ACHA 2010

"We the people of college health promoting the general welfare of students"

A Model for Outreach, Education and Intervention: Campus Based Emergency Medical Services

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June 2, 2010

Objectives

- The attendee should be able to list the inherent benefits of collaborating with campus based EMS to promote campus public health initiatives and respond to campus outbreaks accomplishing the mutual goal of enhancing campus health and safety.
  - Define campus based EMS, its prevalence, various operating models, and clinical, as well as, administrative and human resource abilities.
  - Describe the role of university administrators and clinicians in working with campus based EMS.
  - Identify specific examples of overlap and realized, as well as, unrealized opportunities for collaboration in areas of surveillance, screening and intervention.

Objectives

- The attendee should be able to discuss the current outreach programs that campus based EMS organizations offer and identify areas that support common goals.
  - Present data from the Fall 2009 Campus Based EMS Public Health Survey.
  - Review specific public health initiatives in which campus based EMS organizations participate.

Objectives

- The attendee should be able to describe the available resources that can assist in furthering the development and enhancement of campus based EMS and a cohesive campus healthcare team.
  - The National Collegiate EMS Foundation resources
  - Various online forums
  - Available print media
  - Student personnel/clinician development
  - Public health and disaster preparedness training programs

The National Collegiate EMS Foundation

- Founded in 1993, NCEMSF is a 501(c)(3) non-profit professional organization committed to scholarship, research and consultancy activities and to creating a safer, healthier environment on college and university campuses.
- NCEMSF's purpose is to support, promote, and advocate EMS on college and university campuses nationwide.

The National Collegiate EMS Foundation

- Approximately 200 college campus based emergency medical service (EMS) agencies trained to respond within minutes and provide care tailored specifically to campus emergencies.
- In addition to providing for the acquisition of medical knowledge, campus based EMS allows student participants to develop certain life skills including leadership, communication, and decision making.
- NCEMSF provides a forum for communication and creates an environment where ideas can be exchanged and problems can be solved.

Prevalence of Known Campus Based EMS Organizations

- 251 Institutions in NCEMSF Database
  - 24 new groups added in past two academic years

2010 Profile of CBEMS

- 91,042 Emergency responses in 2008-2009
  - Service average is 375 responses
  - Average response time of 3 minutes (compared to the national of average of 8 minutes)
  - Majority dispatched by campus security/public safety
  - 35% provide service to the community beyond the campus
- Number of Members/Providers 9,926
  - Service average is 35 members
  - 75% are volunteer, 15% paid, 10% mixed
- 66% Operate 24/7 at least during the school year

2010 Profile of CBEMS

- Transport Capabilities
  - Response vehicle of some type 60%
  - Transport 28%
- Staffing Level
  - FR - 12%
  - BLS - 67%
  - Intermediate/ALS - 13%
  - EMS Education Only - 8%

Training Requirements & Certifications

- First Responder
  - 40-60 hours of instruction
  - Scope of practice:
    - Trauma Patient Assessment/Management
    - Bleeding Control/Shock Management
    - Upper Airway Adjuncts and Suction
    - Mouth-to-Mask Ventilation
    - One and Two Rescuer CPR
    - Infant CPR
    - Unresponsive Adult Obstructed Airway
- EMT-Basic
  - 120 Hours of Instruction
  - Scope of practice:
    - Trauma & Medical Patient Assessment/Management
    - Cardiac Arrest Management/AED
    - Spinal, Fracture & Dislocation Immobilization
    - Bleeding Control/Shock Management
    - Upper Airway Adjuncts and Suction, Oxygen Administration
    - HazMat /Mass Casualty Awareness
    - Incident Command Systems Training

EMS Certifications

- EMT-Intermediate
  - 60-100 hours of training in addition to EMT-Basic
  - Scope of practice:
    - EMT-Basic skills
    - Advanced airway techniques (ET or dual lumen)
    - Intravenous access
- EMT-Paramedic
  - 1000 hours of training in addition to EMT-Basic
  - Scope of practice:
    - EMT-Intermediate skills
    - Intraosseous infusion
    - Surgical airway techniques
    - EKG interpretation
    - Manual defibrillation / cardioversion
    - AHA ACLS
    - Drug therapy
    - Trauma resuscitation

Group Models

- Student Activities
  - Pros
    - Funding Source
    - Increased Approachability
    - Source for Recruitment
    - Communication Among Other Student Groups
    - Potentially Strong Advocate
  - Cons
    - Lack of Stable Funding Source
    - Potential to Lack Medical Oversight
    - Image of “Club”

