



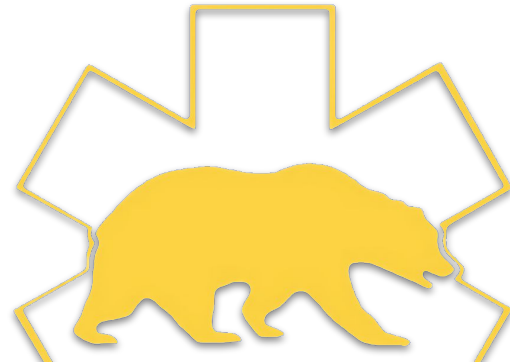
**Welcome to Spring 2026  
New Member Academy!**



Turn to the person next to you

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

# LEADERSHIP

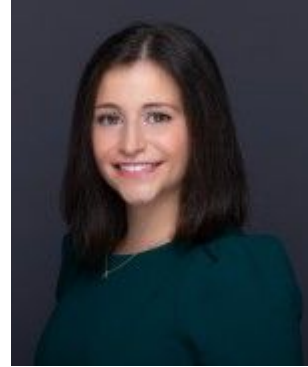


# Medical Directors



**Megan Foy, MD**

Medical School: University of Colorado



**Elizabeth Avakoff, DO**

Medical School: Philadelphia College of Osteopathic Medicine

Our UCSF EMS Fellows 🥳

# Director



**Ashley Huang**

4th year | NMB | Chino Hills, CA

I occasionally wack things!



# Intern Director

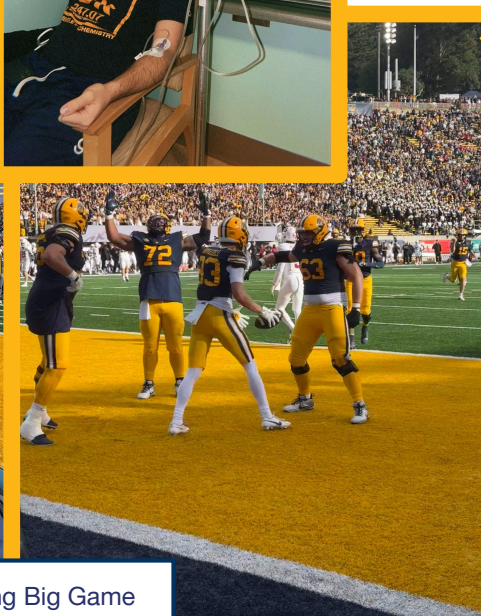
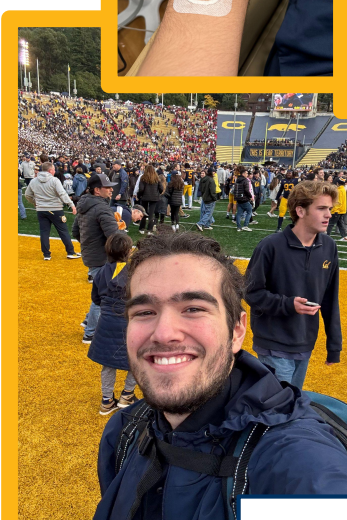
## Vincent Kreft

3rd year | Chem Bio | Bloomington, IN

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



Appendicitis Journey



Staffing Big Game

# 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)



# Intern Directors of Medical Operations



**Emily Wong**

2nd Year | Microbial Biology |  
San Ramon, CA

I like shooting arrows!



**Yuxin Yang**

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

I love baroque more than  
classical music :)

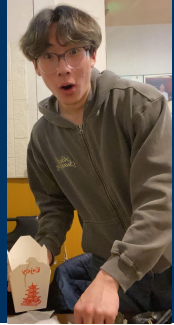


# Directors of Disaster Preparedness

## Kevin Rao

4th year | MCB | Los Angeles

I call my dog a gas tank and she gets mad lol



## 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

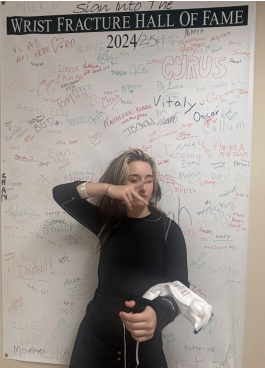


# Intern Directors of Disaster Preparedness

## Brea Bremer

1st year | Neuro | Palo Alto

I'm a master scuba diver and have a chihuahua named Baby



## Mariezl Portock

2nd year | IB | Los Angeles

I've dyed my hair every color in the rainbow!



# Directors of Public Health Programs

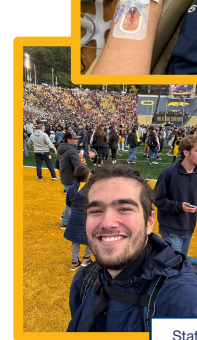
## Vincent Kreft

3rd year | Chem Bio | Bloomington, IN

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



Appendicitis Journey



Staffing Big Game

## Kedhar Bartlett

4th year | MEB | Wayne, NJ

I'm on a fruit matcha grind rn.



