When a person’s heart abruptly adopts an erratic rhythm, incapable of pumping blood throughout the body, an individual will rapidly stop breathing and collapse. The American Heart Association defines this as sudden cardiac arrest, and the mortality rate for such an occurrence is 95 percent. Early access to CPR, defibrillation, and advanced intervention are the strongest determinants for survival in sudden cardiac arrest. However, since the majority of cases occur outside of the hospital, many victims are left devoid of any such care. From the time of collapse to the time of EMS arrival, crucial minutes elapse in which the cardiac arrest victim’s chances of survival decrease. However, Emory EMS and the Student Government Association hope to eliminate the delays to emergency care within the Emory community by increasing student preparedness and education through a university-wide CPR training initiative.

Campus CPR will provide a basic course in layperson CPR, and will be offered to all university students, staff, and faculty. The course will be offered in multiple sessions over a period of three days in late October. Each session will last approximately one hour, and every attendee will receive an AHA CPR Anytime packet, comprised of a CPR training DVD and an inflatable mannequin. The curriculum, as provided by the AHA, is intended as a basic replacement for formal CPR certification. Though the participants will not receive a CPR certification card upon completion, they will be fully trained in CPR, and the benefit will take the form of greatly increased community awareness and readiness.

In addition to Emory EMS medics, the Campus CPR program hopes to attract partnership from the Emory Medical and Public Health schools for volunteer instruction. As the intended audience for this program lies within Emory’s College and non-health related schools, the Campus CPR program is expected to attract between 1,500 and 2,000 students and faculty combined. The Residence Hall Association is expected to mandate all of its members’ participation, and Greek Life may have the ability to attain a GLA. With volunteers from the schools of Medicine and Public Health involved, the program will impart the knowledge necessary for emergency preparedness and is anticipated to positively impact both Emory community’s well being, morale, and safety.

J. Bota (304)
In light of last year’s tragic event at the Woodruff PE Center, Emory EMS has coordinated an emergency protocol with the WPEC staff for faster and more efficient responses. The Wood-PEC Emergency Plan consists of gaining greater access to the athletic center through the procurement of the WoodPEC master key, improved communication via installation of an EPD blue light phone near the pool, training between medics and lifeguards through continuing education classes, and the implementation of an evaluation form for all calls at the WoodPEC. The master key will open any outer door/gates to the P.E.C. allowing units to pull up to the building/track closest to the scene. Any calls to the ground floor (pool, basketball court, track, and climbing wall) should be approached via the new circle on the track side of the WoodPEC behind Dobbs Hall; all other calls can be approached through the two main entrances. The newly installed blue light near the pool will allow staff, lifeguards, students, or other bystanders to contact EPD 911 faster and permit sustained communications with those on-scene prior to place EMS arrival.

In public safety, the only way to gain proficiency in what we do is through continued training. To better coordinate with the lifeguards on future calls, they will be invited to train with us at our CE’s, especially those that concentrate on respiratory, airway, and cardiac matters. Finally, for all calls that occur at the WoodPEC, an evaluation form will be completed. This form will review how long it took to arrive on scene with the patient, the effectiveness of the WoodPEC plan, whether the key was used, and other pertinent criteria. This new WoodPEC Emergency Plan is a step towards not only improving our response times and on-scene coordination, but also a way to advance relations with other Emory organizations that we work intimately with on a regular basis.
Signal 2, Chest Pain, Emory Conference Center
Weather: Heavy Thunderstorms
14 September 2007, approx 1600 hours

On 14 September 2007 at approximately 1600 hours, 795 and 796 responded RLS to a middle aged female complaining of progressively crushing chest pain at the Emory Conference Center. Upon 795 and 796 arrival at the patient, the patient was found resting in a chair sitting upright with two dampened wash cloths placed on her forehead inside the main lobby. The patient was immediately placed on a cardiac monitor, at which time normal sinus rhythm was identified by 795 and confirmed by DK Rescue 1, also on scene. Airway, breathing and circulation were all assessed and all vital signs taken were within normal limits. No loss of consciousness had occurred and full patient assessment proved unremarkable. DK Rescue 1 provided patient with several oral aspirins. The patient’s care was transferred to DK Rescue 1 for transport to Emory ER. 795 and 796 returned to service without incident.