Group Models

- Public Safety / PD
  - Pros
    - Already Responds to Emergencies
    - 24/7 Dispatch Capabilities
    - Knowledge of Campus
    - Trained in Scene Control
    - Can Transport Equipment to Scene
  - Cons
    - Perception that You "Called the Cops"
    - Not Focused on Patient Care
    - Lack the Understanding of Medical Knowledge

Group Models

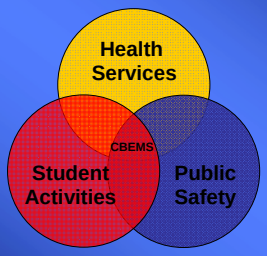
- Health Services
  - Pros
    - Equipped for Patient Care
    - Understands the Medical Needs of the Campus
    - Can Provide Medical Direction
    - QI/QA
  - Cons
    - Focused on Urgent/Primary Care Instead of Emergency Care
    - Not Available 24/7
    - May Not Recognize Need for CBEMS

Group Models

- Local Municipality
  - Pros
    - Equipment Readily Available
    - Established System for Responding to Emergencies
    - Utilization of External Funds
  - Cons
    - Loss of Closed System
    - No Continuity of Care
    - Primary Focus is on Increasing Their Membership Not Serving Your Community

The Ideal Setup

- We advocate a collaborative model



Beyond 911 Calls… EMS of the Future

Vision for the Future

- EMS represents the intersection of public health, public safety and health care systems
- To fully integrated EMS with health care providers, public health, and public safety.
- To contribute to the treatment of chronic conditions and community health monitoring

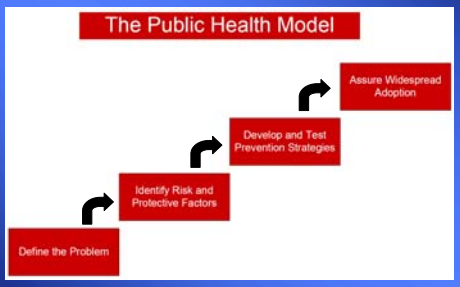
But…

- EMS
  - Patient/Scene Based
  - Respond to acute events
  - Optimized to respond quickly/maximally
  - Reliant on public access communications system to detect and target response to incidents
  - Not well integrated with other healthcare activities
  - Expect patient's health to improve enroute to definitive care
- Public Health
  - Community/population based
  - Proactive
  - Utilizes epidemiologic methods to systematically detect threats to community health
  - Intervening mainly through changing environmental factors or strengthening community immunity to disease
  - Able to recognize that many changes will take time

However…

- Both EMS and Public Health
  - Committed to improving patient health
  - Passionate about their field
  - Dedicated towards improving care
  - Immersed in same environment of change
    - Desire to do things differently

Systematic Approach



The Benefit of Collaboration

- Broader community perspective and access to populations
- Injury prevention and surveillance
- Improved health as a result of better consumer education
- Increased access to health care
- Disaster management

Public Health Concerns on College Campuses

- Healthy Campus 2010
  - Ten Major Public Health Issues
    - Physical activity
    - Overweight and obesity
    - Tobacco use
    - Substance abuse
    - Responsible sexual behavior
    - Mental health
    - Injury and violence
    - Environmental quality
    - Immunization
    - Access to health care

EMS and Public Health

- The majority of EMS providers believe that disease prevention should be a part of EMS.
  - Survey completed by 27,233 NREMTs
  - 82.7% (99% CI: 82.1-83.3) of NREMTs felt that EMS professionals should participate in disease prevention
    - 33.8% (99% CI: 33.1-34.6), of the respondents reported having provided prevention services

Prehosp Emerg Care. 2009 Jan-Mar;13(1):64-70

  - Jaslow et.al. reported that 70% of EMS providers believed that primary injury prevention should be a part of the mission of EMS.
    - 33% of the respondents reported routinely educating their patients about injury risk behaviors
    - 19% routinely provided instruction about proper use of injury-protective devices

J Emerg Med. 2003 Aug;25(2):167-70

- EMS providers are the ideal health professionals to provide primary injury prevention
  - They are aware of the surroundings
  - Can identify fall risks
    - Loose carpets, wires, cords, stairs without banisters
  - Can identify risky behavior
  - Not wearing a seatbelt, not using a helmet, or careless drinking.
- Formal programs for injury prevention education could 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.