# Intern Directors of Public Health Programs



**Jeanna Smirnoff**

3rd year | MCB + Public Health |  
Sacramento

I have a cat named Milo! :)

**David Pilling**

2nd year | Applied Math | San Jose

Big Lord of the Rings Fan



# Directors of Training

## Evan Passalacqua

4th year | MEB + DS | Palo Alto

'Walking pneumo'



## Deren Bog

4th year | MCB | Fremont

I've spent over 69 weeks camping (and have treated an axe wound)



# Intern Directors of Training

## Eva Reineck

3rd year | Neuro + French | Carlsbad

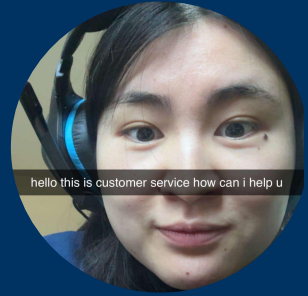
I have two kitties: Heidi and Felix



## Fontanna Zhi

3rd year | MCB | San Jose

I am allergic to cats but I like petting my friend's cats :D



We've known each other since freshman year in BMRC 🐱



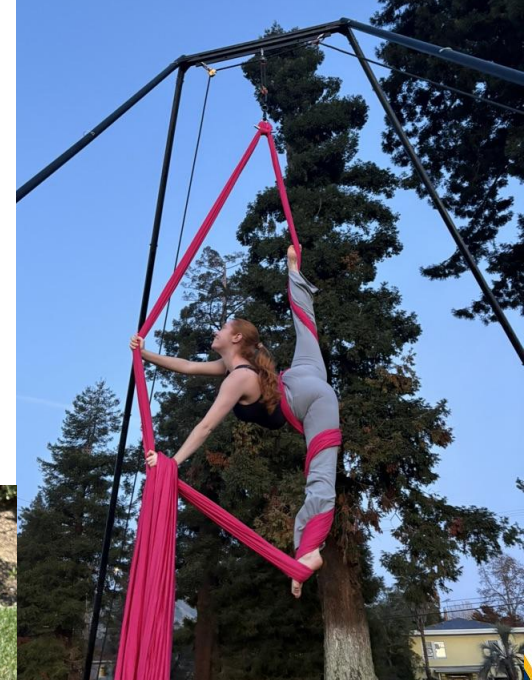
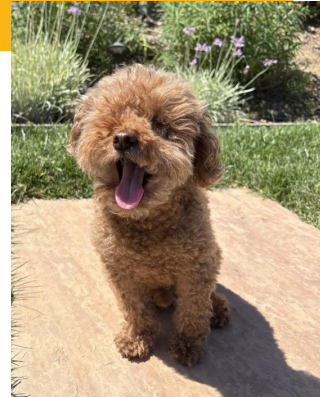
# Director of Administration



**Sophia Levin**

B.S. Nutrition & Metabolic Bio (I graduated oops) | Topanga, CA

I do aerial arts! :) (circus stuff)



# Intern Director of Administration



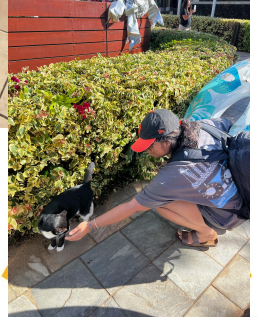
**Saanvi Swain**

3rd Year | Bioengineering | Stevenson Ranch, CA

I have an UNCRUSTY white dog and am double jointed (sophia is more double jointed)



Me and sophia if you don't do your events



I'm allergic to cats but will pet every cat i see



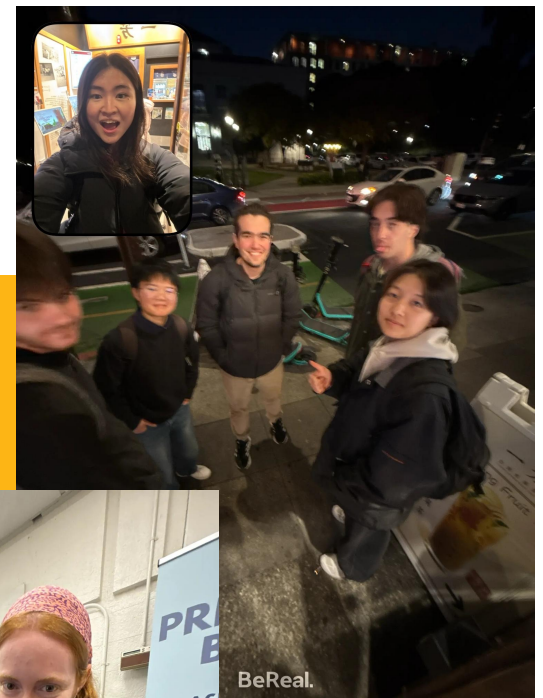
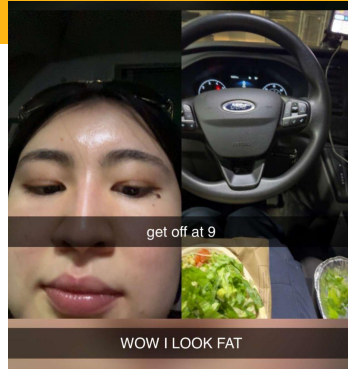
# Public Information Officer



