



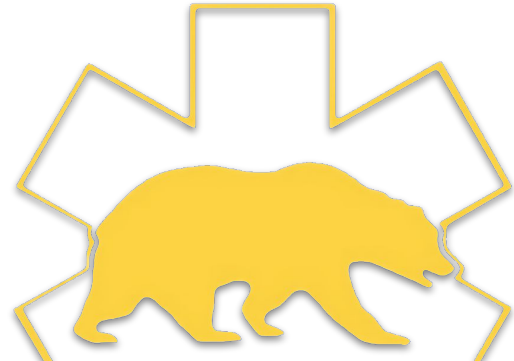
**Welcome to Fall 2025 New
Member Academy!**



Turn to the person next to you

- Name?
- Major?
- Where are you from?
- Is Evan a walking pneumo?
- Convince each other of the BEST organ in the body (the thumb doesn't count)

LEADERSHIP



Director



Ashley Huang

4th year | NMB | Chino Hills, CA

I occasionally wack things!



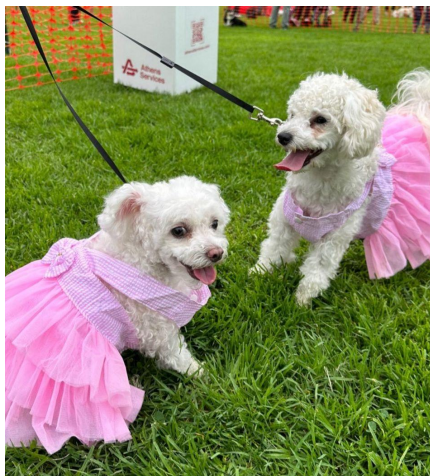
Directors of Medical Operations



Charisse Chih

4th Year | MCB: Molecular
Therapeutics | Los Angeles

I have two crusty white dogs



Priyanka Kalidindi

4th year | MEB | Irvine, CA

I can drink up to 5 coffees in a day!
(could probably do more tbh)



Directors of Disaster Preparedness

Rebecca Wei

4th year | IB + Art Practice | San Diego

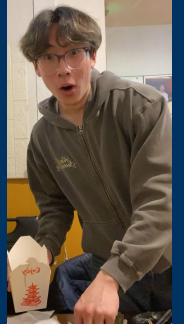
I have a twin named Rachel and I used to room with a twin named Rachel, but my roommate was not my twin :D



Kevin Rao

4th year | MCB | Los Angeles

Cherry coke > regular coke



Directors of Public Health Programs

Vincent Kreft

3rd year | Chem Bio | Bloomington, IN

I had an appendicitis flare
in the middle of BMRC class.



Kedhar Bartlett

4th year | MEB | Wayne, NJ

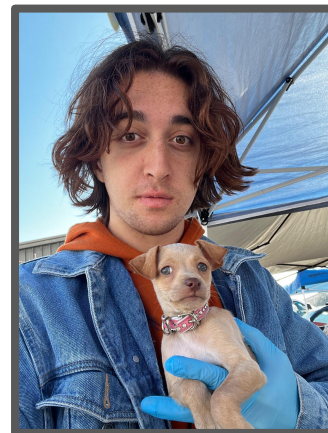
I'm on a fruit matcha grind rn.



Appendicitis Journey



Staffing Big Game



Directors of Training



Evan Passalacqua

4th year | MEB + DS | Palo Alto

'Walking pneumo'



Deren Bog

4th year | MCB | Fremont

I've spent over 70 weeks camping



Director of Administration



Sophia Levin

4th Year | Nutrition & Metabolic Bio | Topanga, CA

I do aerial arts! :) (circus stuff)



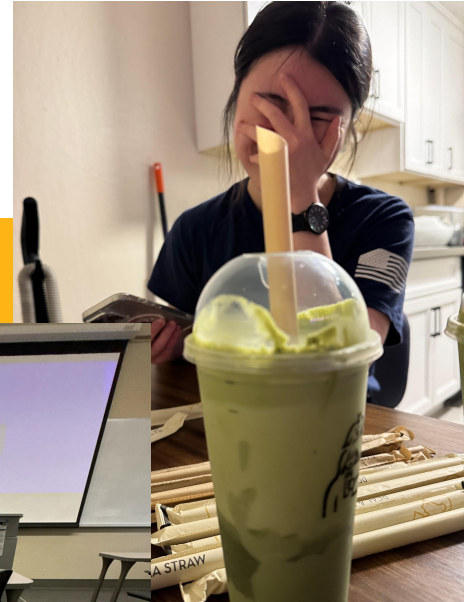
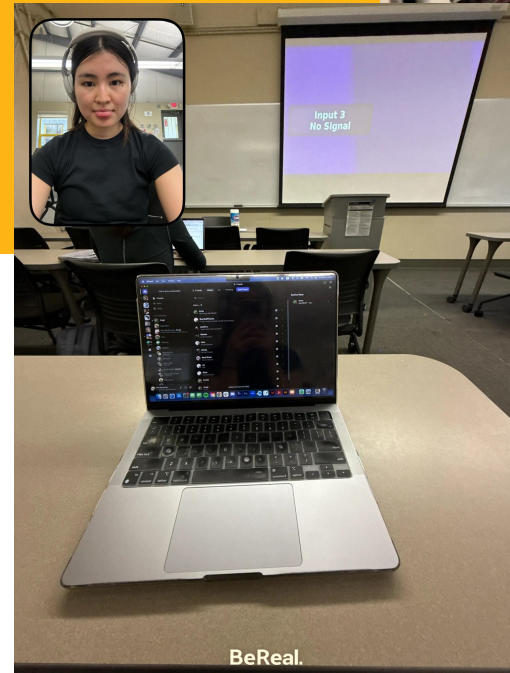
Public Information Officer



