

Campus Based EMS Startup Guide for the School Administrator



Getting Started:

Starting a collegiate EMS organization is a complex process, and since each campus poses unique challenges it is not possible to outline a precise step-by-step formula. However, this packet is an attempt to provide a roadmap with the understanding that substantive variations may be necessary on your campus. Throughout the process, please contact NCEMSF with your questions, problems, or just to keep us updated about your progress. We will be able to help you modify this roadmap to fit the unique challenges of your campus community.

Your contact at NCEMSF:

Joey Grover, MD
National Startup Coordinator
startup@ncemsf.org

The Seven Step Roadmap:

1. Assembling a Leadership Team
2. Doing Your Homework/Research
3. Obtaining a faculty advisor
4. Building a Club
5. Consider Potential EMS Models
6. Obtaining a medical director
7. Approaching Your Administration

Assembling a Leadership Team:

Establishing a collegiate EMS organization is a long and difficult process. Our experience is that it usually takes several years to develop a functional collegiate EMS organization and obtain the necessary approval. While the length of the process may seem a bit daunting, this time provides the student leaders with ample opportunity to hone their leadership skills and think through all the details.

Establishing an EMS organization is NOT a task for one person! Therefore, the first step in establishing an EMS organization on your campus is to assemble a leadership team made up of students. A leadership team is essential for two reasons. First, as the project gets underway it will become an overwhelming amount of work for one individual. However, more importantly, it is essential that the university administration sees that the initiative is not a one man show. As someone who works for the university, you can play an essential role in connecting the aspiring EMS providers to the university administration. One of collegiate EMS's greatest challenges is that there is a complete provider turnover every four years. The administration knows this and has likely had past experiences of students developing great ideas only to have them fall apart after they graduate. As an employee of the university, you can provide the necessary continuity to keep the organization going through these transitions. Your challenge is to assemble such a powerful leadership team that there is no doubt the collegiate EMS program will be sustained long beyond the current students' graduation.

(KEY CONCEPT: Demonstrate Sustainability)

As you select students for your team NCEMSF encourages you to keep some important concepts in mind so that your team embodies the leadership qualities that make collegiate EMS successful. While you represent the university, it is important that you recruit strong students to work with you in developing this proposal. While you may be able to get the program off the ground logistically, without student involvement your EMS initiative will never succeed. Choose well spoken students who can dialogue effectively with the administration, students who write well, and students who can excite their peers to get involved in the EMS program. All three of these tasks are essential

since starting the organization will involve many meetings with high level university and local officials, writing extensive guidelines (Standard Operating Procedures, constitution, etc.) and, of course, recruiting EMTs. People who possess all three skills may make a great co-chair of the startup initiative. However, you can also select students for the leadership team because they possess one of two of these qualities as long as their tasks are assigned accordingly. Remember to pick both upperclassmen and lowerclassmen. You may need the institutional knowledge that only an upperclassman can offer; however, it is essential that you have lowerclassmen leading the project since it will take years and continuity after the first generation of leaders graduate is essential. Finally, prior EMS experience is ideal as these proponents can discuss their prior EMS experience and explain how they can use their knowledge to benefit the campus. If an outside city or county already utilizes your skills as an EMT, why shouldn't the college campus?

Once you have selected a leadership team of *at least* four people (at least some of whom are underclassmen) you are ready to proceed to the next step of the roadmap, "Doing Your Homework/Research."

Doing Your Homework/Research

Now that you have assembled a strong leadership team you are ready to embark on the most important step of the roadmap, the research step. It is absolutely essential that prior to approaching the rest of the administration with any proposals that you develop an extremely thorough understanding of the status quo. Below is a list of some sample questions to help get you started. Start answering these questions by soliciting information from upperclassmen, residential advisors, security guards, academic advisors, or professors with whom you have a relationship. We also recognize that some of this information may only be available from public safety administrators, associate deans, and student health physicians. The key is to attain a basic understanding of the system from lower-level members of the University community and then approach higher-level officials in a non-confrontational manner to gain a more complete understanding of the system. Remember, you are in the research stage and are not ready to propose anything specific yet! Approach these people by explaining what collegiate EMS is and that you would like to learn more about the current EMS system on campus so as to see what role, if any, students might be able to play to improve the current services. Opening the conversation by telling administrators that you would like to start a student run ambulance service is NOT recommended. The best approach is simply to explore a multiplicity of ways students can get involved in emergency response and preparedness on campus.

