

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.
 - 2. Breast stroke.

ACEMS Mock Written Test #2

January 19, 2023

Name: _____

27. Complete the following START Triage flowchart:

A little limerick for you

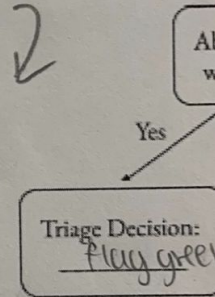
This graph I can't discern

Triage - I've yet to learn

It's fully a guess

Emotional distress

For this, Liam must burn ♡



“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



tion exactly as we would – we're just
our name on all sheets of paper! Partial

ult.

Page in Adult

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 ***

☆	☆	☆	☆	☆
MAR	MAR	MAR	MAR	MAR
24	25	25	26	26
FRI	SAT	SAT	SUN	SUN
8:00 PM 8:00 AM	8:00 AM 8:00 PM	8:00 PM 8:00 AM	8:00 AM 8:00 PM	8:00 PM 8:00 AM
👤 11	👤 8	👤 8	👤 9	👤 12
✓	✓	✓	✓	✓
☺	☺	✗	☺	✓
✓	✗	✓	✗	✗
✓	✓	✓	✓	✓
✓	✓	✗	✓	✓

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."
- Med-13: "Med-13 responding from Stearns."
- ...
- 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!

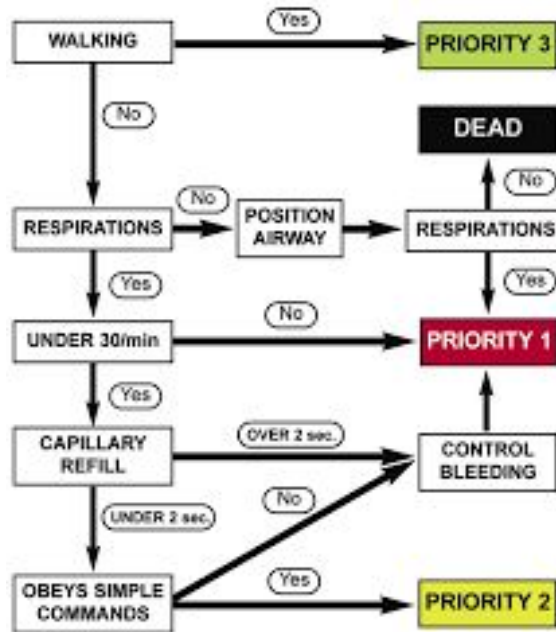
- Everyone please go to the ACEMS office (**Taplin 201**) right after this meeting
- Make sure you:
 - Get two t-shirts and one sweatshirt
 - Have your picture taken
 - Try on a job shirt for size

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

Stephanie Zovich '23 → **Liam Arce '24**

Director of Business and Administration

Henry Bassett '23 → **Anurima Chattopadhyay '24**

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Hannah Koo '25 & **Irene Lee '25**

Director of Inventory and Finance

Siri Palreddy '24

Director of Recruitment

Liam Arce '24

Director of Scheduling

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Director of Outreach

Sidnie Kulik '25

Directors of Diversity, Equity, and Inclusion

Lizzi Zhang '24 & **Anurima Chattopadhyay '24**

Welcome to ACEMS!

Any questions?



Amherst College Emergency
Medical Services