Fall 2009 Survey of CBEMS

- >90% of CBEMS organizations are involved in public health outreach and education of some kind
- 37% are addressing pressing issues such as H1N1 education
- 20% are involved in disease prophylaxis and the administration of the influenza vaccine

CBEMS is Helping to Tackle the Public Health Agenda

- H1N1, Meningitis, Hepatitis, TB, Etc. Education/Prophylaxis
- Flu Vaccinations
- CPR Training
- Alcohol/Drug Awareness/Education and/or Mock DUI Demonstrations
- Residence Hall Safety Training
- Fire Safety Training
- First Aid Training
- Critical Incident Stress Training/Debriefing
- Blood Pressure Screening/Heart Attack and Stroke Awareness
- Body Mass Index (BMI) Screening
- Diabetes Screening
- Healthy Eating Awareness
- Physical Fitness Training
- Sex/STD Education/Prophylaxis

CBEMS Provides a Public Health Solution

- Beyond providing emergency care to their campuses and surrounding communities, CBEMS is a resource in campus health surveillance, screening, and intervention.
- CBEMS providers, in particular, are in the unique position to screen for potential in-residence hall and on-campus injuries, assist in educating their peers, and, together with the rest of the campus healthcare team, intervene to create an overall healthier and safer campus environment.
- CBEMS is already well ahead of the curve in terms of public health, community safety, and disaster preparedness.

CBEMS and Campus Disaster Response

- 75% of CBEMS groups are part of their campus' disaster response plan
- Average of 35 trained providers per organization
- Preset mechanism for mobilizing and responding quickly

Campus Disasters

Active Gunmen	• Virginia Tech, April 2007 • Northern Illinois University, February 2008 • Delaware State University, September 2007
Hostages	• University of Louisville, KY, March 2008 • Fairfield University, CT, February 2002
Hurricanes & Floods	• Tulane University, New Orleans, August 2005 • University of Texas- Galveston, October 2008 • East Carolina University, 1999
Tornadoes	• Kansas State University, June 2008 • Union University, TN, February 2008

Virginia Tech Shooting

- 7:21 am on April 16th, 2007 Virginia Tech Rescue Squad dispatched to 4040 Ambler Johnston West for a female subject who had fallen from her loft bed.
- Arrived to find several victims injured by gunshot wounds.

- Initial call was followed by a second call when the shooter relocated to classroom building.
- 33 shot and killed.
- Many more wounded.

Opportunity for Intervention

- Student suffered from severe mental illness
- He discontinued own meds
- Upon his admittance, VT not informed of special education or mental status needs
- By Junior year teachers & physicians began to notice threat

- Opportunity for Intervention?
  - Prevention
  - Recognition and Awareness

Virginia Tech Rescue Squad

- Volunteer Student-Run Organization
  - Approximately 40 members
- Responds to1000 calls annually.
- Cover campus emergency calls 24/7 year-round, covering their share of duty during University breaks.
  - VTRS serves its community by providing EMS coverage at University sponsored functions, sporting events, concerts, and commencement.

- Apparatus
  - Three ALS Ambulances
  - One ALS Response Vehicle
  - Mass Casualty Trailer
  - Gator 6x4
  - Special Operations Trailer

Tulane University Hurricane Katrina

- Hit New Orleans, LA on August 29, 2005
- University evacuated over 700 students to Jackson State University in Mississippi on Freshman move-in day
- Over $200 million dollars in damage and hundreds of jobs lost
- Nearly 6000 students displaced to other universities

Tulane University EMS (TEMS)

- Completely student-run, volunteer EMT-B transport service with two functioning ambulances
- Service area of Tulane and Loyola Universities and surrounding areas
- Avg response time = 3 min
- Formed sector called TEMS Disaster Response
- First activation for a hurricane in 2004 – "Test Run"

TEMS Disaster Response Team

- Evacuated to Jackson State University to secure the health of the university
- Following storm, reported back to Baton Rouge to triage incoming New Orleans hospital patients
- Performed search and rescue and transported critical patients from New Orleans to surrounding hospitals
- Team volunteered for 2 months straight
- Response to Katrina illustrated integration with community as the need was not contained to their campus.