**Fontanna Zhi**

3rd yr | MCB | San Jose

I have a +300 streak on BeReal :p



# Intern Public Information Officer



**Jasreet Sahota**

2nd yr | Neuroscience | Sacramento

I create art sometimes :0



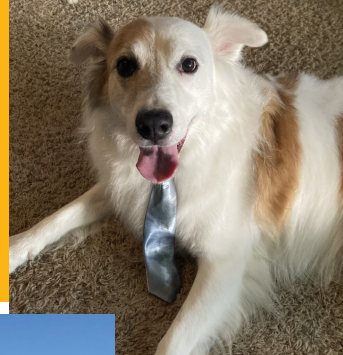
# Logistics Officer



**Matt Aitken**

4th Year | NMB | Modesto, CA

Fun fact: I'm really in lakes and boating 🚤🚤



# Intern Logistics Officer



## Ivan Zhang

2nd Year | MCB & Business Administration (LSBE) | Fremont, CA

Fun fact: I can read 12 lead EKGs, but very poorly

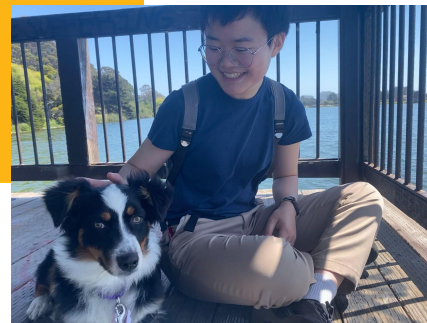


# Treasurer

## Yuxin Yang

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

I'm 75% dog 🐶 person and 25% cat 🐱 person



# Intern Treasurer



**Carina Zhou**

1st Year | MCB | Fremont, CA

I get crumbl like almost every week . . .



# 2025 - 2026 BOARD

**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

**Matt Aitken**

LOGISTICS OFFICER

**Yuxin Yang**

TREASURER

**Fontanna Zhi**

PUBLIC INFORMATION  
OFFICER

**Sophia Levin**

DIRECTOR OF  
ADMINISTRATION



# Incoming 2026 - 2027 BOARD

**Vincent Kreft**

DIRECTOR

**Emily Wong  
Yuxin Yang**

DIRECTORS OF  
MEDICAL OPERATIONS

**Brea Bremer  
Mariezl Portock**

DIRECTORS OF  
DISASTER PREPAREDNESS

**David Pilling  
Jeanna Smirnoff**

DIRECTORS OF PUBLIC  
HEALTH

**Eva Reineck  
Fontanna Zhi**

DIRECTORS OF TRAINING

**Ivan Zhang**

LOGISTICS OFFICER

**Carina Zhou**

TREASURER

**Jasreet Sahota**

PUBLIC INFORMATION  
OFFICER

**Saanvi Swain**

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 + ADMIN**

# 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**
  - **1 event MUST be a BMRC 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!
- PLEASE READ THE FULL EMAIL
  - New: MedOps event feedback form

# NEW MEMBER REQUIREMENTS

- Attend ALL training sessions (1 a week Monday or Tuesday)
  - 2 unexcused absences
- Work 3 events
  - At least ONE Med-Ops
  - Up to: 2 Rock Medicine, 1 work, 1 ride along (with reflection), 1 Public Health (2 events x .5 events each)
- Attend end of semester MCI drill OR turn in appropriate assignment

**If you do not meet these requirements without communicating any conflicts, you WILL be removed as a member of BMRC.**

# 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
- Pre-event briefing on type of calls to expect and responsibility delegation (code team, vitals, documenter, etc)
- Contact venue lead and inform them of arrival
- 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
- **Bring grey card to all events**



# Professionalism

- Conduct and Code of Ethics

- Punctuality is very important! If you expect an absence or late arrival, please inform your FTO, team, 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, our scope of practice, and are up to date on ALCO protocols.
- If you are unsure about anything, ask!



