

NCEMSFS NEWS

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"You need to make sure that people don't feel that this is 'just another year.' You should create the idea that this year is going to be the best year yet."

Message from the President

Dr. George J. Koenig, Jr., NCEMSFS President

"We don't make a lot of the products you buy. We make a lot of the products you buy better." - BASF

Several years ago, BASF, a chemical manufacturing giant, aired on television a public relations campaign proclaiming, "We don't make a lot of the products you buy. We make a lot of the products you buy better." The commercials never directly told you what BASF manufactured. The commercial only implied through a series of images what they made. Even today I am not sure exactly what BASF makes, but their slogan has remained in my mind.

Why? Because this slogan exemplifies what we do everyday in our leadership roles. Typically, we do not create the "product." We are given the opportunity to make the "product" better. The beginning of the academic year is a time for a fresh start. It provides you an opportunity to REVIEW the past year and to make changes for the new year. In other words, it gives you a chance to make the product better.

How? Making your organization better sounds great, but it is not necessarily an easy task. You need to assess your organization's strengths and weaknesses. The hardest part is often determining where to start. Just think REVIEW.

Review the past year. What did your organization do well last year? What areas do you need to improve? Sometimes the easiest way to find these answers is to ask your members. But you have to listen and not be defensive or discount what they have to say.

Energize your members. You are about to start a new year. There is no better time than at the beginning of the year to try something new. You need to make sure that people don't feel that this is "just another year." You

should create the idea that this year is going to be the best year yet.

Vision. You need a concrete and realistic vision. Try not to be overly ambitious. Your vision needs to be accomplishable in a year. Write your vision in words. Post it in your office/crew quarters. Share it with everyone.

Implement your vision. Start by creating a plan to achieve your vision. Outline the steps necessary and the resources needed to achieve your goal. Have periodic checkpoints to ensure that you are on track.

Encourage your members to embrace the vision and plan. It is impossible to accomplish change without their support. Remember that people often don't like change nor see a value in changing. They need encouragement to believe in the change that you are proposing.

Watch closely. Evaluate the progress and monitor the effect of the implementation of your plan. Change does not always produce the intended results. There may be unforeseen effects that require you to adapt your plan or change your vision.

I want to share with you a timely example of an organization that had a vision and successfully accomplished it. Last week, I spoke to Andrew Javier, Director of Tulane EMS (TEMS). We discussed the recent events of Hurricane Katrina and TEMS' involvement. He told me that all of his members were accounted for and safe. He said that approximately 20 TEMS members were providing triage and transport services in Baton Rouge as part of the ongoing rescue effort. TEMS was able to relocate its two ambulances and mass casualty trailer prior to the hurricane. He said that everything was going fairly smoothly.

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NCEMSF Dedicates Resources to New Startups

David I. Bacall, NCEMSF Startup Coordinator

When NCEMSF was founded in 1993 it served as a means for existing campus-based EMS groups to communicate with one another. Today it still serves the same purpose for its over 200 member institutions, but serves a much larger function for groups just forming. Today's campuses function as their own independent mini cities complete with all of the services that municipalities typically offer their residents including EMS. In the past year, NCEMSF has received over fifteen requests for assistance in starting new campus based EMS groups on campuses of every type across the country. In each case, NCEMSF has assumed the role of mentor providing these new campus based EMS initiatives with much needed information, guidance and support.

Over the next year, the NCEMSF Board will be formalizing its startup kit to better assist new groups and those interested in starting groups. NCEMSF will also be expanding those within the organization dedicated to assisting new ventures and has instituted programs aimed at aiding

new groups in attending its annual conferences. With added expertise and energy devoted to new startups, it is NCEMSF's hope that it can provide more formal as well as more individualized assistance to its younger members. Starting a new group takes time, energy and perseverance and requires a strong advocate to be on your side. NCEMSF has the knowledge, reputation and overall leadership ability to be that needed advocate.