Fontanna Zhi

3rd yr | MCB | San Jose

I have a +157 streak on BeReal :p



Logistics Officer



Yedid Vargas

4th Year | Public Health | Los Angeles, CA

Fun fact: I helped deliver a baby cow the last time I went to Mexico



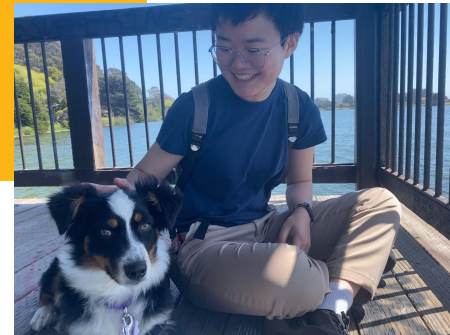
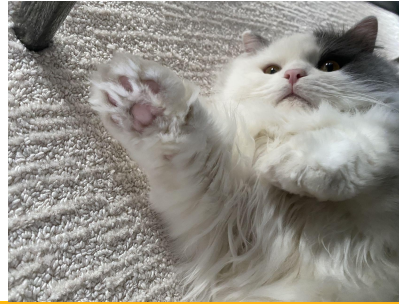
Treasurer



Yuxin Yang

3rd Year | Physics + MCB | Irvine, CA & Shenzhen, China

I'm obsessed with my *sister-in-law*'s cattt 😊
...but I'm a dog person :)



Dog walking is risky guys...iykyk



Ashley Huang

DIRECTOR

**Charisse Chih
Priyanka Kalidindi**

DIRECTORS OF
MEDICAL OPERATIONS

**Kevin Rao
Rebecca Wei**

DIRECTORS OF
DISASTER PREPAREDNESS

**Vincent Kreft
Kedhar Bartlett**

DIRECTORS OF PUBLIC
HEALTH

**Deren Bog
Evan Passalacqua**

DIRECTORS OF TRAINING

Yedid Vargas

LOGISTICS OFFICER

Yuxin Yang

TREASURER

Fontanna Zhi

PUBLIC INFORMATION
OFFICER

Sophia Levin

DIRECTOR OF
ADMINISTRATION



SVSH Compliance Officer



As per ASUC Requirement, each organization on campus has a resident SVSH Compliance Officer.

We are a safe space, and we will continue to be so.



Contact Vincent Kreft if there are ever any concerns or need resources.



MEDOPS

MED-OPS REQUIREMENTS

- Work 3 events per Semester (linked on bCourses & website)
 - MedOps events can be used to fulfill this requirement.
 - Public Health classes can also be used to fulfill this requirement,
4 hours of public health classes count as 1 MedOp event
 - RockMed shows can be used to satisfy **up to 2** events of this requirement
 - Ambulance shifts can be used to satisfy **1 MedOp event**
 - **WE ARE FIRST-AID SCOPE (unfortunately)**
- Keep checking our event sign up sheet and THE SLACK because we will add more events throughout the semester!

ROCK MEDICINE: WORK AT CONCERTS!

- RockMed (distinct from the BMRC):
 - Medical volunteers staff events at large venues
- What venues/events?
 - Greek Theatre
 - Bill Graham Civic Center
 - Outside Lands
 - Bottlerock

Applications to join [linked here](#) or
visit rockmed.org to learn more.



Roles of FTO vs. General Member at BMRC Events

FTO

- Arrive on time at HQ for equipment check
- Check for proper uniform and gray cards
- Contact venue lead and inform them of arrival
- Pre-event briefing on type of calls to expect and responsibility delegation (code team, vitals, documenter, etc)
- Supervise medical care provided by EMTs
- PCR Completion
- Post-event briefing

General Member EMTs

- Arrive on time at HQ for equipment check
- Maintain professionalism and provide care to patients when needed
- Ensure professionalism and proper documentation
- Assist with PCRs as necessary



Professionalism

- Conduct and Code of Ethics

- Punctuality is very important! If you expect an absence or late arrival, please inform your FTO and MedOps in advance!
 - Please sign up for events that you are sure that you can make (expect to arrive on time and stay the whole time)
 - If you cancel less than 48 hours in advance have a replacement ready before messaging MedOps
- Provide high-quality, compassionate emergency medical care
- Non-judgemental, do no harm, respect individual differences
- Work collaboratively with other EMTs on your team
- It's okay if you are on your phone/devices in the call room away from the public. However, please don't do this in front of patients!