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MMWR

Weekly

October 9, 2009 / 58(39);1095-1100

Norovirus Outbreaks on Three College Campuses --- California, Michigan, and Wisconsin, 2008

Noroviruses are the most common cause of outbreaks of acute gastroenteritis worldwide (*1*). Norovirus outbreaks affect persons of all ages and occur in a wide variety of settings (e.g., nursing homes, hospitals, restaurants, communities, schools, day care centers, military barracks, and cruise ships) (*2*). During fall 2008, three norovirus outbreaks occurring on college campuses in California, Michigan, and Wisconsin were reported to CDC. Public health investigations led by the respective state and local health departments were conducted to characterize the extent of the outbreaks and implement appropriate control measures. This report summarizes the investigations of these outbreaks, which resulted in a total of approximately 1,000 cases of reported illness, including at least 10 hospitalizations, and prompted closure of one of the three campuses. Median duration of the three outbreaks was 19 days (range: 16--20 days), and the attack rates ranged from 1.5% to 12.9%. Because of the potential for widespread infection and rapid transmission on college campuses, efforts to prevent and control norovirus outbreaks in these settings should focus on promoting hand hygiene, environmental disinfection, and exclusion of ill food workers.

Campus Epidemics

Campus Epidemics

- Over the course of the week of 29 September 29 to October 6 2008, Georgetown University experienced an outbreak of a strain of norovirus, causing acute gastroenteritis.
- Georgetown Emergency Response Medical Services (GERMS), a student-run and staffed EMS organization was mobilized.

Get-well wishes were posted on the door of Taylor Dana's residence hall room yesterday after she was taken to the hospital by ambulance the night before. (By Sarah L. Voisin – The Washington Post)

- First call associated with the outbreak was dispatched at 20:34 on 30 September 2008.
- Approximately three minutes later, a second call came in—atypical for Tuesday night—for a similar chief complaint.
- A second ambulance was staffed by the Duty Officer and a driver.
- Approximately nine minutes after that, a third call was received for a similar chief complaint.
- Over the next 12 hours, GERMS responded to total of 27 calls with two fully staffed ambulances.

- Call volume returned to normal about 48 hours after the initial call.
- Norovirus cases continued intermittently until Monday, October 6th.
- In total, 98 patients were treated.

- Opportunity for intervention?
  - Importance of hand washing to prevent illness.

Lessons Learned

- Lack of a pre-established emergency communications plan between the organization and GUH's Emergency Department and the University.
  - Recognized that something was occurring but did not know who to contact.
- Lack of applicability and flexibility of the organization's Mass Casualty Incident (MCI) protocol.
  - Redefining MCI to Mass Casualty Event (MCE)

Lessons Learned

- Opportunity for collaboration
  - CBEMS is an integral part to surveillance of illness on your campus
  - Inclusion of Health Services and CBEMS during disaster planning
  - Combine resources during MCI / MCE

Influenza

PREHOSPITAL EMERGENCY CARE 2003;7:74–78

ORIGINAL CONTRIBUTIONS

INFLUENZA IMMUNIZATIONS PROVIDED BY EMS AGENCIES: THE MEDICVAX PROJECT

Vince N. Mosesso, Jr., MD, C. Richard Packer, MS, NREMT-P, Joan McMahon, RN, MPH, Thomas E. Auble, PhD, Paul M. Paris, MD

Conclusion: The MEDICVAX Project demonstrated the feasibility of EMS agencies to safely provide influenza immunizations. The project reached some adults who likely would not have been immunized.

The MEDICVAX Project

- Ninety paramedics from 15 EMS agencies in three
- counties participated.
- Subjects were recruited by print and broadcast media and enrolled at 73 events held at retail establishments, community events, EMS stations, churches, senior citizen complexes, and private residences.
- 2,075 adults immunized
  - 1,014 (49%) did not receive influenza vaccination in the previous year.
  - 705 (34%) reported that they probably would not have been vaccinated elsewhere.
- No adverse events were reported.
- Subjects, paramedics, and EMS managers indicated a high level of satisfaction with the project.

Prehosp Disast Med 2003;18(4):321–326. SPECIAL REPORT

Vaccine Administration by Paramedics: A Model for Bioterrorism and Disaster Response Preparation

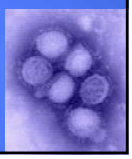
Bruce J. Walz, PhD, NREMT-P;[1] Richard A. Bissell, PhD;[1] Brian Maguire, Dr. P.H.;[1] James A. Judge II, BPA, CEM, EMT-P[2]

Conclusion: Paramedics are adequately trained to administer vaccines. However, specific training and protocols are needed in the areas of administrative paperwork and patient education.