When completed, the startup packet will offer guidance from the moment someone first conceives of starting an EMS service on a particular campus through to the running of the first call on that campus. The packet will explain the different models that exist and help decide which model best serves the campus in question. It will contain sample timelines, recommend who to talk to within the university, and who not to talk to especially in the initial stages. The packet will teach those in charge how to recruit members and rally support as well as address common issues raised by

administrators such as liability and medical oversight. Some of the above components are already available on the NCEMSF Web site under the "Campus EMS Resources" heading. Also found under the "Campus EMS Resources" heading is the NCEMSF Comprehensive Database of Organizations. The database is searchable and can be used to find and compare campus groups with similar attributes and is thus a great asset to groups both old and new.

Do you have materials (articles, essays, or simple advise) that you think might be useful to new groups just forming or for those trying to form them? Would you like to contribute to the NCEMSF startup kit? Are you interested in starting or restarting a group on your campus? If you answered yes to any of the above, send an email to startup@ncemsf.org. NCESMF wants and needs to hear from you.



Involved Alumni Provide Strength

S. Corey Pitts, NCEMSF Alumni Coordinator

Welcome back to another fun filled year of classes, exams, and campus EMS. Seniors, the finish line is fast approaching. Your college journey is nearly over. Hopefully the experience has been a great one whether it has taken you four, five, six, or maybe even seven years (for the Van Wilder types) to complete your major and receive your diploma. With many lessons learned, some more academic then others, you are getting ready to complete the voyage and move on. Cherish your final year riding collegiate EMS. Try not to get wrapped up in the petty differences, and learn to pick and chose your battles wisely. When it has passed, you will

greatly miss the time you spent caring for that twisted ankle, those "flu-like" symptoms, and yes, even that 3 AM EtOH intoxication. I know I do. It has only been three months now since I moved away from Blacksburg and I find myself looking at the ambulances arriving into VCU Hospital and wishing at times that I was still riding on the box instead of working in the hospital. I miss the feeling of not knowing exactly what lies in store when arriving on a scene, the sound of the sirens, and the flicker of the strobes. I miss it, and it has caused me to begin searching for a new volunteer "home." I urge all of you upon graduation this December or May to search for another

place to volunteer, a place to give back to your new community and showcase all the medical as well as leadership and other life skills learned while participating in collegiate EMS. More importantly, I urge those who have just graduated and those about to graduate to remain connected always to your former collegiate communities and give back to those that follow in your footsteps. Offer the next generation advice, counseling, job opportunities and, where applicable, funds. The strength and longevity of any organization rests in its alumni base.



Your purchase of discounted textbooks can support NCEMSF!

Did you know that you can purchase textbooks (EMT, Medic, First Responder, and others) at highly discounted prices through the NCEMSF Store?

The NCEMSF Store sells more than just books... Check out our new line of embroidered clothing. Purchases through the NCEMSF Store help support the Foundation!
Visit the NCEMSF Store by clicking on the "Store" link on the NCEMSF Web site.

Professor Squirrel

Serious Campus EMS Advice from a Nut

Dear Professor Squirrel,

Like everyone else, our squad is concerned for the people that were affected by the destruction of hurricane Katrina. What can we send or do to help and who should we contact?

This is an excellent question as many people are at a loss for what to do. After 9/11 many well intended emergency services "self-dispatched" themselves and rushed to the scene along with many other well intended individuals who were not part of an organized effort. The result of this kind of action is that the unplanned responders actually become a burden on the area affected and can make the situation worse. Rescuers consume resources such as food and fuel, and they need sanitation facilities. Sanitary conditions and the spread of disease can become a huge problem.

Honestly the best thing you can probably do is send money. It is the most versatile and needed resource. Unless an agency specifically asks for particular items to be donated, where they are coordinating the storage and distribution of items, do not send random donations of items. And especially, well intended as you may be, do not clean out your store room of old discarded junk and old clothes to donate. If you can't use it, it's probably not useful to anyone else either. Always donate new

items. Agencies spend untold dollars actually paying to have donated junk hauled to the dump! These are dollars diverted from actual relief use.