Professionalism

- Attire and appearance

- Full-uniform is required at BMRC events
 - → EMT pants, boots, belt (optional), and class B tactical shirt (similar color to your pants, with collar, buttoned, with BMRC patches)
- If you do not have full uniform, half-uniform may be acceptable at some but not all BMRC events. Please contact MedOp in advance if you might run into this issue
- Well-groomed, organized.

- Competency and knowledge

- Although we do not expect large volumes of calls/patient contacts, please still make sure you are familiar with EMT knowledge and are up to date on ALCO protocols
- If you are unsure about anything, ask!



Uniforms



Uniform Distribution:

- TBD Date, likely at Trainings
- \$15 for shirt
- \$30 for Quarter Zip
- \$5 for patches
- Purchase uniform shirt on your own



Uniform Policy - Patches

- **BMRC Logo** – L Shoulder
(1 inch down from shoulder seam)
- **CA EMT** – R Shoulder
(1 inch down from shoulder seam)
- **Name Strip** – L Breast

Berkeley sewing locations:

- Joy's Sportswear
- Narain's Outdoor Sewing and Repairs
- Uni Tailor
- Isalia's Alterations
- Frank's Tailor



UNIFORM POLICY



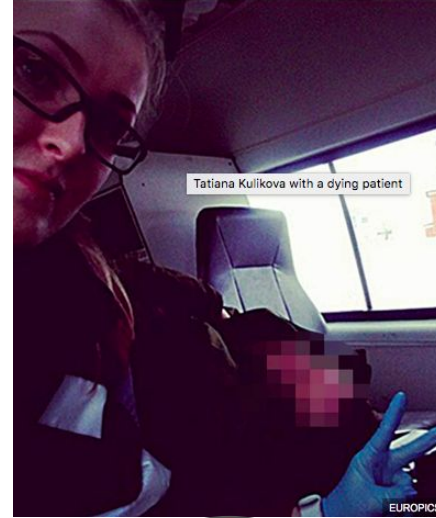
Only wear uniform while on duty or at an approved function.

DO NOT loan or give MRC uniforms to individuals outside of BMRC.

Social Media Policy



Not sure? Ask a board member before posting



First-aid vs. EMT scope

You will operate under first-aid scope if no higher level of provider (paramedic, physician, etc.) is present at the event. This include:

- Cal Performance (Zellerbach, First Congregational Church, and Hertz hall)
- Cal Ice Hockey
- Any events requested for by clubs on campus (i.e. ASUC, Cal Basketball, etc.)

You will operate under EMT scope if a higher level of provider is present. This includes:

- Cal Football
- IF physician/MD is present (ex. Taekwondo)
- *Please familiarize yourself with ALCO protocols!

We are working with our UCSF Medical Directors to try to bring back EMT scope for all events.

We will keep you updated on any changes.



Do's of First-Aid Scope

What you **CAN** do

- Supply of band aid
- Cardiopulmonary Resuscitation (CPR) with automated external defibrillator (AED)
 - Always bring AED to events!
- Interventions (e.g. heimlich maneuver) for patients who show signs and symptoms of choking
- Position patient to avoid further injury and provide comfort
- Measurement of vital signs, including but not limited to blood pressure, heart rate, respiration rate, and oxygen saturation
- Request of additional medical personnel and/or interventions, such as calling UCPD, 911, or poison control
 - YOU MUST BE THE ONE TO CALL 911



Don'ts of First-Aid Scope

What you **CAN NOT** do

- Administration of medication, including but not limited to oxygen, oral glucose, narcan, nitroglycerine, aspirin, and epinephrine (via EpiPen)
- Airway management and ventilation support through bag-valve mask (BVM) or supraglottic airway
- Package/application of wound dressings
- Assessment and splinting of physical injuries such as broken bones
- Assessment and movement of patients with suspected spinal injuries
- Movement or transport of patients on backboard, gurney, or stair chair
- Restraints of patients when the patient pose threats to self or others



Calling 911, ALS mobilization

Step-by-step

- Dial 911, from your phone
- Tell them your
 - Location
 - Type of emergency you have (e.g. medical)
 - What's happening (e.g. a 70 yo female, chest pain)
 - What kind of resources do you need (e.g. ambulance)
- Stay on the line and wait for further instructions
- *If you need to contact 911 and request additional resources at a BMRC event, please document it properly in your PCR. Your team member should be caring for the patient while you call.
- *You can also text 911 (“text-to-911”) when calling isn’t an option





**YOUR CALLS ARE
REAL LIFE HUMAN
SOCIAL INTERACTIONS**



Consent

- **Explicit/Express AND Informed Consent**
 - Conscious, A/Ox4 adults have the right to accept or refuse medical care
 - Always ask for consent before beginning treatment
 - Can include in your introduction:
 - “Hi my name is Deren and I am an EMT. Can you tell me what you called us here for today?”
 - Pt. says “My head hurts, I’m feeling nauseous.”
 - “Alright, is it okay if (my partner and) I check you out?”