Above is an abridged version of the narrative of this call. Take a moment to think about this call and some of its unique factors. Some may be obvious, some perhaps less so. Here are some things to think about:

When you are dispatched to a call, what is going through your mind? Use this time to discuss with your partner how you anticipate handling the scene and patient. This way you are prepared and are being proactive towards treating the patient.
How can the weather affect your response? On this particular day, heavy thunderstorms pounded the roads, making for very low visibility and dangerous road conditions. When you are responding to a call, do you anticipate alternate routes in case of road hazards?

How does responding to a hotel differ from other calls? Remember to constantly assess your scene’s safety throughout the duration of the call. What starts as a safe scene can deteriorate, and vice versa. Always remember your resources at hand (PD, Building staff, even bystanders can be assets, not liabilities).

Here is some helpful information about *angina pectoris*, commonly known as chest pain:

Angina can be described as a discomfort, heaviness, pressure, aching, burning, fullness, squeezing or painful feeling. Often, it can be mistaken for indigestion.

Angina is the most common symptom of *coronary artery disease*.

When blood flow to an area of the heart is decreased, it impairs the delivery of oxygen and vital nutrients to the heart muscle cells. When this happens, the heart muscle must use alternative, less efficient forms of fuel so that it can perform its function of pumping blood to the body. The byproduct of using this less efficient fuel is a compound called lactic acid that builds up in the muscle and causes pain.

Rarely, angina can occur in the absence of any coronary disease. People with a heart valve problem called *aortic stenosis* have decreased blood flow to the coronary arteries from the heart. People with severe anemia may have angina because their blood doesn't carry enough oxygen. People with thickened heart muscles need more oxygen and can have angina when they don't get enough oxygen.

The treatment you receive depends on the severity of the underlying problem, namely the amount of damage to the heart. For most people with mild angina, a combination of medications and lifestyle changes can control the symptoms. Lifestyle changes include: eating a heart-healthy diet, lowering cholesterol, quitting smoking and controlling diabetes and high blood pressure.

Some medications used to treat angina work by either increasing the amount of oxygen delivered to the heart muscle or reducing the heart's need for oxygen.

D. Hootman (303)
On August 19th, 22 new medics descended upon Emory’s campus. Their mission: to survive a five day long EMS Boot Camp. The Boot Camp, offered for the first time ever, serve as an orientation for Emory’s EMS program.

In previous years, new medics worked over a month before attending a retreat in late September which orientated them to Emory’s EMS unit. The unit’s returning medics and staff officers felt new members needed to learn the EMS unit’s radio traffic, their operations, and the territory before working so they would be better prepared. Over the summer, staff officers brainstormed on ways to accomplish these goals, and Boot Camp was born. “Jamie Bota and I were thinking about an orientation event and he suggested some sort of Boot Camp. We all liked it, and it just took off from there. We also wanted to have an orientation before the school year started to try something new.” commented Emory EMS Chief Joshua Rozell.

For five days, new medics participated in various activities geared towards getting them acquainted with Emory EMS. Emory EMS Chief of Training, Dan Hootman said, “Boot Camp had an intentional purpose and was organized around specific skills and tasks—radio communications, basic unit operations, territory, and team building.” Two important components emphasized throughout the week included becoming comfortable with radio communication and learning the territory covered by the unit. Different activities ranging from a territory scavenger hunt to practicing hypothetical scenarios were used to ensure new medics were comfortable with these components before being allowed to work.

Another goal of Boot Camp was to promote camaraderie among new medics, returning medics and the EMS staff officers. Team building activities were planned throughout the week and included capture the flag, team-building exercises, a
movie night, and a pool party. Jeffery Wang, a new medic with Emory EMS stated, “Boot Camp was a great way to bond with staff members, and it also helped to develop the essential bond of teamwork. I felt that I really got to know some medics much better, but more importantly, I felt like part of the Emory EMS family.”