- Supports the feasibility of utilizing paramedics to administer vaccines in non-traditional settings.
- Paramedics have training that is pertinent to the needs of a mass (or routine) vaccination program, needing little additional training.
- Advantages over other healthcare professionals.
  - Experienced in a disaster incident command system
  - Accustomed to being dispatched to unusual locations on short notice.
  - Accustomed to working in difficult environments
  - Used to bringing healthcare interventions to the public rather than depending on the public to travel to a more controlled setting. Furthermore,
  - Paramedics are widespread and have easy access to populations poorly served by fixed medical facilities.

H1N1 & Influenza

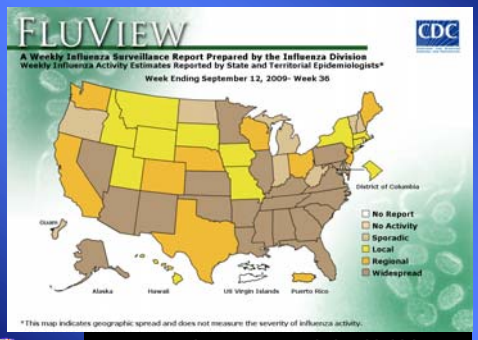
- Declared to be at pandemic level by World Health Organization
- Public health emergency declared in the United States
- As of mid-March 2010, the Centers for Disease Control and Prevention (CDC) estimated
  - 59 million Americans contracted the H1N1 virus
  - 265,000 were hospitalized
  - 12,000 died



US Statistics

- State reported confirmed cases
  - 115,318
- State reported hospitalizations
  - 27,632
- Confirmed deaths
  - 3,401

H1N1 Spread in the United States-September 2009



September 13, 2009 totals (worldwide)
296,471 confirmed cases, 3,486 deaths

EMS Issues & Potential Involvement – H1N1 Vaccine

- State Specific – Check with your EHS Council.
- Ohio Administrative Code (OAC) Section 4765-6-03 authorizes EMS personnel at all four provider levels to perform immunizations (i.e., vaccinations)
- Requires a declaration of emergency that threatens the public's health from the governor to be in effect.

EMS Issues & Potential Involvement – H1N1 Vaccine

- If a declaration is declared by the governor to protect the public health for H1N1:

  -EMS personnel who have completed the appropriate training and are under physician medical direction may administer the H1N1 vaccinations to adults and children

  -Any declaration of emergency issued by the governor would pertain to the novel H1N1 virus (*not to the seasonal influenza*)

Liability Issues – H1N1 Vaccine

- The United States Department of Health and Human Services (HHS) Public Readiness and Emergency Preparedness Act (PREP) provides immunity for all persons engaged in planning, distribution, or administration of the H1N1 vaccine with the exception of reckless or wanton behavior
- No legal tort claim can be pursued in court
  - Federal or state

- Opportunity for collaboration
  - Pandemics
    - Need for mass vaccinations and additional personnel
  - Personnel to assist with education and screening
    - Prevent panic
  - Develop protocols with state EHS to allow EMS to assist with seasonal flu vaccination
  - Extend reach to emphasize importance of vaccination

Peer Health Education

- . . . peer health education is the teaching or sharing of health information, values and behaviors by members of similar age or status group. (Sciacca, 1987; cited in Milburn, 1996, p. 9)
- [Peer education] is a process which attempts to build on the existing information exchange [between young people about sensitive issues such as sex and drugs] (FPEP, 1997, p6)
- [Peer education] takes place anywhere where people share information … in social groups. [Peers are similar in age and status and] in some way identify with each other (Fast Forward, 1997, p. 55)

Parkin S, McKeganey N. The Rise and Rise of Peer Education Approaches. Drugs: education, prevention and policy, Vol. 7, No. 3, 2000

- PHE is defined as the teaching or sharing of health information, attitudes, values, and behaviors by members of groups who are similar in age or experiences.
- Widely implemented on college campuses across the nation to promote healthy behaviors.

National College Health Assessment Spring 2006

			Believable
1	Health center medical staff	83,477	90.1
2	Health educators	82,511	89.2
3	Faculty/coursework	61,138	66.3
4	Parents	59,505	64.3
5	Leaflets, pamphlets, flyers	56,489	60.8
6	Campus newspaper articles	43,438	47.0
7	Campus peer educators	42,416	46.1
8	Resident assistants/advisors	33,064	36.0
9	Friends	22,569	24.4
10	Religious center	22,387	24.2
11	Internet/world wide web	21,285	23.0
12	Magazines	20,366	22.0
13	Television	11,728	12.6

Note. Refers to questions 3 and 4: "Do you usually get health-related information from any of the following sources? (*No, Yes*);" "Record the believability of each source of health information (*Believable, Neither Believable nor Unbelievable, Unbelievable*)."