Consent

- **Implied Consent**

- If a patient is altered (<A/Ox4) or deemed unable to make rational decisions, you can operate under implied consent, which assumes that the person would want you to treat them if they had normal mental status
- **For individuals under 18 years old:**
 - Attempt to contact parent/guardian twice before treatment if pt. is stable; if pt. is unstable treat first, then contact
 - If no parent or guardian present, can treat under implied consent
 - Attempt to contact parent/guardian before and during treatment

Your role as an EMT

- We treat a wide demographic of patients as EMTs
 - Being versatile and flexible with your communication is an important skill to learn and practice - it is something you gain with experience!
- You have **authority** in a medical situation
 - **Trust** is put in you to provide quality care
- You are a **Patient Advocate**
 - Protect your patient's privacy - HIPAA!
 - Maintain their dignity, keep an eye on signs of mistreatment or abuse
 - Trust what your patient is telling you - Respect them



Good General Practice

- **Active listening**

- Make eye contact with the patient - kneel to the same level as them if they are sitting
- Repeat back to them what they are telling you - allows them to confirm you understood them correctly and feel that they are being listened to
 - E.g. pt. tells you, “My stomach has been hurting for a few days.”
 - You respond, “Your stomach has been hurting for a few days? Can you tell me more about where it hurts or what it feels like?”



Assessments = Conversations

- **History (Hx) taking**
 - Turn SAMPLE/OPQRST/PASTE into a conversation, let the patient describe to you what happened and past medical history
- Involve family members and guardians at your discretion depending on the scenario
 - Keep an eye out for signs of abuse - you are a mandated reporter
- Physical touch at your discretion and with patient's consent
 - When moving patients, tell them what you are going to do and how you are doing it - keep them updated and involved



MEDICAL/TRAUMA ASSESSMENTS

- Mentioning PENMAN/ENAMES out loud is not required for scenarios. When you walk up to a patient, you will not be saying PENMAN/ENAMES out loud. You would be immediately attending to the patient.
 - This is your personal plan to the specific scenario. It will be important to communicate with your teammates, but the patient can know once plan is solidified and after their medical/trauma assessment.
- ABC's always comes first, unless the patient is actively bleeding in the kill zone.
 - In this case, you would want to transition from a medical to trauma assessment.
 - However, BLEEDING does not indicate a trauma assessment. For example, a simple scratch on the finger does not require a trauma assessment compared to a GSW in the chest.
- SAMPLE and OPQRST are your best questions when it comes to assessments! Utilize them as well as other acronyms to go more in depth with your assessment.





BMRC Public Health

Program Information & Application

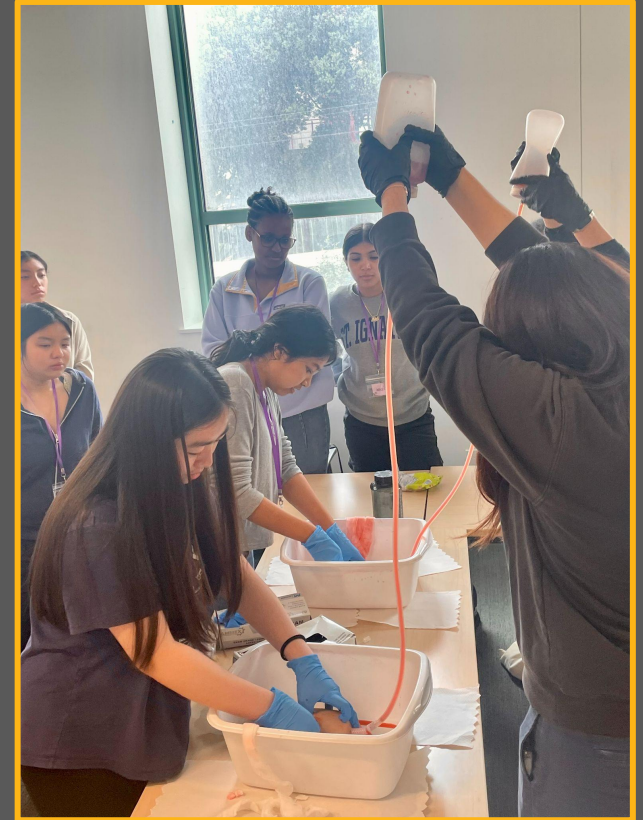
**PRESENTED BY THE BMRC'S
DIRECTORS OF PUBLIC HEALTH**

What is Public Health @ BMRC?

**Preventative Medicine =
Healthy Community**

- Stop The Bleed (STB)
- First Aid (FA)
- Certifying CPR (Pending...)

**Education of EMS &
Community Involvement**





IMPROVISED TQs

Credit: Alameda County MRC

Materials That Can Be Used - Strap

- Ideas?
 - Shirt
 - Socks
 - Scarves
 - Bandanas



Materials That Can Be Used - Tightner

- Ideas?
 - Hairbrush
 - Stick
 - Paintbrush
 - Flashlight



Materials That **CANNOT** Be Used



How do you join?

As BMRC members, you are able to be trained to become an instructor.

**This year's training:
Monday September 22nd***

*** Additional training may occur if enough requests**



Why should I join?

Fulfills event requirements!