If you can hold a fundraiser and want to send funds, here are some reputable agencies that will get your donations to where they can best be used:

American Red Cross - <http://www.redcross.org>
(donations of blood are always welcome)

The Salvation Army - <http://www.salvationarmyusa.org>

The United Way - <http://national.unitedway.org>

Habitat for Humanity - <http://www.habitat.org>

And don't forget the ASPCA to help my brother and sister squirrels, pets, and farm animals - <http://www.aspc.org>

See you around campus!
Professor Squirrel



Professor Squirrel has been hanging out on campus begging for food from students and keeping an eye on campus EMS for many years. Send your questions to the Professor at professor@ncemsf.org. The Professor will answer the best ones in the NCEMSF newsletter and on the NCEMSF General-L list. Your name and school will be kept confidential.

Membership Minute

Karolina A. Schabses, NCEMSF Membership Coordinator

Welcome back! It's now the beginning of the academic year, a season often filled with exciting prospects for collegiate EMS providers. Navigating new classes and scanning new faces, you're likely on the look-out for potential recruits to replace last spring's departed seniors. When replenishing the ranks at your institution, remember that collegiate EMS provides a unique and valuable opportunity to introduce people from many different backgrounds to the emergency services. Collegiate EMS recruiting isn't only about identifying your college's pre-meds, but also about reaching out and introducing English majors, engineers, and artists to the world of EMS. New recruits, especially those outside of traditional recruiting arenas, can bring a refreshing energy and perspective to your organization. Additionally, the benefits of participation in collegiate EMS for these non-traditional recruits should not be dismissed as minimal. Collegiate EMS teaches more than just CPR, anatomy/physiology, and bandaging; collegiate EMS teaches life skills. Interacting with difficult parties, managing a team,

comforting and showing empathy for the sick and injured, and dealing with life's stressors and crises in a systematic, methodical approach are all skills which, when developed, provide a solid basis for responding to similar situations in later life.

NCEMSF values the life skills which collegiate EMS develops. We hope that you do too. To continue advocating for and promoting collegiate EMS through the country, we rely on the generosity of our members. Annual personal memberships are \$10 for current students and \$20 for non-students. Life memberships in NCEMSF are \$75 for students and \$150 for non-students. Institutional memberships are \$25 annually. Membership in NCEMSF runs on the academic year schedule, June through May. Renewing your membership now grants you longer access to membership benefits. As always, we thank you for your continuing support.



SPONSORS and MEMBER BENEFITS



EMTs do not diagnose!? Or do they?

Joshua A. Marks, NCEMSF Secretary

“EMTs do not diagnose!” How many times during your training or practice have you heard that line? I recall first hearing it in EMT school when I was doing my ride time and reported treating a forearm fracture. My preceptor corrected me saying, “how do you know that it is broken? Do you have x-ray vision? EMTs do not diagnose, call it a ‘painful swollen deformity’ or ‘possible fracture’ instead.” At the time, I was sixteen and thought nothing of the statement. It seemed to make sense. I did not know with certainty that the forearm was broken (although, in that instance, it was later determined that the bone was fractured at several sites). Over the years, I have heard the same line, “EMTs do not diagnose,” repeated time after time and it has occurred to me that it sends the wrong message to those in EMS, particularly to EMT students, and, in fact, it is not true: EMTs do make diagnoses!

Take the following scenario as an example – it is a case that I often use to clear EMTs to become crew chiefs because it raises a number of topics important for review. You are dispatched for an unknown medical emergency on a hot and humid summer day. You arrive to find an 84 year-old gentleman lying outside on the lawn of his residence. You start to ask the patient questions and he is slow to respond and appears dazed and confused. How do you proceed? Whether you realize it or not, you instantly begin to generate a differential diagnosis and then exclude possibilities narrowing in on one diagnosis that becomes your working diagnosis. You have assessed that the patient is presenting with an altered mental status, but why does the patient present as such? Could it be heat associated? What about alcohol induced or medication related? Maybe the patient is a diabetic and is now hypoglycemic? Maybe he has suffered a cerebral vascular attack? Perhaps he is hypoxic or suffering from an infection? Could this be traumatic in nature, such as a fall off the nearby porch? Alternatively could this be this patient’s baseline – Alzheimer disease or

