up and talk to them face-to-face and only choose electronic means of communication when

it really is the best - not the easiest way to communicate.

Regards,

George J. Koenig, Jr., DO  
NCEMSF President

## 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.

### Mid Atlantic

The *Virginia Tech Rescue Squad* hosted a multi-agency training drill on campus on September 2nd. The drill simulated a drunk driving accident with two donated vehicles positioned in a head-on collision. They coordinated the training to include the Blacksburg Fire Department, Blacksburg Rescue Squad, Virginia Tech Police and Carilion Lifeguard helicopter unit, which are all agencies that would respond to assist in the event of a real multiple patient incident. The personnel from all of the agencies trained on proper extrication techniques and patient management as well as incident command and safety. It was a great learning opportunity for both the new and old members of the squad, and it was also an opportunity for the neighboring jurisdictions to see how impressively the campus EMS crews handled a critical call.

The event was held at a central point on campus and the helicopter landed in front of a crowd of on-lookers. The training event was advertised the scene marked ahead of time with safety tape. A VTRS member narrated while the crews were responding, evaluating, extricating and treating the patients. This event provided a sobering reminder to students about the dangers of drinking and driving.

### Midwest

*Case Western Reserve University EMS* has spent the summer writing new protocols and a new operations manual/constitution, which are in the final stages

## Regional Coordinator Network

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West	Amanda Wong	west-rc@ncemsf.org

of approval. Case EMS is also planning an enlarged annual MCI Drill to include more response organizations and actual patient transport to the ER, which will take place on October 23rd. Finally, the squad is ordering a lot of new equipment this month to get all of its crews standardized and equipped with new, more effective equipment.

This year *John Carroll University EMS* is changing from a First Responder/EMT-B department to an entirely EMT-B squad. It is holding a joint EMT class with Case EMS at the EMS Academy through the Cleveland Clinic. The squad is also starting a campus-wide CPR certification initiative with a plan to train over 150 students this semester.

### Northern New England

*St. Anselm College EMS* is celebrating its twentieth anniversary this academic year (1991-2011) by expanding its squad to 15 people for its campus of approximately 2000 students and by changing its name from Saint Anselm College Rescue Team (SACRT) to Saint Anselm College Emergency Medical Services (SACEMS). Ten of the fifteen members became certified as Wilderness EMTs this summer (WEMTs) as a way to review/improve their skills, be able to work better in the large areas of forest that the College owns, and to be able to provide better medical services on planned Student Activities wilderness outings.

*St. Michael's Rescue Squad* is awaiting the imminent arrival of a brand new 2010 Ford 450 ambulance. St. Michael's currently has a roster of 18 members for the fall semester and the leadership looks forward to accepting more members to the squad.

### Pennsylvania

*DeSales EMS* has elected a new Captain and Director Kevin Wasson and Chris Peterson, replacing Ryan Hay and Mark Ubbens.

DeSales EMS also wants to invite the collegiate EMS community to the DeSales EMS Legal Symposium. On December 4th, DeSales will have one of the nation's leading EMS law firms coming to Lehigh Valley to give presentations on a variety of EMS issues. There will also be a question and answer session where attendees can ask all of their legal questions. There will even be sessions involving Facebook and EMS! Con-ed credits will be awarded. A discounted rate is being offered to all NCEMSF members!

Contact [desalesems@gmail.com](mailto:desalesems@gmail.com) if interested in attending this one day course - December 4th, 0800-1630.

Ursinus College has changed its organization's name to *Ursinus College EMS* (UCEMS) from its former name Ursinus College SERV.

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### West

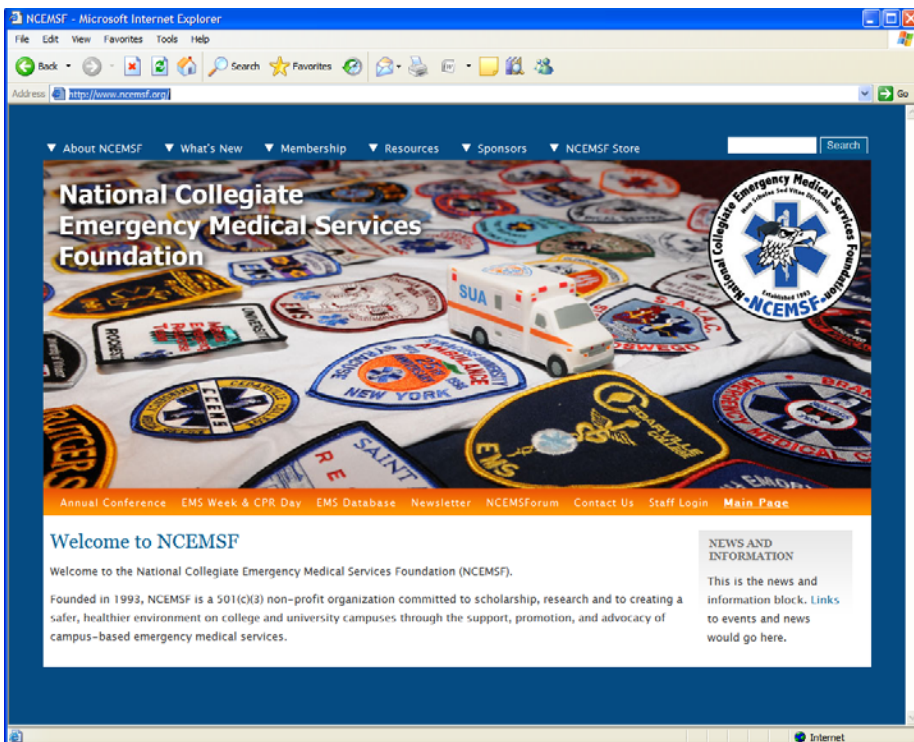
**Santa Clara University EMS** - after two years of meetings with the university administration, a medical amnesty program has finally been developed. The medical amnesty program will be piloting this fall quarter, and, pending its success, may become official university policy.