Public Health Officer (PHO)

CPR Instructor Applications

Community Engagement





TRAINING

DeCal Enrollment

2 units for attending every week

Email: training@berkeleymrc.org

BMRC general members (not new) for no units must attend 6 total meetings. Make sure to sign-in on iClicker so we can track that!

Syllabus: <http://tinyurl.com/25bmrcsyllabus>

Presentation Topic Sign-up Google Sheet

- **Link to [Google Sheet](#) & QR CODE →**
- Same format as signing up for events - comment your name and email in one of the sign-up slots (please check that you're signing up for Monday or Tuesday correctly)
 - Pick any week that isn't blacked out (board-led or guest speaker has taken that day)
 - Topics are broad on the sheet, you will be able to pick with your group a specific subtopic within that category to present that week



Projected Fall 2025 Training Schedule

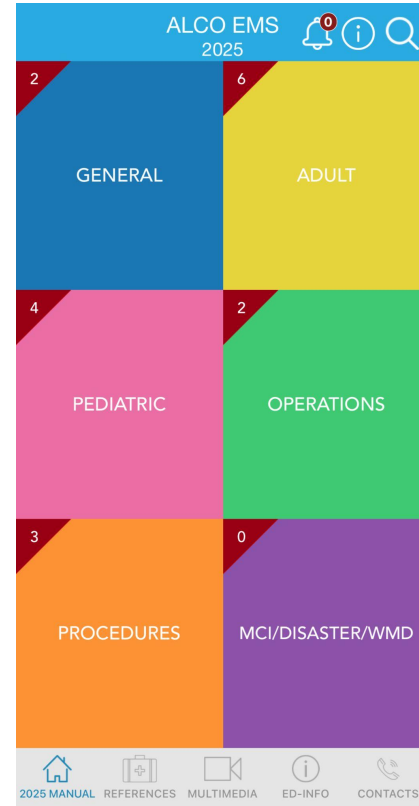
Monday	Tuesday	
9/8	9/9	New Member Testing
9/12	9/12	New Member Academy
9/15	9/16	Cardiac Emergencies
9/22	9/23	CPR Instructor Training
9/29	9/30	Respiratory Emergencies
10/6	10/7	Trauma Care with an emphasis on Stop the Bleed, Spinal Immobilization, and Splinting
10/13	10/14	Special Training Event
10/20	10/21	Environmental Emergencies
10/27	10/28	Guest Speaker
11/3	11/4	Psychiatric and Behavioral Emergencies
11/10	11/11	Toxicology - Poisoning, Overdose, Drugs
11/17	11/18	Pediatrics and Obstetrics
12/1	12/2	Disaster Training and Mass Casualty Incident Preparation
TBD	TBD	MCI



BMRC Medical Protocol Quiz - First Assignment!!

Due September 23rd (linked on bcourses):
[FA25 BMRC Medical Protocol Quiz](#)

- You are expected to practice per Alameda County EMS protocol but within our specific scope.
- Many differences exist between ALCO protocol, what you learned in EMT school, and other county protocols.
- Need to have first-aid scope down pat!



Contact & Questions

- Email: administration@berkeleymrc.org if you have any questions regarding membership / the application process.
- Email: training@berkeleymrc.org if you have any questions regarding training dates / training info.
 - Please CC admin if you have any attendance issues.
- ONLY contact us through this email - we will respond to you!
- Website: berkeleymrc.org





DISASTER

Disaster Healthcare Volunteers (DHV)

1. Go to <https://healthcarevolunteers.ca.gov/>
2. Put in Personal/Contact information
3. Upload EMT card
4. List profile as “active”
5. Join Berkeley MRC
6. Make sure profile says 100% complete