“Protocols cannot dictate specific actions for every situation... providers need to improvise...”

regular senile dementia? In order to accurately assess the situation and tailor the care, all of these thoughts (which are actually potential diagnoses) should be going through one’s head. Certainly, there are many other causes of altered mental status as well and as one’s medical knowledge increases additional items are added to the differential. Yet even at the EMT-Basic level I have just listed eight reasonable possibilities. Truth be told, most EMS systems have an altered mental status protocol that goes something like this: gather a SAMPLE history, obtain vital signs, administer oxygen, perhaps consider oral glucose and/or an ALS assist and transport. One could easily just follow the above protocol and in so doing cause no harm to the patient. But, by not knowing what is actually happening, one, just as equally, does not really help the patient. Following protocols blindly without the thought processes necessary to understand what you are doing and why is not practicing good medicine and is not what collegiate EMS, which generally takes an academic approach to EMS, is about.

Protocols are guidelines for clinical practice and practice in the field. No two calls or scenarios are entirely the same and no two patients are identical. Thus, protocols cannot dictate specific actions for every situation. In EMS, and medicine in general, providers need to improvise and use their clinical judgment to make the best decisions possible in the interests of providing the best care to their patients. Think about the following case as an example. You respond to a park on a spring day for a report of a 19 year-old female with difficulty breathing. Upon arrival, the patient is too short of breath to provide you with any history and the bystanders are equally uninformative. Is this an exercise induced asthma attack or a case of anaphylaxis after a bee sting sustained while running barefoot through the field? Will you give albuterol or epinephrine

(assuming your system allows you to carry and administer both)? You have two protocols from which to choose, but how do you know which one is right? You assess as best you can but eventually, in this case hopefully quite rapidly, make a diagnosis and then follow the applicable protocol. As an EMT, the failsafe is of course calling medical command, but you still need enough thought process to know what information to gather and report to the physician so that he or she can instruct you. Essentially the online physician is only refining your own working diagnosis as you are the physician’s only eyes and ears in the field. (A little knowledge of disease process and pharmacology as well as your overall desire to make a diagnosis of inclusion rather than exclusion might help guide you to make a decision in this case if you are still not certain and cannot reach command).

Furthermore, when calling in a report to the ED or arriving at the Emergency Department with your patient and presenting at the bedside, hiding your diagnosis behind the words like “possible” or “potential,” as recommended by my EMT class preceptor, is also unnecessary. Call it what it is or at least what you perceive it to be! The emergency department team, of which EMTs should be considered a part, will reassess and arrive at its own diagnosis based on the information initially provided by EMS and the information the nurses and doctors acquire themselves. As questions are asked repeatedly (especially in a teaching institution), new information will surface that will lead to the definitive diagnosis and treatment.

I recently was in the emergency department and an ambulance crew came in reporting their patient had bilateral painful swollen deformities. I took a look at the patient and saw one of the most mangled sights I have seen to date and turned to the EMTs and said while laughing, “I think we are all comfortable with you calling these fractures.”

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“[EMTs] instantly begin to generate a differential diagnosis and then exclude possibilities narrowing in on one diagnosis...”

Regional Roundup

News From Around the NCEMSF Regions

From the National Coordinator

Communication is the key to success for NCEMSF, which is why the Regional Coordinator (RC) network is essential to maintain contact with all collegiate EMS organizations across the country. This year, the Regional Coordinators have done an excellent job to promote a New Group Initiative to expand the membership of NCEMSF and provide scholarships for school delegates to attend the 2006 Conference in Boston. The RCs have been successful in encouraging schools to apply and ultimately in making our organization better known across the country. Regional Coordinators are responsible for keeping in touch with schools and making visits whenever possible. RCs participate in monthly conference calls with the National Coordinator to discuss issues pertinent to their schools and region. Many RCs have gained valuable experience in this role and are valued leaders in NCEMSF. Currently, there are four RC positions available:

- Massachusetts (MA)
- Midwest (IN, MI, OH)
- Northeast (CT, NJ, RI)
- New York (NY)

If you are interested (and attend school or live within the region) please contact Kelly Schirmer, National Coordinator.