American College Health Association. American College Health Association-National College Health Assessment Spring 2006 Reference Group Data Report (Abridged). J Am Coll Health. 2007;55:198.

Impact of PHE

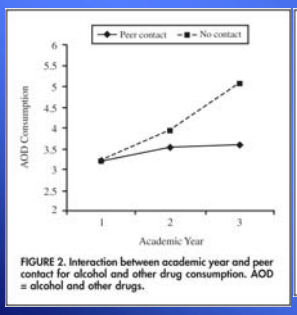


FIGURE 2. Interaction between academic year and peer contact for alcohol and other drug consumption. AOD = alcohol and other drugs.

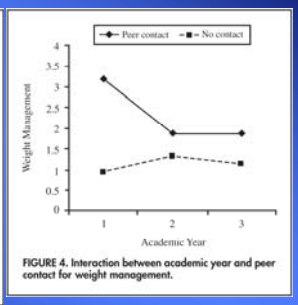


FIGURE 4. Interaction between academic year and peer contact for weight management.

White S, et. al. Longitudinal Evaluation of Peer Health Education on a College Campus: Impact on Health Behaviors. J Am Coll Health. 2009;57(5):497

- Campus PHE programs
  - Physical Safety
  - Weight, nutrition, exercise
  - Sexual behaviors
  - Alcohol, tobacco, and other drugs
  - Mental heath

A new SPHERE for EMS - Seattle

Supporting Public Health with Emergency Responders

- Goal: Prevent future 911 calls by identifying potentially life-threatening conditions whenever a patient is seen by responders
- Case: 57 y/o male with a mild allergic reaction. Prior to EMS arrival, the patient self-administers Benadryl and his condition improves. He is stable on exam, with a mild rash on his arms and trunk. However, his BP is 170/105 mmHg and his BG is 182 mg/dL. The patient refuses transport and says he will follow up with his PCP.

Trevino MH, et.al. A New Sphere for EMS. EMS Mag. 2008 Oct;37(10):118-20.

A new SPHERE for EMS - Seattle
Supporting Public Health with Emergency Responders

- What if the EMT not only mention that the blood pressure and sugar are high, but also give the patient a personalized written "High Blood Pressure Alert" and "High Blood Sugar Alert" that strongly advise him to have follow-up for possible hypertension and diabetes?

A new SPHERE for EMS - Seattle
Supporting Public Health with Emergency Responders

- What if one month later the patient receives a call from the EMS office to ask if the patient has followed up with a physician or encourage follow up with a physician if follow up has not occurred?

A new SPHERE for EMS - Seattle
Supporting Public Health with Emergency Responders

- SPHERE
  - Pilot project between January and August 2006
  - Selection criteria

Table 1: SPHERE Criteria

Inclusion criteria for High Blood Pressure Alert
- Systolic BP ≥ 160
- Diastolic BP ≥ 100

Inclusion criteria for High Blood Sugar Alert
- Nondiabetics w/BS ≥ 175
- Diabetics w/BS ≥ 300

Exclusion criteria for both alerts
- Critical patients
- Major trauma
- MCI

A new SPHERE for EMS - Seattle
Supporting Public Health with Emergency Responders

- 250 alerts were distributed
  - 86% for high blood pressure
    - Average 175 systolic /94 diastolic
  - 15% for high blood glucose
    - Average glucose level 330
- Sample size not large enough for analysis of impact of blood glucose education

A new SPHERE for EMS - Seattle
Supporting Public Health with Emergency Responders

- However, results from high blood pressure group were encouraging
  - 74% remember receiving alerts from EMS personnel
  - 85% reported a positive reaction to them
  - 69% reported being motivated by their alerts to seek follow up medical care
  - 62% noted that their alerts influenced them to get their blood pressure checked again

Applying SPHERE to Your Campus

- Harvard School of Public Heath College Alcohol Study

	1993	2001
Binge Drinkers	43.9%	44.4%
Frequent BD* (+3 x in past 2 wks)	19.7%	22.8%
>21 years old	45.5%	43.6%
Frat / Sorority Member	64.4%	64.3%
Drink to Get Drunk	39.9%	48.2%

* BD – Binge Drinking

Wechsler H, et.al. Trends in College Binge Drinking During a Period of Increased Prevention Efforts: Findings From 4 Harvard School of Public Health College Alcohol Study Surveys: 1993-2001. *J of Am Coll Health*. 2002; 50(5): 203-217.