Potential Questions:

1. Who currently responds to medical emergencies on campus?
2. How many emergencies are there per year?
3. Are there particular “high volume” times of the week and of the year?
4. What is the current response time? Does it vary by time of week?
5. How is the current system activated? (911 or another number?)
6. Is there a different response method in use for on-campus housing and off-campus (but near campus) housing?
7. Which University department liaisons with the responding agency? (student health, the emergency department, public safety, etc.)

8. How much are students being billed for the current services?
9. What type of training do the current responding agencies have? (BLS, ALS, etc.) If it is tiered response system who is sent to what types of emergencies?
10. Are students currently involved in EMS on campus in any capacity?
11. Do any students work for the current responding agency? Is that agency volunteer or paid?
12. Are students, faculty, staff, and administrators happy with the current system?
13. What improvements to the current system are needed?
14. Has there ever been an effort to start a collegiate EMS organization in the past?
15. Do student EMTs work for or volunteer for the athletic department or any other department on your campus?
16. Who provides medical coverage for sports games on your campus?
17. *Key Question:* What are your university's "benchmark" schools and what EMS systems do those schools have? Most universities compare themselves to a particular set of schools based on academic, financial, demographic, and other criteria. It is important that you learn basic information about those benchmark schools as well and what response systems they use.

This list is by no means exhaustive. Simply use it to get a feeling for the types of things you may want to learn about. It is just as important to ask people questions as to listen to what they want to tell you.

Obtaining a Faculty Advisor

In order to move farther in the process, it is essential that you find an advocate within the university system who will support you and your initiative. Similarly, in order to create a student group/organization on campus, most universities require that the group have a faculty advisor. In general, there is no set rule for where you solicit your advisor from. Examples of prior advisors include Pre-Medical advisors, biology professors, nursing school professors/administrators, university health departments, just to name a few. **If you can serve as this role, skip this section.** The goal is to find someone who will serve as an advocate throughout the process. As an example from my own experience, there were times I was unable to get meetings with the higher up administrators of my university to push for my own organization. It was my advisor, who was an administrator from our nursing school, who was able to secure the meetings, attended them, and served as an advocate to advance our organization. When approaching a potential advisor, try to have a presentation already developed- this is your chance to do a dry run on demonstrating why an EMS organization benefits the student participants and the university as a whole. Once you have secured a faculty advisor, you are ready to try and get recognition as an organization.

Building a Club

Starting an organization will give your group recognition as a group on campus and offer you opportunities for funding. It is essential that you have developed a strong student base of your organization by the time you get to this stage. You are not yet ready to respond to medical emergencies on campus. However, while you are working on the other stages of the roadmap you should begin to plan for the future. To prove to administrators that there is sufficient interest on campus to maintain a collegiate EMS organization you will need to train a large number of EMTs. This can be difficult since at the moment you will not have an active response agency on campus. However, when you finally get approval to respond to campus emergencies you will not have time to begin the training process. Now is your time to train them.

This is the time to establish a student club on campus dedicated to the promotion of EMS education. If your college does not currently offer an EMT course, explore coordinating a course on campus. If your college does offer a course you should try to recruit students for that course and get them excited about the idea of collegiate EMS. Many community colleges or private EMS schools will often be happy to offer a course on campus and student clubs can often reserve campus classrooms at night or on the weekends for no or little cost. If your organization can succeed in coordinating an EMT course on campus each semester while you are simultaneously working on the other roadmap steps, your organization will be in an exceptional position. If offering a course on campus is not possible, you can also see if other organizations are hosting EMT classes near your campus. Either way, your club should make recruiting people for the EMT course a top priority.

As you know EMT classes can be expensive and your club will, in all likelihood, have no way to subsidize the classes. You should remind interested students that it is relatively easy for EMTs to find jobs to make back the cost of the course. Furthermore, this incentive to find employment as an EMT during the summer or even during the school year will help your new EMTs become experienced providers.

In addition to sponsoring an EMT class on campus, your new club can host a CPR instructor course on campus for your EMTs and then teach CPR classes to the campus community. If teaching CPR classes does not interest your EMTs you can find other

innovative ways to benefit campus emergency preparedness. The importance is not exactly what you do; the importance is that your club does something high impact and visible. Aside from the immediate benefits to the campus community of these initiatives, your success delivering simple public services to the campus community will help convince the administration that collegiate EMS providers are responsible and motivated students who are up ready and willing to take upon themselves the tremendous responsibility of campus based EMS.