New York

Harpur's Ferry Volunteer Ambulance Service (of the State University of NY system's Binghamton University) has been honored by the New York State Department of Health Bureau of EMS as the AGENCY OF THE YEAR in New York State. This is the highest honor that the Department of Health can bestow upon an agency. This award is a great achievement for the leadership and membership of Harpur's Ferry and is a testament to the quality of service that a collegiate EMS squad can provide. The awards are presented by the DOH each fall at the Vital Signs Conference.

This marks the third straight year that a collegiate EMS organization has received this honor. Recent winners include Syracuse University Ambulance in 2004 and SUNY Stony Brook in 2003.

North Central

After the formation of *Loyola University Chicago EMS* (LUC-EMS), the organization has registered over 100 members for its first full academic year. This group will continue to develop under the direction of Chief Nellie Sires.

St. John's EMT Squad recently underwent restructuring and is now returning to service this academic year.

Illini Emergency Medical Services (IEMS) continues to expand its service to the University of Illinois at Urbana-Champaign. Funding from the Division of Intercollegiate Athletics allowed for the purchase of four new bicycles. These bikes will supplement the existing 13 IEMS teams used to staff Memorial Stadium during Illini Football games. Purchasing of these response bikes and training was largely coordinated by current Operations Officer, Nick Reinhart.

Pennsylvania

In yearly fashion, *Villanova EMS* is proud to be holding its annual alumni picnic in early September, which serves as a great link between the current members and the alumni.

Over the years since acquiring their first AED, *Penn State University Ambulance Service* has used AEDs on multiple occasions with successful results. As written by Mark Milliron of Penn State, "Penn State remains committed to the health and safety of its students, staff and visitors, and now has over 58 AEDs located throughout the university. This number includes 13 AEDs for use by emergency medical services in the University's two ambulances and for special events staffed by EMTs. Other AEDs are located in fixed sites including the University's two hotels, athletic and recreational facilities, administrative buildings, labs, health center, and maintenance buildings. There are also "mobile" AED units located with campus police patrol cars and in campus maintenance vehicles. Additional units are already being planned to increase access to AEDs on campus."

West

Loyola Marymount EMS currently has 12 active members. They will begin recruitment in 2 weeks and will announce their new members on Sept. 19th. LMU EMS is doing a fundraiser to sell first aid kits as a way to finance the conference, but in light of the recent tragedy in Louisiana, they have also decided to donate a part of their profits to the relief fund. They also have a new office and are working towards getting a new golf cart. This fall, LMU EMS is starting an

(Continued on page 6)

Regional Coordinator Network

Region	Name	E-mail Address
National Coordinator	Kelly Schirmer	nc@ncemsf.org
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Mid Atlantic	David Weand	midatl-rc@ncemsf.org
Midwest	(TBD)	midwest-rc@ncemsf.org
New York	(TBD)	ny-rc@ncemsf.org
North Central	Andy Jou	northcentral-rc@ncemsf.org
Northeast	(TBD)	northeast-rc@ncemsf.org
Northern New England	Erin Primiano	nne-rc@ncemsf.org
Pennsylvania	Jack Basile	pa-rc@ncemsf.org
Southeast	Julie Daniel	southeast-rc@ncemsf.org
West	Mark Malonzo	west-rc@ncemsf.org

New Group Initiative Under Way

Eric MaryEa, NCEMSF Director at Large

For years the NCEMSF Board of Directors has struggled with the question of how to expand its membership database and recruit schools from other regions. Given NCEMSF's Institutional Membership demographic, hosting conferences in the northeast region has proven to provide our members with a fairly diverse and consistently growing convention attendance. Of course, doing so provided NCEMSF with the unique challenge of how to reach out to colleges and universities in areas such as the Midwest and West Coast.