Where Does BD Occur?

Percentage consuming more than equal to 5 drinks in past 30 days

	1993	2001
Residence Hall Event / Party	4.4%	6.2%
Fraternity / Sorority Party	14.7%	12.5%
Off-Campus Party	23.9%	29.9%
Off-Campus Bar	22.6%	32.5%

How does EMS fit in?

- Both on a Peer-level & Authority-level (within student population)
- Peer educators: promote prevention; before, during, or immediately after an episode of excessive drinking.

Providing an Intervention

- Assess patient and document for signs and symptoms of alcohol use problems and assess the environment for alcohol-related risk factors.
  - Scene survey
  - Mechanism of Injury
  - Physical exam / Patient history

Using Survey Tools

- **TWEAK**
  - **T** – **T**olerance: How many drinks can you hold?
    - Positive if the subject reports being able to "hold" 5 or more drinks or reports that it takes 3 or more drinks to feel intoxicated
  - **W** – Have close friends or relatives **W**orried or complained about your drinking in the past year?

- **E** – **E**ye-Openers. Do you sometimes take a drink in the morning when you first get up?
- **A** – **A**mnesia (Blackouts): Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
- **K** – **(C)** Do you sometime feel the need to **C**ut Down on your drinking?

- TWEAK
  - Scored out of 7 points
  - First two questions are weighted with 2 pts vs. 1 pts for the last three questions

Scoring: 3 or greater = high risk for alcohol problem

CAGE

- **C** – Have you ever though that you should **CUT DOWN** on your drinking?
- **A** – Have you ever felt **ANNOYED** by others' criticism of your drinking?
- **G** – Have you ever felt **GUILTY** about your drinking?
- **E** – Do you have a morning **EYE OPENER**?

CAGE

- Scored out of 4 points
- Each question 1 point

Scoring: 2 or more "yes" = 90% probability alcohol dependency

Collaboration

- Creation of protocols
  - Identification of at risk individuals
    - Survey tools
  - Intervention & follow up
- Education
  - Provide education for emergency health care professionals on alcohol screening, prevention, and treatment programs
- Combining resources
- Development of new resources

Your Role as a Campus Health Provider

- Helping to Develop Processes to Improve the Standard of Care for CBEMS / Participating in training of CBEMS providers
- Acting as A Mentor
- Promoting the Sense of Community Responsibility
- Using CBEMS as an Adjunct to Promote Overall Campus Health

CBEMS Advantages

- Enables a closed healthcare system for the sharing of information between EMS providers and health center staff.
- Allows for continuity of care from health center
  - Follow-up calls from health center staff after transport
- Health center can develop protocols in which patients meeting certain criteria could be triaged to health center or emergency department.

Additional CBEMS Benefits

- CBEMS Provides the Foundation for Personal Growth
- Imparts Skills for Life
  - Management/Leadership
  - Team Work
  - Problem Solving/Decision-making
  - Stress Management
- Many of Our Members Continue to Graduate and Professional Programs
  - Roughly half will pursue careers in healthcare
- Your Mentorship is Important to Their Success

- CBEMS Teaches Community Responsibility
  - One Student Helping Another
- If you volunteer in college, you are more likely to volunteer after college.

How NCEMSF Can Help?

- Consulting
  - We can assist you in creating the groundwork for a new organization
  - We can evaluate your current program and identify areas for improvement

Assessing Your Need…
Beyond the Public Health Realm

- Evaluate Your Current System
  - Urban vs. Rural
  - Response Time
  - Communication
  - Training Availability (level, location)
- Review Public Safety Logs for Number of Medical Incidents
- Determine Best Fit Based on Data

Startup Five Step Roadmap

- Assembling a Leadership Team
- Doing Your Homework/Research
- Building a Club
- Consider Potential EMS Models
- Approaching Your Administration

Contact startup@ncemsf.org
for our complete startup packet

NCEMSF Resources

General Resources

Web Site

Our most comprehensive resource is our Web site. This award-winning site is located at **http://www.ncemsf.org/** On the Web site you will find exhaustive listings of campus EMS organizations, detailed group profiles, sample SOPs and constitutions, example patient care report forms, and links to various other on-line resources. Additionally, on our site you can find news about NCEMSF, upcoming collegiate EMS conferences, and news from individual campus EMS groups.