**University of Southern California EMSC** is growing rapidly, as evidenced by the recent addition of 15 student EMTs. Last year EMSC received a grant provided by USG and purchased new medical equipment that is used at all USC standby events. This past fall EMSC also began to work independently as a standby service at USC events alongside USC Fire Safety and the LA Fire Department.



**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.**

## Coming Later This Fall: *the new NCEMSF Web site!*



## Startup Information Source

Andrew S. Mener, NCEMSF Startup Coordinator

One of the most challenging aspects of starting a collegiate EMS organization is developing a network of experienced providers at peer institutions who can give advice, answer questions, and serve as a sounding board for ideas. The National Collegiate EMS Foundation provides many resources to help new startup groups tackle this difficult issue. We have a startup coordinator and a network of regional coordinators available to answer questions and help establish working relationships between the leaders of collegiate EMS groups.

We also offer the New Group Initiative Grant, which is one of NCEMSF's flagship programs. The grant provides money to help defray the cost of attending our annual conference. It is available to any organization that has not previously attended the annual NCEMSF conference. However, it is specifically intended to help startup organizations network with other collegiate EMS organizations and learn how various models are implemented across the country.

Recipients of the grant will have the opportunity to meet individually with the startup coordinator to craft a personalized conference schedule that will maximize learning opportunities. Groups will be able to attend dozens of lectures that not only help providers improve their EMS skills but will also discuss administrative obstacles and answer many common startup questions on topics such as liability, service areas, vehicle options, state licensing, dispatch models, and more.

The National Collegiate EMS Foundation encourages you to apply for the New Group Initiative Grant - full details, including qualifying criteria and online

application are available on the Conference2011 Web page. The deadline for grant submission is December 13th. All applicants will be notified by January 1st

Just starting? It is best to contact NCEMSF early in the process, email [startup@ncemf.org](mailto:startup@ncemf.org) for personalized advice and copy of the NCEMSF startup packet.



## Professor Squirrel

Serious Campus EMS Advice from a Nut

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](mailto:professor@ncemf.org). The Professor will answer the best ones in the NCEMSF newsletter. Your name and school will be kept confidential.



## 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](http://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, 2010 - May 31, 2011 will be credited to the 2010-2011 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 Galls, 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.

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



Keeping Collegiate EMS Groups Connected

## Alumni Corner

Joshua E. Glick, NCEMSF Alumni Coordinator

Beginning in late August, the Alumni Network has started to undergo some gradual improvements which will hopefully better serve graduates of the NCEMSF community.

Ultimately, the mission of the improved network will be to strengthen the professional connections between alumni working in hospitals and rescue departments around the country. In addition to serving as a career development tool, the network may also

hold information regarding training and research in emergency medicine, which can then be shared and distributed among collegiate institutions.

Changes to the network will be occurring over the next several months, and the improved network should be operational by the date of this year's NCEMSF conference.



## New Member Benefit!

Enjoy 10% off current catalog pricing!!

Percentage of all sales benefit NCEMSF too!!!



## **MARK YOUR CALENDARS!**

***The 18th Annual NCEMSF Conference  
will be held February 25-27, 2011  
The Loews Philadelphia Hotel  
1200 Market Street, Philadelphia, PA 19107***

***Lodging and Registration Pricing Consistent with Years Past  
and Based on Individual Membership Status and Time of Registration  
Online Registration Goes Live December 1; New Group Initiative Deadline December 13***

***Further Details Available Shortly at [www.NCEMSF.org](http://www.NCEMSF.org)  
The NCEMSF Board of Directors Looks Forward to Greeting You this Winter!***

*"Your campus squad should have a wish list of things that are currently beyond your reach..."*

### **About This Publication**

NCEMSF NEWS is an official publication of the National Collegiate Emergency Medical Services Foundation (NCEMSF). This newsletter is published as a service to the Foundation's members and the national EMS community.

