NATIONAL COLLEGIATE
EMERGENCY MEDICAL SERVICES
FOUNDATION

Striving for Excellence in Campus EMS

Self-Evaluative Recognition Program

National Collegiate Emergency Medical Services Foundation

Striving for Excellence in Campus EMS

The National Collegiate Emergency Medical Services Foundation "Striving for Excellence in Campus EMS" recognition program is a self-evaluation program for campus EMS organizations. Eligible organizations include institutional members of NCEMSF. These are EMS organizations that are affiliated with an institution of higher education. This recognition program is oriented to operational EMS organizations that provide basic life support and/or advanced life support services such as quick response, ambulance transport, or special events medical services.

The evaluation is a self-appraisal of campus based EMS organizations assessing quality factors in EMS operations including the delivery of care, training and continuing education of employees and volunteers, and service to the community. The intent of this program is to recognize quality campus EMS organizations and hold them out as examples to other campus EMS organizations that are newly starting or are still developing their programs. Information from this program may be shared by NCEMSF with other campus EMS organizations in consulting, seminars, and written material for the purpose of helping organizations improve the quality of EMS.

Campus EMS organizations completing and submitting this self-appraisal packet with recommendations for recognition will be acknowledged by NCEMSF and recognized for a three year period with a "Striving for Excellence" award.

Tips for completing a successful application:

- Please clearly label all attachments with references to the appropriate section of the appraisal form. Attachments should not normally exceed one page each. In the past, some schools have submitted bound computer printed applications.
- All sections must be complete. All components are required unless otherwise specified (i.e. no vehicle is operated by the organization).
- All four recommendation signatures are required in Part V. The recognition is made based on your school's recommendation.
- In the past, although this is not required, some schools have submitted bound computer printed applications with graphics and other material. This makes a great annual report for your group and to submit for internal recognition by your school.

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TIPS FOR COMPLETING THE EVALUATION

Striving for Excellence is for operational EMS organizations that provide prehospital patient care services to their campus. It is not available for education-only or EMS interest groups.

All components of the Striving for Excellence program must be accomplished in order to be considered for recognition. The following provides an overview of requirements:

___ You must provide properly certified EMS staff for your level of operations at all time during the hours you specify that you are in service.

___ If your state or province has EMS licensure or accreditation criteria, you must meet that criteria and hold a license or certificate (including voluntary certification programs). A certificate of need does not meet this requirement. If there are no state/province licensure/accreditation requirements, you must explain in detail your organization's operating standards and how you meet them.

___ Your service must maintain adequate equipment.

___ Your vehicles must be licensed and safe.

___ You must have minimize risk and liability through the use of written operating procedures (all listed are required), and obtain appropriate insurance policies.

___ A physician medical director or advisor for your EMS organization is **required** regardless of state/province EMS requirements. Your EMS staff must be appropriately credentialed.

___ You must have a quality assurance program.

___ Your EMS staff must meet state/province certification requirements for your level of operations.

___ You must document that your EMS staff is has Hepatitis B vaccinations, annual PPD tests, and annual bloodborne pathogens training (**all are required unless otherwise waived by your jurisdiction, in which case waiver documentation is necessary**).

___ Describe your community service and educational programs.

___ Four recommendations are required for Striving for Excellence recognition including the persons completing the evaluation, a staff or faculty advisor, a physician medical director or physician advisor, and a recommendation from the College or University administrator who oversees your organization (**all four are required**).

All requirements listed in the evaluation criteria are mandatory for Striving for Excellence recognition. If you have any questions regarding requirements, please contact the NCEMSF Awards Committee at awards@ncemsf.org

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Part I. EMS Operations

1. Your EMS organization's operations.

A. Define your level of operations:
__ ALS
__ Intermediate, critical care, etc. (specify) _____
__ BLS
__ Other (explain, i.e. part-time ALS/BLS) _____

B. Define your range of services (check all that apply):
__ Transport ambulance (ALS or BLS)
__ Intercept (ALS)
__ Quick response
__ Event standby
__ Other (explain) _____

C. Assess you staffing for the provision of services. Attach a sheet describing:

(1) your staffing requirements including how you provide certified EMS staff for ALL of your operations as checked above (i.e. paramedics or equivalent for ALL ALS operations, EMT for ALL BLS transport services, First Responders for ALL QRS operations, Advanced First Aid and CPR or other appropriate qualification for ALL event standby services, etc.).