Consider Potential EMS Models

Since each campus demographic is different, there are several models of delivery for college based EMS (CBEMS). The majority of CBEMS organizations are quick response groups trained at the BLS level and any attempt to offer more than BLS service as a new organization is not recommended. In addition to choosing a response method you must explore oversight options and determine which department or departments are best set up to provide oversight for your new organization. Based on NCEMSF's experience, CBEMS is often part of the college public safety department, health services, student life division, or the local municipal (volunteer, career, or fire-based) agency. Each of these models has its distinct advantages and disadvantages. Functioning under the auspices of the local municipal EMS organization offers the advantages of working with a well established organization and provides a network of local EMS resources. However, this model tends to limit student leadership and thus diminishes a major positive feature of CBEMS. Cooperation with campus public safety has many operational benefits since the student providers can learn from the public safety professionals' emergency response experience and the scene safety needs can be easily addressed. However, public safety departments may not be prepared to provide adequate medical oversight. Health services departments, which are often staffed with physicians, are an excellent source of medical knowledge, but their experience with emergency response is typically limited. A college's student life division, which is typically responsible for student activities as well as the safety and welfare of the students, can be an excellent resource for leadership development. However, their knowledge of emergency response and patient care is usually limited. NCEMSF believes that the best model for the administration and oversight of CBEMS involves collaboration between various departments so that the students can benefit from the knowledge and experience offered by each advisory group. Furthermore, since most CBEMS organizations do not bill patients for their services, they rely upon the university departments who provide their oversight for funding. This collaborative approach helps share the cost of starting an organization and can therefore reduce the likelihood that excessive cost will prevent your startup organization from succeeding.

Some examples of successful collegiate EMS models are as follows: Columbia University EMS (CUEMS) which was founded in 1962, operates a fully stocked BLS ambulance, transports about 800 patients per year, and operates in cooperation with the campus health services and public safety departments. The Washington University Emergency Support Team (WUEST), which was founded in 1979, currently operates a BLS quick response SUV, responds to about 475 calls per year, and operates in cooperation with the campus health services department. I co-founded Case Western Reserve University EMS in 2005. It was initially founded as a quick response organization where EMS providers responded on foot to medical emergencies. In 2007, they received a van from the campus police to use to respond to medical emergencies greatly expanding the response area. In 2013, CaseEMS purchased its first ambulance and now offers transport services to the Case Western campus. It operates in cooperation with the campus police department and receives its medical direction from an EM physician at the local hospital who is EMS subspecialty trained. The George Washington University Emergency Medical Response Group (EMERG) was founded in 1996 as a bike response team, transitioned to a BLS quick response SUV in addition to its fleet of bicycles, and has imminent plans to upgrade to a BLS ambulance. EMERG responds to about 700 calls per year, and operates in cooperation with the university's emergency medicine faculty and police department. The University of Rochester Medical Emergency Response Team (Rochester MERT) was established in 1972 as a foot response organization and currently operates a BLS quick response SUV. Rochester MERT operates in cooperation with the university's security department and student health services.

This information should make it clear that one model does not fit all. The models vary both in by oversight mechanism and response system. Each campus demographic is different, each climate is different, and each university administration is willing to explore different options. What you can also see is that establishing a campus EMS organization is not a quick process- each organization takes years to develop and expand. As you explore the various models, you must try to balance your ideal vision with what your conversations with the administration during the "Doing Your Homework/Research" phase demonstrated would be feasible. Remember that there will

be many years for your organization to grow and in most cases it is unreasonable to expect administrators to invest large sums of money to develop an elaborate EMS program. Think small and then gradually expand as you demonstrate success. Depending on the size of your campus you might consider starting as a foot first response organization or a bicycle response organization. We at NCEMSF can help put you in contact with such organizations. If neither of those methods is practical for your campus you might consider starting with a golf cart or inexpensive car. Furthermore, many organizations overcome the immediate need for a vehicle by initially limiting their services to large university events such as sports games where campus call volumes tend to increase dramatically. Even if the university insists on hiring a standby ambulance or if state law requires that a standby ambulance be at these large events, you can still consider working alongside the hired ambulance.

