A look at EEMS in 2008

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The success of Campus CPR this past fall has sparked new interest in training all over the Emory Campus. After receiving letters of thanks from Emory administrators, faculty, and University departments, Emory EMS has already received requests for training at the Goizueta Business School, the Candler School of Theology, Oxford College, and Yerkes.

Chief of Training Dan Hootman got the ball rolling in January as he facilitated a business school faculty lunch and learn, educating Emory professors in the vital skills of CPR. Shortly following, medic Kim Jackson had expressed interest in holding a CPR session for the Theology students. Emory EMS quickly jumped onboard and helped the Candler C3 Committee host another CPR training session in Brooks Commons. Lunch was served for the 40 people in attendance. After the training, we appropriately concluded with a speech about how to bring this type of CPR training to one’s religious community or congregation to help spread the knowledge of CPR.

In early March, Emory EMS will be facilitating another larger CPR training session for the students and staff at Oxford College. According to our contact, there will be approximately 100-200 participants. More information will be announced as the event nears and details are finalized. We will need volunteers to help out at this event!

Emory EMS is now also working on setting up a CPR program for the staff at Yerkes. Dr. Zola, the director, attended our event in November and was very pleased with the results. Consequently, he became very interested in bringing the training to his facility; plans are being worked out for a training event sometime in the next month.

**January & February Statistics**

- **Total Calls**: 103
- **RLS**: 61
- **patent IVs**: 7
- **Trauma**: 20
- **Animal Bite**: 1

**Medic 324 Most Calls**

- **Nausea/Vomiting**: 17
- **17 Calls**
It’s a slow Sunday afternoon and PD is responding to a vehicle accident without injuries, at the intersection of Clairmont Rd. and N. Decatur Rd. Suddenly, tones go off and radio asks you to respond to a 45 year old male with a laceration to the right arm, at PD’s location. You respond without RLS to the intersection and find that the accident has been moved into the parking lot of the Chevron on the corner. Pulling in behind PD, you see the patient sitting on the curb, blood running from his right shoulder down to his wrist and dripping over a set of handcuffs onto the pavement behind him. Before you initiate treatment of this patient, there are several things that you need to consider:

As long as you keep these things in mind, treating a patient in custody is no different than treating any other patient. Just remember PD has them in cuffs for a reason, so be very careful during treatment and always make sure that a PD officer is nearby.

1. Make sure that the patient isn’t violent. PD has them in cuffs for a reason, and though that reason may be that the patient was driving on a suspended license, it may also be because they were violent or unruly with the responding officer. Talk to the officer before you approach the patient.

2. To properly treat the patient, it may be necessary to remove the handcuffs. When PD has removed them, be careful. These patients can be angry or combative, something that can be very difficult to deal with once the cuffs are off. Your safety comes first, so make sure that you’ve got PD there to back you up.

3. Be kind and courteous to the patient. Their vitals are probably going to be out of kilter with an elevated BP and highly elevated pulse. This doesn’t necessarily mean that anything is wrong. These patients will be anxious and upset, so don’t be surprised if they start telling you things or trying to explain their actions to you, thinking that you are part of PD.

4. Keep an eye on your equipment. You’re dealing with sharps if the patient needs a d-stick and you’ve got a jump bag full of items that are potentially dangerous in the hands of a criminal. Your safety is important above all other things so if the patient makes you uncomfortable or in any way afraid of treating them, just back away and let PD know.

J. Harms (376)
Looking Ahead

What Is Beyond EEMS

So you’ve invested hours of your time, time that could have been spent sleeping or studying, and put plenty of money into paying for classes, tests, equipment and uniforms. But many of you are studying for a bachelor’s degree in other fields, even non-science related ones, and the issue arises of what all this practical experience is going to do for you. Besides the emotional reward of saving a person’s life while working in EMS, what can your EMT license do for you? Or rather, what can you do with it once you leave Emory?

The answer is a lot! Since the provision of emergency medical services gained recognition as a major healthcare service in the 1970s, organizations such as the National Registry of EMTs (NREMT) have been developed and expanded to keep pace with our growing field. While accreditation agencies like National Registry play an obviously vital role in the coordination of uniform standards for initial licensure and recertification, a logical prerequisite for licensure is the creation of EMS training programs like Emory’s EMT class.

There are now national organizations for individuals involved at every step of the process, including the National Association of EMS Educators (NAEMSE) and the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). Moreover, as the national EMS infrastructure continues to be built, there will be more opportunities for administrative roles in protocol development, research in EMS safety and health risks, and other regulatory functions. The Department of Homeland Security has developed an EMS
and Public Health Coalition, and the Georgia Association of EMTs is currently expanding its legislative lobbying activities. Though less medically related, sound knowledge of the practical realities of EMS can make you a valuable player in those developments.

Even though prehospital medicine is still relatively new when compared with the considerably older practice of general medicine, entrepreneurial opportunities exist in EMS as well. In the wake of natural disasters like Hurricane Katrina and the 2005 tsunami, and the heightened risk of domestic terrorist attacks, a huge focus has been placed on developing a more coordinated emergency response system. There are relatively few campus EMS groups, and there remain plenty of opportunities for students around the country to be groundbreakers in that area. The National Collegiate EMS Foundation (NCEMSF) and other organizations like the National Association of EMTs offer resources and support for individuals interested in pursuing the creation of a new EMS group. Concerned citizens have also brought together their diverse backgrounds and resources in organizations such as the National Disaster Communications Response Team, which works to bridge gaps in disaster management preparations and facilitate interagency communications in the face of changing technologies. These individuals have invested their own time and money, sometimes outside of their regular jobs, to the common cause of helping other citizens receive emergency care, just as you have.