(2) your scheduling requirements including how you provide appropriately certified EMS staff during your specified hours of operation (i.e. 27 hours/7 days, nights only, days only, etc.). Specify how you ensure that you do not miss or turn over calls.

2. Licensure/accreditation.

A. Does your state/province have a licensure or accreditation requirement for EMS organizations operating at your level?

__ Yes (explain, i.e. state license, voluntary certification, etc.) _____

__ No (explain by what means your state/province otherwise assures minimum operational standards for EMS organizations: _____

B. Are you licensed or accredited by your state/province or other authority?

__ If you are licensed or accredited, attach photo copy of certificate. Note: a state certificate of need or similar document does not meet this requirement unless it includes a service accreditation component.

__ If you are not licensed or accredited or if your state does not have such a requirement, explain by what authority you operate and to what operating standards your organization is held. Do not simply list your operating standards, explain how your organization meets them. Attach sheet. If your state/province does license or accredit EMS organizations and your organization is not, attach waiver or exemption document issued by your state/province for non-compliance.

3. Ensure your organization meets EMS medical supplies and equipment requirements.

__ Compliance with state licensure/accreditation requirements.

__ Other (attach explanation, i.e. medical director approved supply and equipment list. Attach copy of your approved vehicle or medical kits inventory check list.)

4. Ensure all of your vehicles meet legal and safety requirements.

__ All vehicles meet current state/provincial license and safety inspection requirements.

__ All vehicles meet state/provincial and campus requirements for emergency lights, siren, and emergency warning devices.

__ All vehicles are in compliance with state/provincial EMS licensure/accreditation requirements for vehicles (for organizations subject to these requirements).

__ Not applicable (organization does not operate vehicles).

5. Risk and liability.

A. Ensure you have a written standard operating procedures manual available to all EMS employees and volunteers covering at a minimum the following topics (all are required except vehicle if not applicable):

__ Incident documentation (medical records).

__ Confidentiality of medical records.

__ Infection control, blood borne pathogens, body substance isolation precautions.

__ EMS employee/volunteer certification requirements.

__ Dispatch and communications procedures.

__ Vehicle operation (if applicable).

B. Insurance.

__ Ensure you have minimum required vehicle insurance (if vehicles are operated). Explain how your vehicles are insured (i.e. school fleet policy or certificate of self insurance, purchased policy, insurance company name, etc.).

_____

__ Ensure all EMS volunteers and employees are covered by workers' compensation insurance for on the job injury. Describe how you insure for workers' compensation (i.e. covered by school's policy, purchased policy, insurance company name, etc.).

_____

__ Describe any personal liability insurance that you may provide for your EMS volunteers and employees (i.e. covered by school's policy, purchased policy, insurance company name, etc.).

_____

6. Medical credentials.

__ Ensure you have a written agreement with a physician medical director/advisor to consult regarding medical care policies, quality assurance issues, etc. (medical director must sign this application in Part V, Recommendations).

__ Ensure you maintain a current credentials file for all EMS employees/volunteers (in accordance with your certification requirements listed under Part II of this application, staff certification requirements)

7. Describe your EMS organization's Quality Assurance program. Briefly explain how your medical reports are reviewed, the selection criteria for review (i.e. review 100% or only certain reports), and the type of information and how feedback is provided to your EMS staff. Include any special QA projects that you have done (i.e. reviews of oxygen administration criteria, alcohol incident refusals, other refusals, etc.). Attach sheet if necessary.

8. Other. Briefly describe any special aspects of your EMS operations that may be considered innovative and beneficial as examples of excellence in campus-based EMS operations. Attach sheet if necessary.

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Part II. Staff Certification, Training, and Continuing Education

1. Training Requirements.

   A. Does your state/province have minimum certification requirements for EMS staff at your organization's level of service?
   __ Yes (answer part B)
   __ No (answer part C)

   B. If yes to A above, does your organization comply?
   __ Yes (please attach list of the certifications required by your state/province and specify any additional certifications your organization requires for membership/employment beyond these requirements).
   __ No (attach waiver or exemption document issued by your state or province for non-compliance).

