Welcome to ACEMS!

Spring 2023
Agenda

- Tryout feedback
- Logistics and expectations for Med-13s
- Apparel distribution and pictures
Written Exam

- Glasgow Coma Scale - I am very proud.
- You only need to see one (or zero) of those signs to be concerned.
- 57 year old with chest pain: persistence, refusal, ALS, have the AED ready.

Triage
- Green vs Yellow
  - Green - minor injuries, **walking around. If a pt. can walk to triage area relatively well, they are GREEN.** There is only **ONE** yellow ending.

Refusals
- Patients can refuse treatment up until consent becomes implied; conversely they can also override DNRs
Voices of the Class—ACEMS Edition

● What are potential causes of abdominal pain?
  ○ They ate something bad. (Ex: Val broccoli rabe.)

● What are three requirements for refusal?
  ○ They are alive.

● What is ACEMS' policy for trading busy shifts?
  ○ You have to ask really nicely and say please & thank you.
  ○ Plead and beg.
  ○ Don't.

● What agency provides advanced life support services to Amherst College?
  ○ 9-1-1
Voices of the Class—ACEMS Edition (ft. seizures)

● What's that post-seizure state called?
  ○ Postdictal
  ○ Post-ictal
  ○ Postlictal

● What are those abdominal thrusts called?
  ○ Heimlick
  ○ Heimleck

● What's that kind of stroke called?
  ○ “Hemmoragenic ← definitely spelled that wrong”
    □ Yes. But that's okay.
Voices of the Class—ACEMS Edition (ft. girlfriend)

● What can you say to the girlfriend?
   ○ “She’s not family and she wasn’t around (suspicious TBH).”
   ○ “Do not say, ‘Greg was an idiot and took drugs. I had to give naloxone to save his dumb ass!’”
Voices of the Class—ACEMS Edition (pt. 4)

- Choking patient?
  - “Encourage patient to continue coughing. If sound/choking stops, and patient has the “oh, shit” look, begin Heimlich maneuver.”

- Two types of stroke?
  - 1. Backstroke.
"A little limerick for you…
This graph I can’t discern
Triage - I’ve yet to learn
It’s fully a guess
Emotional Distress
For this, Liam must burn ♥"
I am very nervous please be nice to me

Question exactly as we would – we’re just

Put your name on all sheets of paper! Partial
Practical Tryout

● Scenario 1: Anaphylaxis, Severe Burn.
  ○ “Are you sure she is not dead”
  ○ “It was my birthday and now shes dead”
  ○ “I feel some pain in my SOUL”

● Scenario 2: Hypoglycemia, Flail Chest.
  ○ “The president of the college is stephanie zovich”
  ○ “She wanted me to play justin bieber but i am actually a selena gomez fan”
  ○ “I just want to live it up. – Woohyun ” — “Thank you”

● Scenario 3: Seizure/Hallucinogens, Broken Pelvis.
  ○ “We like to do some crazy shit”
  ○ “Called ACKEMS”
  ○ “Shit hit the fan and now she is like this”
  ○ “Can you put the bone back in? It is really freaking me out” - “Yes”
  ○ “ we were having a good time and then she fucked it up”

● Scenario 4: Chest Pain/Cardiac Arrest, Gunshot Wound.
  ○ “We like our steak well done and everything”
  ○ “Do you know ‘Stayin’ Alive” “nope”
  ○ IT IS THE DAY OF THE LORD TODAY
Practical Tryout

- Patient Interaction (Scenario 1)
  - Breathing exercises, NRB.
- Vitals (All)
  - How do you take BP? Pulse?
  - Requiring a set of vitals (BP and pulse at least) on every shift
- Peripheral awareness (All)
  - Make sure you are aware of everything around you - don't get tunnel vision and take a step back! Second responders!
- Suspected Drug/Alcohol use (Scenario 3)
  - Ask them if they've taken drugs, try to get as much information as possible (ie. PEARL) “There's two of you.”
  - Always ask drugs and alcohol, in case of both
- Seizure: LET GO OF C-SPINE, CLEAR THE AREA! (Scenario 3)
- Jaw thrust on a conscious patient? (Scenario 3)
Med-13 Logistics and Expectations
Med-13 Expectations

● **What do I do on calls?**
  ○ Primary responsibility is vitals, but you’re welcome and encouraged to ask questions
    ■ Usually the Med-10 will tell you when to take vitals or you can ask to take vitals
    ■ Check in with Med-10 about second set