As you consider these potential models you must ask yourself a few key questions. What is the ideal model for my campus? Is it practical to start with that model? If not, what other models might be more reasonable startup models? What models are used by my university's benchmark schools and how did those schools start? (Note: If your university's benchmark schools do not have collegiate EMS organizations, you may need to consider other similar schools. You should be prepared to explain why you have selected particular schools for comparison.) While foot response, bike response, or event standby models may not seem as exciting as operating a fully stocked ambulance, they are still exciting opportunities and are great ways to build an organization and prove your potential to the university administration and community.

Obtaining a Medical Director

In order to provide care, EMTs require a physician medical director to sign off on your medical protocols and certify you as providers. An EMS organization cannot provide medical care without the oversight of a physician medical director. Currently, any licensed physician can serve as a medical director. Within the next 5 years, there is a movement that only physicians specifically trained and certified in EMS will be able to serve in this role. For this reason, I would encourage you to seek out these individuals first. The next logical question is where do you look for these individuals. Because there is associated work and responsibilities and most EMS medical directors for college EMS do it as a volunteer position, the best place to find such a person is within an academic medical center (teaching hospital). Most university hospitals have emergency medicine physicians who do EMS medical direction on the side. These physicians are provided time within their position to do EMS and therefore already have budgeted time they are paid for by their position to work on medical direction. Look for people who currently oversee EMS jurisdictions, helicopter programs, or interfacility EMS transport programs. Many of these individuals may have gotten their start in college EMS, and therefore would be ecstatic to be involved in starting up such an organization on the campus. From my own example, our medical director actually emailed us before we approached him because he heard we were starting an organization. He had gotten his start in medicine with Cornell EMS, and was ecstatic about the opportunity to help start an organization in Cleveland.

Once you find someone interested in serving as the medical director, you will need to develop medical protocols. Many EMS medical directors already have protocols they use for their other organizations. Feel free to use such protocols as an example and amend them based on your own campus needs. It will be responsibility of the medical director to certify your protocols prior to your organization providing any medical care so be sure to include your medical director in the process.

Approaching Your Administration

By this point you should have already built a relationship with your university's administration. You should have met with public safety administrators, student health administrators, university life administrators, and others as part of the research step. You should already have a superb leadership team and an established club that is providing some type of service your campus community (EMT classes, CPR classes, etc.). You should have a core group of EMTs on campus and a method for training new ones. Most importantly, you should have built a core group of campus allies. As an employee of the university, you play a very unique role in guiding the aspiring group through each of the hurdles but also serving as a member of the administration key to getting this organization off the ground. If you have accomplished all of these goals then it may be time for you to approach the rest of the administration and begin to develop a formal proposal.

Before you formally propose anything to your administration, contact Joey Grover, the NCEMSF Startup Coordinator, at startup@ncesmf.org. It is essential that you verify with NCEMSF that you are ready to proceed. Rushing into this step without the appropriate preparation is not a good idea.

Based on your previous experiences, at this point NCEMSF will be able to guide you as to how you should go about approaching your administration to make the final preparations needed for establishing your EMS organization. If you have identified a potential administrative insider this would be the time to confer with him or her. If you yourself can serve in this role, all the better. Share with the "insider" exactly what you anticipate proposing (i.e. foot response, bike response, SUV, etc.) and solicit feedback. If you are lucky the insider will help you decide exactly which administrators should receive your official proposal. They may even be willing to accompany you at the meeting to provide in-person support for the initiative.

From the administration perspective, the most common concern is the legal liability associated with students providing medical care on campus. What we have found is that in most states these providers are covered by the state's Good Samaritan laws as they are practicing without compensation. Therefore, the associated risk is actually extremely low. Key concepts to lessen a university's associated risk is to

emphasize that members will be state certified in whatever training level you decide (EMT, first responder) and also that members will not be paid for the time they participate in the organization.

Based on your conversations with the “insider” and what you learned during the research step write an official proposal. Include a discussion of all response issues such as dispatch methods and response protocols. However, most importantly make a cogent argument for the benefits of collegiate EMS. Sample proposals are available from NCEMSF when you get to this point. After you have completed a draft proposal, send a copy to NCEMSF for feedback. Then clearly mark the proposal “DRAFT” on each page and show it to your “administrative insider” for feedback if you have identified such a person. After making the needed changes you should discuss with the “insider” how to best officially submit the proposal. NCEMSF can also help you with this procedural step. Since NCEMSF highly favors a collaborative approach to collegiate EMS, we suggest making it clear even in your final proposal that you are willing to modify your proposal based on administrative feedback.