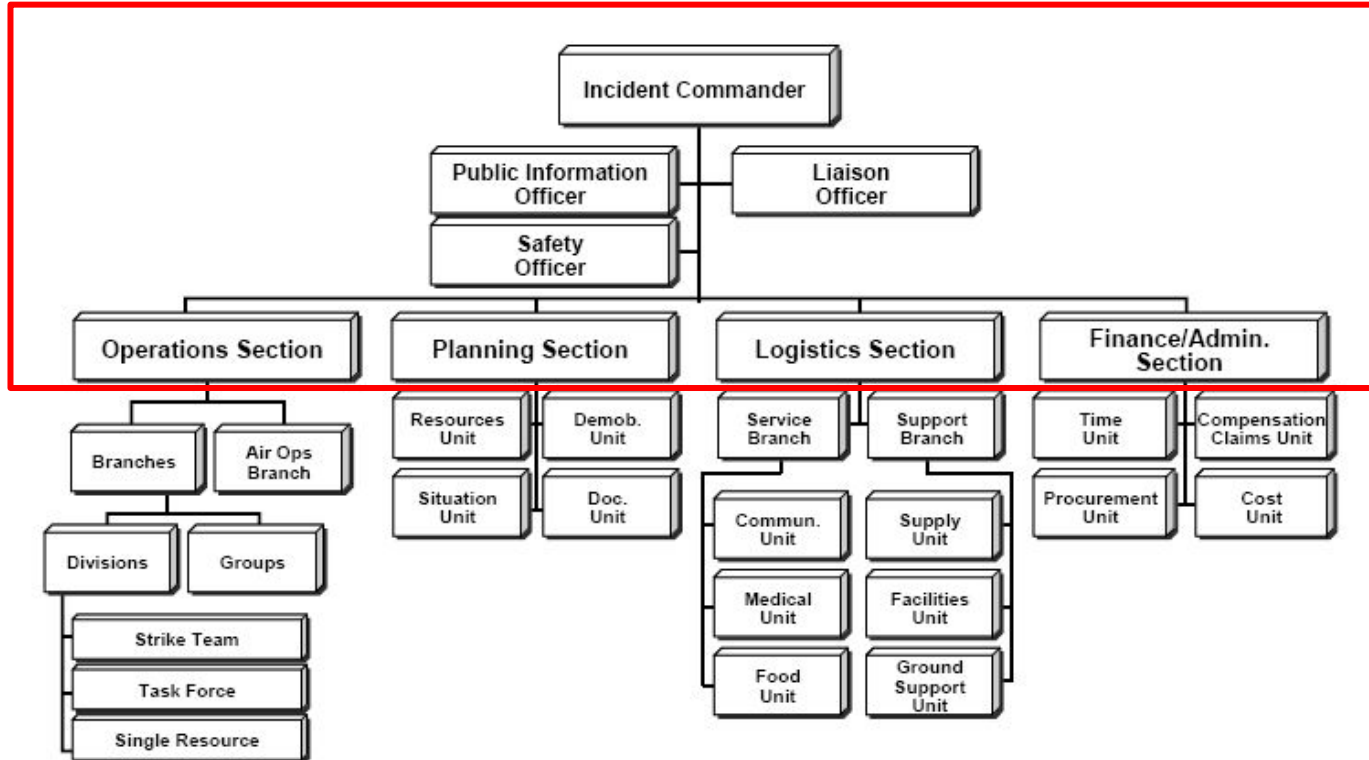
If you have trouble please email:

disasterpreparedness@berkeleymrc.org



MCI DRILL
December 6th or 7th
(To be confirmed later)

ICS Structure



ICS: Important Concepts

- Chain of command: authority follows strict hierarchy
- Unity of command: receive and report to your direct supervisor (and the chain goes on)
- Span of control: FTOs & Training directors (in our MCI drill)
- **Check in/Check out** with supervisors
- No Freelancing: don't go off by yourself and important decisions



ACTION ITEMS

MED-OPS REQUIREMENTS

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 - MedOps events can be used to fulfill this requirement.
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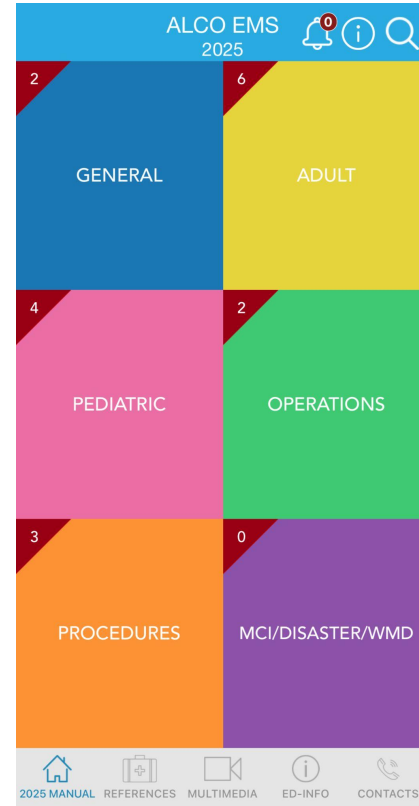
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disasterpreparedness@berkeleymrc.org





QUESTIONS?



RADIO TRAINING

Practice throughout Station Rotation!

**Form groups &
collect radios!**

Radio Communications

- **Copy** - to confirm you got the information (not “copy that”)
- **Affirmative/Affirm** - instead of ‘yes’
- **Negative** - instead of ‘no’
- **En Route** - to indicate you are on the way to an assigned call
- **Correction** - to correct a previous statement
- **Repeat** - to request the last message be repeated, or to signal you are repeating a message
- **Stand by** - to let a calling unit know you heard them but cannot yet reply
- **Priority/Priority Traffic Only** - indicates emergent nature of the following traffic.
 - Do not speak over the radio if someone says this unless it’s regarding their priority traffic call or they’re addressing you.



Practice skills + SCENARIO!

10-15 min each!

Station 1

Stair Chair

Station 2

Spinal/SMR

Station 3

StatPack + Vitals

Station 4

Oxygen

Station 5

Scenario



Gurney Transport/Lifting

- **Communication is key**
- **Plan ahead: Scout area before moving gurney to prevent sticky situations**
- **Proper loading and transport height:**
 - Only transport at full height
 - Brace gurney when loading patient. Do not trust brakes
- **Move with axis of gurney (sideways movement results in gurney tipping and patient on ground)**



What NOT to Do



What NOT to Do





WHAT'S IN OUR STAT PACKS?