● **What vitals should I get?**
  ○ ALWAYS: At least two sets of blood pressure and pulse
    ■ Make sure the patient is comfortable!
    ■ Pulse oximeter: Pulse and % SpO2
      ● Unreliable if pt is wearing nail polish
      ● % SpO2 measures % bound hemoglobin – not necessarily O2!
    ■ Inform the Med-12 of the vitals – don’t whisper in front of the pt
    ■ **NEVER LIE ABOUT VITALS!!!** 🤡
      ● You can take them again if the pt is comfortable with it
      ● You can ask the Med-12 or Med-10 to take a set if you are unsure or unable to obtain them
  ○ Eyes: Altered mental status, MOI (e.g. fall), suspected EtOH/drug use
  ○ Respiration rate/Lung sounds: Difficulty breathing, chest pain
Med-13 Expectations

● **What if I get there first?**
  ○ Start any interventions where delay would harm the patient (e.g., CPR, abdominal thrusts, hemorrhage control)
  ○ Inform Dispatch that ACEMS is on scene
  ○ Otherwise, if you're not comfortable with the intervention (e.g., wrapping an ankle), you can ask questions/start vitals until the 10 and 12 arrive

● **As a Med-13, you must:**
  ○ Obtain a MA EMT certification and rank up to MED-12 within nine months (end of Fall 2023)
    ■ Extenuating circumstances are taken into consideration
    ■ Pass the NREMT and apply for MA cert
    ■ Highly recommended to be done over the summer
      ● DOP will reach out to you at the end of the month
  ○ Run a minimum of 4 semesters
    ■ Exception: Sophomores who would like to study abroad
How Do I Get Promoted to Med-12?

- At least **four calls** as a Med-13
- Satisfactory performance on calls
- Must have **all certifications** (NREMT, MA, and CPR)
  - NREMT most commonly taken during the summer before your sophomore year
- Complete **2-3 run reports** in promotional trainings and demonstrate proficiency
- Review logistics of transport options and decisions

**Note:** To promote to Med-10, you must have your driver's license and at least **one year** of driving experience!
Shift Sign-up

- **GREEN** = I live, love, breathe ACEMS for today
- **YELLOW** = Yes, if need be
- **GRAY** = No, not today
  - Lab, being off campus, other commitments
- Please make yourself available for both **AM & PM & at least 1 BUSY (Fri/Sat PM) shifts**
  - Say GREEN to as many shifts :)

*** Please fill these out on time <3 ***
Busy Shifts

**Why should I sign up for busy shifts?**
- It's required…
  - At least two marked available per month, or once every 2 weeks
- Sunnie will hunt you down if you don't 😈
- You're more likely to get calls!
The Handoff

- Officially, the **AM shift** starts at **0800 (8 AM)** and the **PM shift** starts at **2000 (8 PM)**, but you don't have to hand off exactly then
  - Commonly Val at breakfast/dinner or in the office (Taplin 201)
- Communicate with the person you're handing off with and be reasonable!
  - Use individual messages
- The whole call process (the call itself, writing the run report, logging it in the ACEMS office, restocking equipment) takes **45-60 minutes**, so hand off at least an hour before important events
Starting Your Shift

● Be in uniform!
  ○ Wear ACEMS apparel as your outermost layer
    ■ Unless you’re wearing a winter jacket
  ○ Wear closed-toed shoes (part of BSI)
  ○ Wear reasonable pants/shorts
  ○ Don’t lend ACEMS clothing to non-ACEMS friends or wear it while doing anything that could reflect poorly on the squad (drinking, etc.)

● Check your medical equipment early on each shift!
  ○ Change radio battery
    ■ Lasts >12 hours, but play it safe
  ○ Do a bag check
    ■ Make sure your bag contains appropriate medical equipment and that nothing is expired
    ■ Checklist on wall of Taplin 201B
  ○ Sign in on the computer to affirm you have changed your battery and checked your bag
Your Best Friend: The Radio

- **Channel dial**
  - Ch1: Toneout
  - Ch2: Communication
  - Ch3-16: Not used

- **Indicator light**
  - Flashing orange: that’s a call!
  - Flashing green: not a call

- **Volume dial**

- **Push-to-Talk (PTT) button**

- **Headphone jack**

- **Battery release**
  - Not shown
Transmissions After a Tone-out

- *Tone-out* (light flashes orange)
- Change from Ch. 1 to Ch. 2
- Med-10: “Med-10 to Dispatch, go ahead”
- Dispatch: “Med-10*, please respond to Newport 202 for an unresponsive male patient.”
  - * Means everyone, not just Med-10!
- Med-10: “Received, Med-10 responding from Jenkins.”
- Med-12: “Med-12 responding from Moore.”
- ...
- First person on scene: “Med-10/12/13 to Dispatch”
- Dispatch: “Go ahead”
- First person on scene: “ACEMS on scene”
Radio Transmissions (cont.)