There are also more traditional vocational options for continuing with your EMT training, ranging from stepping up your license to the paramedic level to pursuing positions as physician assistants. The practical experience you’ve spent so many hours accruing may give you an advantage over other candidates for such positions, particularly in jobs where knowledge of anatomy and physiology or pharmacology is important. The opportunities fall under a common set of descriptions: medical secretaries, medical assistants, medical coders, occupational or physical therapist aides, pharmacy aides or technicians, medical health services manager, personal and home care aides, nurse technicians, surgical technologists, etc. Though some positions can be filled by people with an associate’s degree, individuals with bachelor’s degrees (particularly in the sciences) have knowledge that may supersede a requirement for other training. For example, to be a medical or health services manager, many employers require a master’s degree in health services administration, but having a bachelor’s degree combined with extensive work experience in medical occupations may be accepted in lieu of a formal education. Two-thirds of those individuals applying for entrance to physician assistant programs already have bachelor’s degrees. And these aren’t mediocre, run-of-the-mill jobs either: physician assistants may perform physical exams of patients, give immunizations, clean and stitch wounds – in short, engage in many of the same activities as physicians. In addition, those kinds of roles offer opportunities for high levels of career advancement, including specialization (for physician assistants) or department-level administration. Less officially, volunteer fire and EMS services exist across the country, particularly in more rural areas where emergency medical services may be less consistent. Such services are usually chronically understaffed and are always looking for new volunteers. As long as you maintain your certifications, a whole world of opportunities is open to you, wherever your interests may lie.
While many people know that Captain Ray Edge is the Unit Administrator of EEMS, very few know what his job entails and how he became involved with EEMS. I sat down with Capt. Edge to learn the story behind the legend.
DD: Capt. Edge, how long have you been with EPD? And, what kind of roles do you have on the force and with EEMS?

CE: I've been with Emory for 19 years now and a Deputy Chief for the last 16 years. As a Deputy Chief I am in charge of several divisions, including the Criminal Investigation Division (CID), and of course EEMS. As far as the EEMS Unit Administrator, I have been with the Unit since its inception in 1992. Basically, I work as the liaison between the Unit and EPD and act as the advisor to the Unit. I work with the Command Staff to take care of all the little things, such as ordering supplies and making sure the vehicles are in order. Moreover, I work with them in hiring teachers for the annual EMT class.

DD: What kind of experience did you have before joining EPD? And why did you want to work so closely with EEMS?

CE: Well before joining Emory, I was a police officer for the Cordell Department as well as an officer for Cobb County. I was looking to move closer to Atlanta to make it easier to obtain my degree (Capt. Edge received his J.D. from Atlanta Law School in 1994) and everything just kind of fell into place for me to work at Emory. I’ve always had a passion to help people and a desire to teach. And I feel that working closely with the students of EEMS allows me to fulfill that desire.

DD: What is the best part of working with EEMS?

CE: I truly believe that the medics on the Unit are the best of the best of the student body at Emory. I am amazed by the time, commitment, creativity, and energy of the students and can’t believe how much I have learned from working with students these last 15 years. Because of my role with the students, and others at Emory, I feel like I have become a better manager and even a better person.

DD: What kind of future goals do you have for the Unit?

CE: Emory EMS has grown from a fairly unknown organization to an essential part of the Emory and surrounding community. Emory EMS always has been and always will be interesting, and it is amazing to think where we will be 10, even 5 years from now. I think right now one of my biggest goals is to develop our relationships with other universities and schools in the area. As the premier collegiate EMS service in Georgia, I believe it is a responsibility and a privilege to work with other schools to help in establishing collegiate EMS on their campuses.

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February’s Medic of the Month

Dave Deisher

By popular vote, February’s Medic of the Month is David Deisher. Dave, a member of the Board of P&D, is a devoted and enthusiastic medic. Having been recently promoted to the status of supervisor, Dave has shown tremendous initiative. Many fellow medics have commented on Dave’s easy-going nature and pleasant personality, echoing the notion that he’s a great partner to work with. Let’s all congratulate Dave on receiving Medic of the Month for February!

Chief’s Note

For the first time in five years, 11 medics will represent Emory EMS at the 2008 National Collegiate EMS Conference in Philadelphia this weekend. What we hope to bring back are relationships with other collegiate EMS organizations in the Southeast and nationwide, and great ideas for next year. This running theme of working together not just at the internal level but also at the intercollegiate level is very important for the success of our organization. In addition, we hope to move ahead of the ranks as we have applied for several awards, including Campus EMS Service of the Year and the Striving for Excellence Award, among others. With this entire experience, we as a Unit should strive to build Emory EMS as a model of excellence for the nation. Our campus CPR event, publication in the AHA Journal, and now the NCEMSF conference, COPEE, and our upcoming CE Conference, have laid a great foundation for the future. In leading this organization, we collectively need to make every effort toward continuing to expand. For this vision to be realized, each medic on the Unit plays a vital role in making this happen. What can we do to make our Unit better? What are your ideas for building our organization around the foundations of professionalism and efficiency? These are important questions that we must answer to see our Unit thrive. We have reached a high point within Emory EMS, but we must always look toward climbing even higher, not just maintaining what we already have. So I encourage you to take an active role in brainstorming and putting your talents to good use, while keeping in mind our mission and what Emory EMS stands for in the community.