Mid Internal Pocket

- 1 Oxygen tank
- 2 Adult NRB
- 2 Adult Mask
- 2 Adult NC
- 1 Adult BVM
- 1 Ped BVM
- 1 Ped NRB
- 1 OPA set
- 1 NPA set
- Suction
- 3 emesis bags

Right Pocket

- 1 shears
- 2 CAT tourniquet
- 1 SWAT tourniquet
- 2 Israeli Bandages
- 3 chest seals
- 1 emergency blanket
- 4 rolls of gauze
- 1 tape
- 2 saline flushes
- 5 4x4s
- 3 ABD pads

Mid External Pocket

- Gloves
- AED
- PCR's
- 1 Pen
- 1 stethoscope
- 1 BP Cuff
- 1 SpO2
- 1 BGL (glucometer)
- 1 Sharps Shuttle
- 2 Glucose
- 1 pen light
- 1 ASA (aspirin)
- 20 Triage Tags

Left Pocket

- 2 SAM splints
- 1 C-Collar
- 4 Triangle bandages
- 2 ACE bandages
- Band-aids
- 2 Cold packs



PCRs

When?- For any patient for whom you perform a medical assessment or intervention beyond simple First Aid (i.e. anything beyond handing out a band-aid/Ice Pack)

When not to?- Simple First Aid/comfort items requested by patients (i.e band-aids, Ice Packs) who refuse and/or do not require assessment

Key Takeaways/Common Mistakes

- **Demographics information required for every patient. Try your best to acquire.**
 - **Pro Tip: Ask for their ID!**
- **Chief complaint should be in quotes (“I drank too much,” not EtOH). If unresponsive/incomprehensible, document as: “None (Unresponsive/Incomprehensible)”**

Key Takeaways/Common Mistakes

- If A+O status less than 4. Document exactly what the patient could not report/what led you to conclude the patient was altered. (E.g: “Unaware of current location/city”).
- In systems assessment details and findings, document signs and symptoms AND pertinent negatives. (i.e Cardiovascular: “Pedal edema.” Neurological: “CSMs in all extremities intact”).

Key Takeaways/Common Mistakes

- **Difference between “WNL” and “NA”:** Tick WNL (Within Normal Limits) if it’s a system that is relevant and you have assessed is normal (i.e presence of respiratory distress for a chest pain patient). Tick NA (Not Applicable/Assessed) if it’s completely irrelevant (i.e extremities AKA deformities for a purely medical call).
- **Allergies, medications, past medical history:** If none, don’t leave blank, write: “None reported/Pt denies”

NARRATIVE STRUCTURE (all PCR's should follow this general narrative format):

- **NARRATIVE STRUCTURE** (all PCR's should follow this general narrative format):
 1. **MRC [1] [dispatched/flagged down]** to/for ["X YOM/F"] @ [Location]
 2. **AOS (Arrived on Scene) to find [X YOM/F]**.... initial impressions (How they're positioned, level of consciousness/A+O status, ABCs, skin signs etc.)... w/ CC (Chief Complaint): ["_____"]
 3. **Upon assessment**, -> insert all relevant signs and symptoms, answers to assessment questions and pertinent negatives here, especially if not documented/elaborated upon elsewhere. Less relevant items that are documented in Vitals or Details & Findings may be skipped for redundancy

NARRATIVE STRUCTURE (continued)

4. (If applicable) **ALS requested** via [UCPD emergency line/911/radio] @ [time you requested ALS.]. Put this right after AOS/initial impressions if you're requesting ALS immediately upon arrival.

5. Transferred care to [BER (Berkeley Fire) Engine/Medic #] or **“Pt released after treatment and refused additional service”** If releasing pt, document circumstances that allow the pt to be safely released without further ALS assessment/intervention.

6. Notes: If moving pt, document as: “Pt securely loaded onto [gurney/stair chair] and moved to [other location] without incident”

NARRATIVE STRUCTURE (continued)

- **Pt Signatures:** MUST be obtained or document why unable to obtain
 - **When transferring care:** Document who you transfer care to and destination if possible
 - **Pt Unable to Sign:** If pt is minor/ALOC/AMS, they do not have the legal/mental capacity to sign. Document as “Pt unable to sign (reason).” Legal guardians or chaperones empowered to make medical decisions on a minor’s behalf in parents’ absence, may sign.
- **Provider Signatures:** All providers involved in care should sign and approve PCR
- **ACRONYMS:** Adhere to [ACPHD Approved Acronyms List](#)

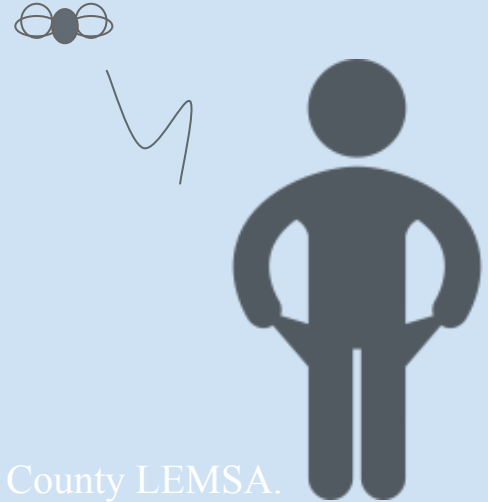
Scope of practice, Ethics, and Legal Issues

Dr. Amelia L. Gurley

BMRC Medical Director, UCSF EMS Fellow

Feb 2025

I have no disclosures....