The next best thing to bringing the conference to the Midwest is to bring

the Midwest to the conference. To this end, the National Collegiate Emergency Medical Services Foundation has launched its New Group Initiative program. Under this incentive, schools not currently affiliated with NCEMSF or groups that haven't attended a conference within the last four years (newly-founded groups too!) will be eligible to apply for free registration and two hundred dollars per person in travel expenses for up to two representatives per school.

NCEMSF will select up to four group applicants, and these organizations will be notified of their approved funding three months prior to the

upcoming conference. A link to the electronic application can be found online at the conference website <http://www.ncemsf.org/conf2006/>. All organizations that meet the eligibility requirements are encouraged to apply. We hope this innovative program proves successful in reestablishing ties with previous institutional members and leads to fresh company at our upcoming conferences. For more information on the New Group Initiative, visit the conference website or e-mail Eric MaryEa at director2@ncemsf.org. See you all in February.

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Start making your plans to attend the next NCEMSF Conference!

The 2006 Annual Conference will be held February 24-26 at the Hyatt Regency Cambridge in the Boston area. Prospective speakers should e-mail proposed lecture topics along with a resume or CV to conf2006@ncemsf.org. Students interested in the Vomacka Speaker competition should send their topic to vomackaspeaker@ncemsf.org.

More information is posted at: <http://www.ncemsf.org/conf2006/>

(Regions, Continued from page 5)

off-campus service component with LMU's Center for Service and Action.

This year *Santa Clara University EMS* will be starting with 46 members, but many other interested students have done their training over the summer and will be joining them as well. During Alcohol Awareness Week SCU EMS is planning a Mock DUI. As at the beginning of every year, they will hold a talk with new freshman and tell them about SCU EMS and how students can access the service. At the end of last year SCU EMS received a budget increase that they are excited to use to better serve the Santa Clara University community.

Do you have news about your squad you'd like to share? Contact your regional coordinator or e-mail localnews@ncemsf.org

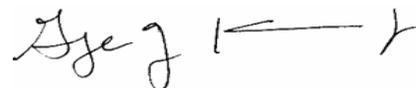
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(President, Continued from page 1)

Andrew explained that last year, when a lesser hurricane struck the New Orleans area, TEMS found that it was not as organized as it could have been. While it was able to respond with 12 people and help evacuate the campus, TEMS did not have an official disaster plan to implement. Over the year, Andrew evaluated TEMS' response and looked at ways to improve its response in the event of another disaster. He submitted a grant and received funding for a mass casualty trailer. He also created a disaster plan with an evacuation component, and incorporated a nearby university in the plan. When Hurricane Katrina struck, TEMS implemented its plan. A crew of 10 people was sent with one ambulance to stage at Jackson State University. A second crew of 10 people assisted with the evacuation of Tulane with TEMS' other ambulance and mass casualty trailer.

At the time of Andrew's request for funds for a mass casualty trailer, many questioned him as to the necessity of having such equipment. But his persistence and vision of formalizing a disaster plan enabled TEMS' successful response to Hurricane Katrina.

I hope that everyone has a successful year. If the NCEMSF team can be of any assistance, please don't hesitate to ask. Together we can continue to make our "product" better.



George J. Koenig Jr. M.S., D.O.
President NCEMSF

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“I saw something that reaffirmed the idea that a university campus is a true community that takes care of its own...”

About This Publication

NCEMS NEWS is an official publication of the National Collegiate Emergency Medical Services Foundation (NCEMS). 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 info@ncemsf.org

Caring Campus Community

Dr. Scott C. Savett, NCEMS Vice President

There are moments in your EMS career that stay with you. For example, you probably remember your very first call or the first time you performed CPR on a "real person." Anyone who has been in EMS for more than a couple years can undoubtedly recall the story of a few patients that stick in their memory. This is one such personal story from my collegiate EMS experiences.

Most people generally think of college and university campuses as safe havens. The biggest crimes on most campuses are petty theft and vandalism. While collegiate EMS providers do see assault victims when parties get out of hand, it isn't generally an everyday occurrence. Furthermore, we don't generally expect to see poverty on a university campus – unless it's located in the heart of a major metropolitan area. After all, most college students (or their parents) are paying big bucks to attend a prestigious institution. If a student can cough up \$20,000 per year to attend a university, that same student certainly knows where their next meal is coming from – or do they?