After five fun-filled days, Boot Camp concluded and the new medics were ready to begin working for Emory EMS. All of the staff officers and medics thought that Emory EMS Boot Camp was a huge success. “Overall, I think all of our medics learned to work together in a cohesive group using their medical skills and communication, both important aspects of our Unit,” remarked Joshua Rozell. However, the staff officers were quick to point out that this year was a “test run” and there are still areas that need to be improved for next year. Assistant Chief of Training Amy Gilleland said, “Next year, I would like to see more returning medics present, and hopefully tweak the parts that were not as fun.”

Within the next couple months Emory EMS hopes to add two new medications to its repertoire. These two medications will not only allow us to better use our skills, but will also be beneficial to the Emory community as a whole. The two medications that have been approved for use by the Emory EMS medical director are Albuterol and Dextrose 50%. Albuterol is a bronchodilator that is used to help asthmatics or others suffering respiratory distress with audible wheezing or rhonchi. Emory EMS will be following the Fulton County Emergency Medical Services Critical Care Guidelines while administering these two new medications. Under the new protocols EMT-I’s can give two Albuterol treatments via nebulizer to patients with audible wheezing or rhonchi who are suffering mild respiratory distress.

Dextrose 50% (D50) is a sugar that is not found in the body, but can be given by injection to patients with audible wheezing or rhonchi who are suffering mild respiratory distress. Dextrose 50% (D50) is a sugar that is not found in the body, but can be given by injection to patients with audible wheezing or rhonchi who are suffering mild respiratory distress. Dextrose 50% (D50) is a sugar that is not found in the body, but can be given by injection to patients with audible wheezing or rhonchi who are suffering mild respiratory distress.

D. Deisher (339)
D. Sperling (305)
Already one month into the semester, there have been great happenings within Emory EMS. This has become a semester filled with new records and the utmost professionalism. With over 100 calls so far, all of our new medics have enthusiastically taken initiative in working shifts and have seen trauma and medical calls warranting both emergency and non-emergency responses. I am proud to say that I have received a lot of positive feedback from students and faculty alike, complimenting our Unit for our thorough medical care and calm, professional manner. As a result, I have received a lot of requests from different organizations for special details around campus. We will no doubt be able to uphold this reputation around campus as we introduce our new overnight shirts and move toward greater campus-wide recognition of our Unit and services.

As October quickly approaches, we will be continuing to expand our services and our name in the Emory community. We are currently in the process of adding two new drug treatments to our trucks and beginning a CPR outreach program with initiatives that will involve all of the schools of Emory University. The recently elected board of planning and development will now be working with Chief Bota to design and publish a new and improved website and new public relations materials, including magnets reminding students and staff to call our Unit in case of an emergency. The website will contain useful information for medics and non-medics, as well as current EEMS events and news, staff biographies, EMT Class information, and an Emergency 911 page detailing the necessary procedures should an emergency arise.

I encourage medics to take an active role in the 2007-2008 EMT Class that will begin in late September. Our Training Division has done an outstanding job with the class selection process and is excited to begin working with the new students, as is our instructor Rachel Barnhard. We are very pleased with the number of mentor applications. This will give current medics the chance to work closely with future medics to develop relationships before even working together.

EEMS has gotten off to a great start this semester. Please continue to show the same passion for working with the Unit as the year progresses, whether by washing the truck, maintaining the squad room, or making our Unit noticeable on campus.

I applaud everyone for the work done so far!

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**September’s Medic of the Month**

**Ruth Buckingham**

By popular vote, September’s Medic of the Month is Ruth Buckingham. Many of our new medics have found her to be a pleasure to work with, as she is always willing to explain protocols or offer helpful pointers. Ruth has even brought her partners back to her apartment and cooked for them. Congratulations Ruth, Medic of the Month for September!

A. Gilleland (306)

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**Chief’s Note**

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J. Rozell (301)