...But I *am* affiliated with UCSF, and work for the Alameda County LEMSA.

Agenda

- Scope of practice: what you can and cannot do
- Legal issues: why you should care
 - Laws that let you help people
 - Licensures and credentialing
 - EMS oversight (who I am and why it matters)
- Ethics: what to do when you don't know what to do
- Practice cases
- Question & Answer

Scope of practice

Giving patients random medicines

CPR

Giving patients *their own* medicine

Using AEDs

Telling people whether or
not to call 911

Giving oxygen

Calling 911

Applying tourniquets

Applying bandages

Using a BVM

Applying a splint

Using an Epi-Pen

Giving naloxone (aka narcan)

Giving patients random medicines

CPR

Giving patients *their own* medicine*

Using AEDs

~~Telling people whether or
not to call 911~~

Giving oxygen

Calling 911*

Applying tourniquets

Applying bandages*

Using a BVM

Applying a splint

Using an Epi-Pen

Giving naloxone (aka narcan)

*

Allowed for EMTs

BLS airway maneuvers (suction, OPA, NPA, BVMs)

Giving Oxygen

Applying splints and bandages

Giving patients their own medicines

Giving epinephrine auto-injectors

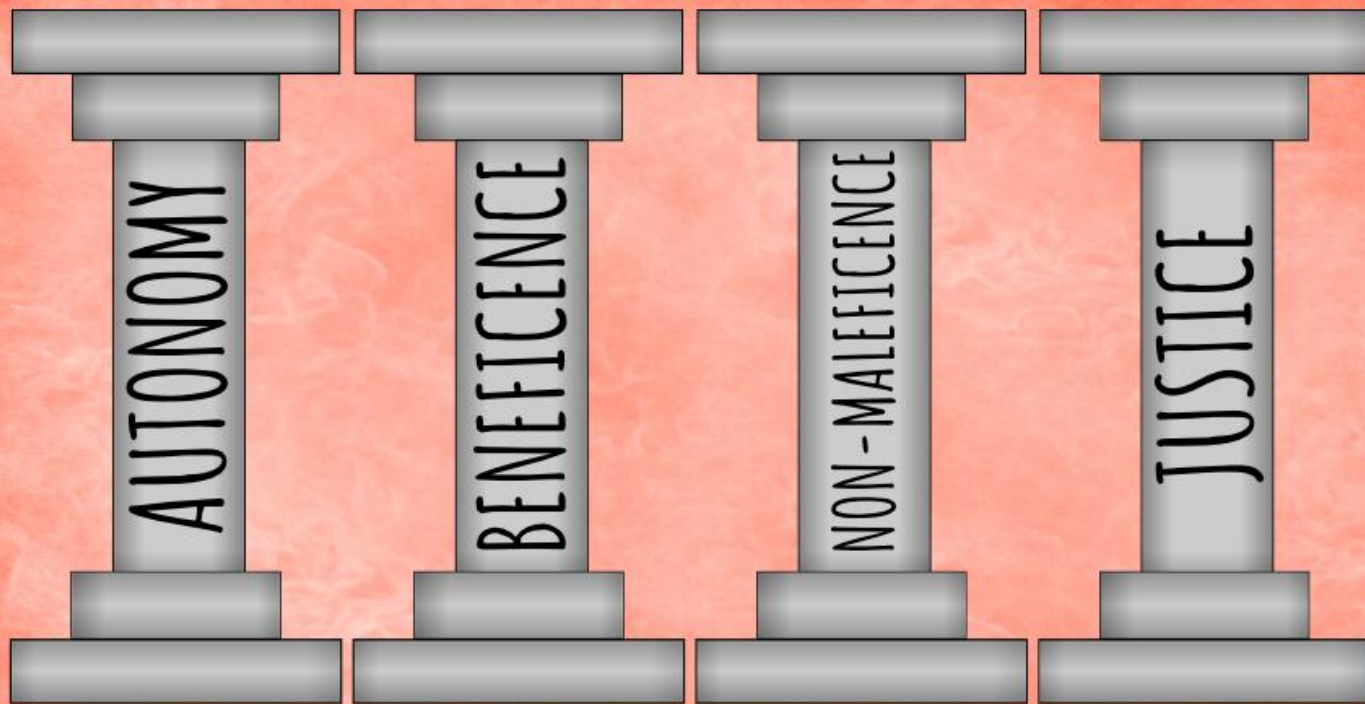
Giving narcan aka naloxone

Performing assessments and taking vitals

Never allowed

Telling people not to call 911

Medical Ethics



PILLARS OF MEDICAL ETHICS

Legal Issues

Without medical direction, you are a *good samaritan*.

When operating *under medical direction*, you are a *licensed EMS practitioner (EMT)*.



It is **illegal** to practice medicine without a license.

Local EMS Agency (LEMSA)

Accredited Organization

Medical Director (MD)

Protocols



EMT

Certification
License



“No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission.”

—California Health and Safety Code 1799.106