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E-mail articles to be considered for publication to in-

## **Campus EMS: Bells and Whistles Not Included**

Scott C. Savett, PhD, NCEMSF Vice President

In my job as a laboratory information management systems analyst, I find myself using analogies to explain complex concepts to customers. Due to this, I'm always looking for parallels between everyday activities and more esoteric topics. One such analogy that recently occurred to me was how starting and running a campus EMS organization is akin to buying and maintaining a personal computer. (For the purposes of this article, I'm including "traditional" computers and I'm excluding iPads, smart phones, eBook readers, and other mobile computing devices.)

Today's personal computers come in many flavors, with each variety meant to fit a specific need or needs. If you just want to browse the Web and do light computing tasks while on the go, a netbook might be the right fit for you. If you're looking for lots of computing power and have the physical space at your desk, you might opt for a desktop PC. If you need something portable that still has decent computing power, you buy a laptop. There are correlations between the netbook, desktop, and laptop and a campus-based quick response service (QRS), BLS ambulance, and ALS ambulance. All three can provide emergency medical services on a campus, but all have different scopes and intentions.

Most consumers ask a lot of questions and gather lots of information when shopping for a new computer. They read online reviews and ask friends for recommendations before taking the plunge. As a campus EMS responder, you should know that there is a community of other responders ready to provide valuable information to startup and established organizations. If you don't already participate, NCEMSF encourages you to log in to our discussion forum at [www.NCEMSFForum.org](http://www.NCEMSFForum.org). With significant experience under our belts, NCEMSF officers are also available for consultation on just about any campus EMS topic you can think of.

There are a few different common ways to connect to the Internet: cable modem, DSL, or wireless connection using 3G, WiFi, or WiMax. In my computer analogy, your campus EMS organization's administrative affiliation can be compared to a computer's connection to the Internet. At your university or college, your organization is typically affiliated with one (or more) administrative campus departments. Most typically, groups are attached to the campus health service, student activities, or public safety. But the affiliation doesn't have to be exclusive. Just as some people connect to the Internet different ways depending where

they physically are, campus EMS groups can have multiple administrative affiliations to any of the above departments or other outside agencies.

Across all types of computers, the cost and quality of the components generally determines the selling price. How much memory does it have? How big is the hard drive? How powerful is the processor? Similarly, the cost of starting or running a campus EMS group is directly proportional to the features of the organization. Does your group have a vehicle? How many first response bags and O2 duffels does the group have? Does the group provide advanced skills requiring additional expensive equipment such as a cardiac monitor or CPAP? All of these things contribute to the cost of starting up a campus EMS group or running it on an annual basis.

When you walk out of the store with a new computer (or, more likely, it is delivered by UPS to your doorstep), the journey has just begun. It's generally possible to upgrade a computer by adding bigger or better components after a purchase. Any computer geek will have a wish list of upgrade items: a new graphics card, a larger monitor, or a new solid state hard drive. Similarly, it's possible (and highly recommended) to continue looking for opportunities to upgrade your campus EMS organization. Perhaps your available funding mandated that you continue to use your old stair chair on your new ambulance. There's nothing to say that you can't get a new stair chair (maybe one of the fancy ones with the descending treads?) next year. Your campus squad should have a wish list of things that are currently beyond your reach, but would make your members safer, more efficient, or happier.

The next time you walk by the computer department at your local consumer electronics store, I hope you give some thought to the parallels between buying a computer and starting a campus EMS organization.



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



Download graphic from:  
<http://www.ncemsf.org/logos>

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*Check out the NCEMSF Resource Guide containing a summary of all available NCEMSF administrative resources:*

*[www.ncemsf.org/resources](http://www.ncemsf.org/resources)*

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

*Please visit the Membership section of the NCEMSF Web site to renew your membership and update your contact information.*

*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 8-14**



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.

**To Kick Off Collegiate EMS Week...**

## **NATIONAL COLLEGIATE CPR DAY**

**Monday, November 8**

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!

	<p>was educated in the principles of CPR as part of</p> <p><b>NATIONAL COLLEGIATE CPR DAY</b></p> <p>November 8, 2010</p>	<p><b>CPR Quick Reference Guide</b></p> <p>Step 1: CALL      Step 2: PUSH HARD AND FAST</p>  <p>ABCs of CPR: Airway; Breathing; Circulation; Defibrillation</p> <p><small>* This card is not a certification card. It merely attests to your participation in National Collegiate CPR Day. For certification please contact your on-campus EMS organization, the American Heart Association or the American Red Cross. Images courtesy of www.heart.org.</small></p> <p><small>** Founded in 1993, NCEMSF is a 501(c)(3) non-profit organization committed to scholarship and research and to creating a safer, healthier environment on college and university campuses nationwide through the support, promotion and advocacy of campus based emergency medical services.</small></p>
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**Support Materials and Program Particulars Available Online at [www.NCEMSF.org](http://www.NCEMSF.org)**

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