- What if I miss a dispatch/forget the location?
  - Try not to let this happen
  - But... just say, “Med-13 to Dispatch” ... “Go ahead, Med-13”, “Could you repeat the dispatch information?”

- What if the Med-10 will pass you in the Rav en route to the call and the location is far?
  - “Med-13 to Med-10”
  - “Med-10 to Med-13 go ahead”
  - “Requesting pick-up in front of Stearns.”
Radio Etiquette

● Think about your transmission before you speak
● Hold the PTT button for ~1 sec before speaking. Continue holding for ~1 sec after speaking
● Speak concisely, clearly, and slowly
● Start with “Med-13 to ______” and wait for them to say “Go ahead”
  ○ Exception: “Med-13 responding from Moore”
● Wait for other transmissions to end before talking
● Use plain language
Patient Confidentiality

- Patient confidentiality is important!
- Never transmit patient names over the radio
- Keep track of documents/paperwork with patient name
- Pretend like you've never treated your patients if you see them around
- Don't talk about calls in public
- Don't talk about calls in detail with non-ACEMS members
- Never use patient identifying information when discussing calls
  - Name, room number, birthdate, exact age, etc.
Patient Confidentiality (cont.)

However:
- Sharing non-identifying details about calls with other ACEMS members can be educational
  - Required to attend **at least one call review meeting per semester**!
- Debriefing emotionally difficult calls with other ACEMS members or Board members can be relieving

You can provide detailed information to:
- Providers directly involved in the patient's care (e.g., AFD)
- Parents/guardians if the patient is a minor
- People involved in the quality assurance process because they read the run reports anyway
  - Board members and Dr. Jones

That means you CANNOT tell the patient's girlfriend he overdosed!
**ACEMS Uniform**

1. Your outermost layer must **ALWAYS** be an ACEMS branded-item
   - T-shirts and sweatshirts distributed today
   - Jobshirts, raincoats, hats, fleeces distributed later
   - Duty to act when wearing any ACEMS apparel

2. Closed-toed shoes, “appropriate-length” bottoms, and professional look (no pajamas, weird hats, profane items, etc.) are non-negotiable

What to do when it’s cold:

- Regular cold? Long-sleeves/compression wear underneath t-shirt and sweatshirt
- *REALLY cold? Wear your winter coat on top of ACEMS gear while outdoors
ACEMS Uniform (cont.)

TODAY!

- Everyone please go to the ACEMS office (Taplin 201) right after this meeting
- Make sure you:
  - Get two t-shirts and one sweatshirt
  - Have your picture taken
  - Try on a job shirt for size
Looking Ahead

● Fill out the Doodle Poll– you’ll start running March 20th!
● STX on Saturday, March 25th 1 - 4 PM @ Science Center
  ○ See Henry for office hours (affiliation, NREMT schedule)
● Blood pressure + pulse
  ○ Required to take two BPs + pulse of higher-ranked ACEMS members every shift for the rest of the semester
  ○ Submit vitals to Google Form (to be sent out)
  ○ Please don't spam the GroupMe asking for 10s or 12s in Val, Frost, etc.
Looking Ahead (cont.)

MCI tomorrow, 7:00 PM @ Garman House
The ACEMS Board

Director of Operations
Director of Business and Administration
Directors of Education
Director of Inventory and Finance
Director of Recruitment
Director of Scheduling
Director of Personnel
Director of Outreach
Directors of Diversity, Equity, and Inclusion

Stephanie Zovich ‘23 → Liam Arce ‘24
Henry Bassett ‘23 → Anurima Chattopadhyay ‘24
Hannah Koo ‘25 & Irene Lee ‘25
Siri Palreddy ‘24
Liam Arce ‘24
Sunnie Noh ‘25
Eliza Berner ‘25
Sidnie Kulik ‘25
Lizzi Zhang ‘24 & Anurima Chattopadhyay ‘24
Welcome to ACEMS!
Any questions?