It was a late weekday afternoon in the second week of April. Classes on Clemson University's campus had been back in session for just a couple weeks following a well-deserved spring break. With temperatures in the low 70s many of the Clemson students were outside basking in the beautiful spring weather. Unfortunately, I was not among them since the work of a chemistry graduate student generally doesn't involve seeing much daylight.

Enjoying the sunshine that afternoon were Clemson's Reserve Officers' Training Corps (ROTC) students, who were on the soccer fields doing marching drills and running laps. Despite the fine physical shape that most of the ROTC students were in, at least one of them wasn't having such a good day. My Minitor II pager alerted me of an "unconscious subject" on the soccer field. It only took a matter of minutes for me to arrive on scene in my personal vehicle, met almost simultaneously by a Clemson University Ambulance staffed by a career paramedic/firefighter and a work-study EMT/firefighter.

The story was a deceivingly simple one. This student had collapsed while running laps around the field. She was conscious and alert now, but her ROTC commander was visibly concerned about her. We accompanied her to the back of the ambulance and sat her on the bench seat. While I took the patient's vitals in

the ambulance, the medic and EMT stood outside discussing the situation with the ROTC commander. The story was more complex than we initially thought; I was looking at poverty in the back of my ambulance. While this student had a ROTC scholarship that covered tuition, lodging, and books, it did not cover a meal plan. Since returning from spring break, this unfortunate student had subsisted on Doritos and water. With one parent on active military duty and the other living overseas and no longer actively involved in her life, this woman's safety net was non-existent.

Based on her vital signs, physical assessment, and history, we were pretty sure that this patient did not have any underlying medical problems that caused her to pass out. It was likely simple exhaustion from low calorie intake.

What happened next is something that we don't see often enough in EMS. The paramedic entered the patient compartment of the ambulance and sat next to the patient on the bench seat. The paramedic gave the patient a choice of where she'd be transported. The first option was obvious: the local ER. The second option was much less conventional: the local supermarket where the paramedic would buy some groceries for her.

The crew obviously had the situation under control, so they thanked me for my assistance and released me from the scene. As I drove back to my chemistry laboratory I wondered which destination this patient had chosen.

About a half-hour later, I had completed my lab work for the afternoon and was intending to run some errands around town. One of my first errands took me past the local supermarket. As I stopped at the traffic light and glanced towards the supermarket, I saw something that reaffirmed the idea that a university campus is a true community that takes care of its own. From the front door of the supermarket walked the paramedic, followed by the EMT and the patient. Each of them had a couple large grocery bags in their arms.

I later learned that the paramedic had spent \$50 of his own money on the groceries. He wouldn't accept any money from his EMT partner or me. He simply said, "It was just the right thing to do... and I hope somebody would do the same thing for me if I need it some day."



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***This year's
Collegiate EMS
Week is
November 7-13.***

***An updated EMS
Week info packet
will be available for
download from the
NCEMSF Web site in
the beginning of
October.***

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

***Did you move? Please visit the Membership section of the
NCEMSF Web site to update your mailing address.***

Mark your calendar for upcoming NCEMSF events:

September: Renew NCEMSF personal & institution membership. Re-establish communication with your NCEMSF regional coordinator. Apply for funding to your student activities board for the NCEMSF Conference.

October: Plan Campus EMS Week events after downloading the packet. New Group Initiative application due on October 24.

November 7-13: Campus EMS Week. Celebrate your collegiate EMS group with activities, demonstrations, and other fun events.

December: Early registration begins. Finals and vacation. Stay safe.

January: Register for NCEMSF conference. Make travel plans for the conference. Submit NCEMSF award applications and *Striving for Excellence* packets.

February 24-26: Attend NCEMSF Conference at the Hyatt Regency Cambridge in Cambridge, Massachusetts (Boston area).