Quarterly Newsletter

NCEMSF News, the official journal of NCEMSF, is published four times each academic year: fall, winter, conference, and spring. In each issue you'll find the latest news from around the Foundation and its member organizations. Current and back issues can be found at **http://www.ncemsf.org/newsletter/**

Consulting

Whether your group is a well-established organization or a new group just trying to find its place on campus, NCEMSF offers comprehensive consulting services to our members. Depending on your needs, NCEMSF leadership is available for e-mail consultation, phone discussion, or site visits. For more information, contact **info@ncemsf.org**. New organizations just starting up should contact our startup liaison at **startup@ncemsf.org**.

Database Profile

Every collegiate EMS organization known to NCEMSF is provided an access code to update its online database profile. Visit **http://www.ncemsf.org/database/** and click on the link labeled "Edit existing group information."

Local News

We want to hear about your organization's achievements, events, and other news. Submit articles for publication to **localnews@ncemsf.org**. Archives of local news articles can be viewed at **http://www.ncemsf.org/localnews/**

Regional Coordinators

Regional Coordinators (RCs) are NCEMSF smost hands-on representatives. As the name implies, these are regional representatives and primary points of contact for member squads.

Member Services

NCEMSF offers both personal memberships and institutional memberships. We make every effort to keep our members up to date with programs and membership benefits. Help us to help you by keeping your NCEMSF profile up-to-date.

Alumni

Don't let your campus EMS experience end when you graduate. NCEMSF encourages collegiate EMS alumni to stay active by participating in online discussions, aiding in various leadership positions, and speaking at our annual conferences. Learn more by e-mailing **alumni@ncemsf.org**.

NCEMSF Resources

Electronic Communication

Discussion Forum

Collegiate EMS is a niche environment. Information sharing among the community is invaluable. Join us on our lively discussion boards with topics focused on campus-based EMS at http://www.ncemsforum.org/

Facebook Group

Find us on Facebook at **http://www.facebook.com/** under the group name "National Collegiate EMS Foundation". You'll be in good company - over 1,200 people are in the group.

Events and Happenings

Collegiate EMS Week

This week-long recognition and celebration of our Collegiate EMS services in November has been developed using the National EMS Week as a model.

Annual Conference

What is the best way to broaden your horizons about collegiate EMS? Attend our annual conference, typically held late February each year. More than 900 attendees representing nearly 100 schools nationwide have been present at recent conferences.

Supplies and Purchasing

NCEMSF Bookstore

Save up to 26% off EMS and related textbooks from the publishers you know. Order a book for yourself or enough to supply an entire EMT class.

Group Purchasing

The AllMed VAP (Value Added Program) helps NCEMSF Institutional Members to get valuable group purchasing organization (GPO) benefits without hidden costs or fees. If your organization is already an Institutional NCEMSF Member, all you need to do is open an account with AllMed to join the VAP. See more information at **http://www.ncemsf.org/vap/**

EMS Week/CPR Day

- Encourage Participation in Collegiate EMS Week
- Week-long recognition and celebration of Collegiate EMS Organizations that provides an opportunity for CBEMS to highlight their activities and educate their communities!
- Modeled after EMS Week in May sponsored by ACEP and Congress
- Downloadable Packets On-line
  - Including Information on the Second Annual Collegiate CPR Day
    - College students to educate their peers in the principles of CPR and provide them with the skills to save a life!

EMS Week 2010 - November 8-14

Annual Conference

- In April 1994, NCEMSF held its first conference at Georgetown University.
  - Representatives from over 20 campus EMS organizations spent the weekend learning about EMS
  - Established a network between EMS organizations.
- Annual conferences every year since 1994 have been a cornerstone of NCEMSF.
- Today, attended by over 900 individuals from nearly 100 universities, they provide the networking and information exchange among campus emergency responders.

Join Us February 25-27, 2011
The Loews Hotel - Philadelphia, PA

Conference 2011 Preview

- Expert Speakers - Over 40 lectures/workshops
- Clinical Skills Competition
- Student Speaker Competition
- Multiple Issue and Region Specific Roundtable Discussions
- Career/Recruitment Fair and Tradeshow
- Alumni Mixer
- NETWORKING

THANK YOU!
www.NCEMSF.org

General Information: info@ncemsf.org
Online Discussion: www.NCEMSForum.org

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