   C. If no to A above, check the minimum certifications your organization requires of all EMS staff for full membership/employment:
   __ EMT-P (if ALS level)
   __ Intermediate (if Intermediate level and only if required, specify CC, IV, AED, etc.) _____
   __ EMT
   __ FR
   __ Advanced First Aid
   __ CPR
   __ Emergency Vehicle Operator or other formal driver's certification (specify other) _____
   __ Hazardous materials
   __ Others (specify) _____

2. Ensure all of your EMS staff certification files includes the following compliances:
   __ Record of Hepatitis B series.
   __ Record of annual PPD test (unless waived, in which case documentation is necessary).
   __ Annual blood borne pathogen, infectious disease, and standard precautions training.

3. Required continuing education and training:

   A. List any continuing education topics and hours that your organization requires and the number of hours of additional elective credits required if any:

   _____

   _____

   B. List any EMS courses that your organization offers on a regular basis (i.e. EMT training, continuing education, CPR, etc. Also indicate if any are offered for academic credit with your school.):

   _____

   _____

C. Describe any training institute accreditations you organization holds (i.e. state EMS continuing education training site, etc.) and the type of accreditations your instructors have (i.e. state EMS, Red Cross, Heart Association, BTLS, etc.):

_____

_____

4. Other. Briefly describe any special aspects of your EMS training programs that may be considered innovative and beneficial as examples of excellence in campus-based EMS operations. Attach sheet if necessary.

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Part III. Community Service

1. Briefly describe any community service programs in which your organization participates. This could include community first aid or CPR training, public education or awareness programs (sex assault, fire safety, alcohol, etc.), Also any programs that support other campus organizations, such as joint training with RAs, athletic trainers, lifeguards, etc.; or off campus organizations, such as with community EMS, fire, police, etc. Attach sheet if necessary.

2. Other. Briefly describe any special aspects of your EMS community service programs that may be considered innovative and beneficial as examples of excellence in campus-based EMS operations. Attach any relevant newspaper clippings or other examples. Attach sheet if necessary.

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Part IV. Service Information

1. Contact information:

Contact person _____

School name _____

EMS organization name _____

Address _____

Phone (_____) _____

E-mail _____

2. Current NCEMSF institutional membership status.
   __ Currently an NCEMSF institutional member.
   __ Institutional membership dues for current academic year of $25 payable to NCEMSF enclosed.

Keep a copy of this application for your records. The person above may be contacted if there are any questions.

Submit completed application and attachments to:

NCEMSF Awards Committee

PO Box 93

West Sand Lake, NY 12196

Direct any questions to the above address or e-mail: awards@ncemsf.org

Please include any suggestions for improvement to this assessment instrument for future editions of this recognition program.

(Completed packets must be received by Friday two weeks prior to the start of the annual conference to be considered for that year's award)

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Part V. Recommendations

1. Person responsible for conducting the organizational self-appraisal of the campus EMS organization.

Name

Title

Office Address

I have reviewed the information in this document and recommend that our campus EMS organization be recognized by the NCEMSF as a leader in "Striving for Excellence in Campus EMS."

Signature

2. Staff EMS Director or Staff Advisor of the campus EMS organization.

Name

Title

Office Address

I have reviewed the information in this document and recommend that our campus EMS organization be recognized by the NCEMSF as a leader in "Striving for Excellence in Campus EMS."

Signature

3. Campus EMS organization's Medical Director.

Name

Title

Office Address

I have reviewed the information in this document and recommend that our campus EMS organization be recognized by the NCEMSF as a leader in "Striving for Excellence in Campus EMS."

Signature

4. Representative of the College or University (Dean of Student Affairs, Director of Health Services, Director of Safety, or other appropriate administrator under which the campus EMS organization is authorized).

Name

Title

Office Address

I have reviewed the information in this document and recommend that our campus EMS organization be recognized by the NCEMSF as a leader in "Striving for Excellence in Campus EMS."

Signature