# Uniforms



## Uniform Distribution:

- TODAY during pizza (until we run out of supplies)
- \$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:

- Narain's Outdoor Sewing and Repairs
- Uni Tailor
- Frank's Tailor



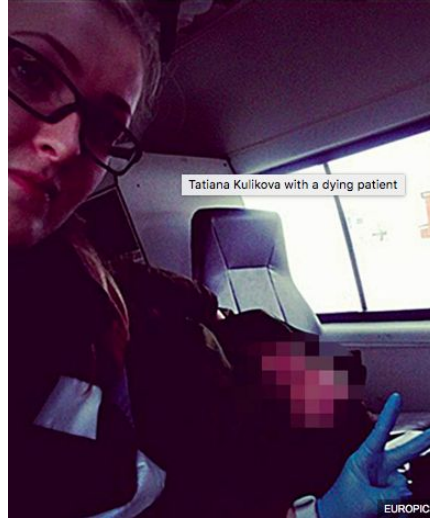
# UNIFORM POLICY



**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! Send your photos to #pics in the Slack or DM to PIO if you want them posted on our Instagram!



# 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.)
- If there is an unaffiliated physician or paramedic at the venue as a patron

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, cold-packs
- 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 manual blood pressure, heart rate, and respiration rate
- 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
- Using an automated blood pressure cuff or pulse oximeter
- 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

*When in doubt, reach out to @MedOps!*



# ALS mobilization

## Step-by-step

- Dial 911, from your phone
- If you are on campus, call UCPD dispatch number: (510) 642-6760
- 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 Fontanna 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.





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# BMRC Public Health

Program Information & Application

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PRESENTED BY THE BMRC'S  
DIRECTORS OF PUBLIC HEALTH

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# What is Public Health @ BMRC?

**Preventative Medicine =  
Healthy Community**

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

**Education of EMS &  
Community Involvement**



# How do you join?

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

**This year's training:  
Monday February 16th & 17th**



# 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](mailto: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](#)**

# Course Organization Website

<https://berkeleymrc.github.io/spring-2026/>

# Presentation Topic Sign-up Google Sheet

- **Link to [Google Sheet](#) or 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 Spring 2026 Training Schedule

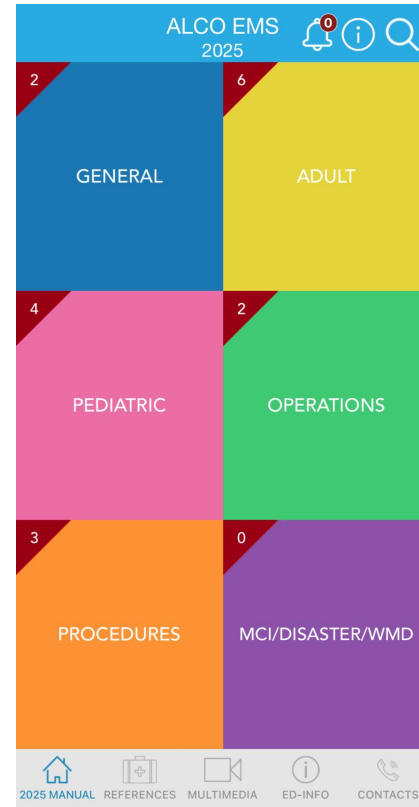
2/2	2/3	New Member Testing
2/7		New Member Academy
2/9	2/10	Cardiac Emergencies
2/16	2/17	FA/STB Instructor Training
2/23	2/24	Respiratory Emergencies
3/2	3/3	Trauma Care with Emphasis on STB, Spinal Immobilization, and Splinting
3/9	3/10	EKG training
3/16	3/17	Environmental Emergencies
3/23	3/24	Spring Break
3/30	3/31	Guest Speaker Panel
4/6	4/7	Psychiatric and Behavioral Emergencies
4/13	4/14	Pediatrics and Obstetrics
4/20	4/21	Toxicology - Poisoning, Overdose, and Drugs
4/27	4/28	Disaster Training and Mass Casualty Incident Preparation
5/2 or 5/3 (TBD)		MCI



# BMRC Medical Protocol Quiz - First Assignment!!

Due February 17th (linked on bcourses):  
[SP26 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](mailto:administration@berkeleymrc.org) if you have any questions regarding membership / the application process.
- Email: [training@berkeleymrc.org](mailto: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](http://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](mailto:disasterpreparedness@berkeleymrc.org)



**MCI DRILL**  
**May 2nd or 3rd**  
**(TBD)**





# ACTION ITEMS

# MED-OPS REQUIREMENTS

- Work 3 events per Semester (linked on bCourses & Github)
  - MedOps events can be used to fulfill this requirement.
    - Working 3 MedOps events in 1 semester increases your chance of being screened for the FTO position.
  - 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!

# How do you join?

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

**This year's training:  
Monday February 16th and  
Tuesday February 17th\***

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



# Presentation Topic Sign-up Google Sheet

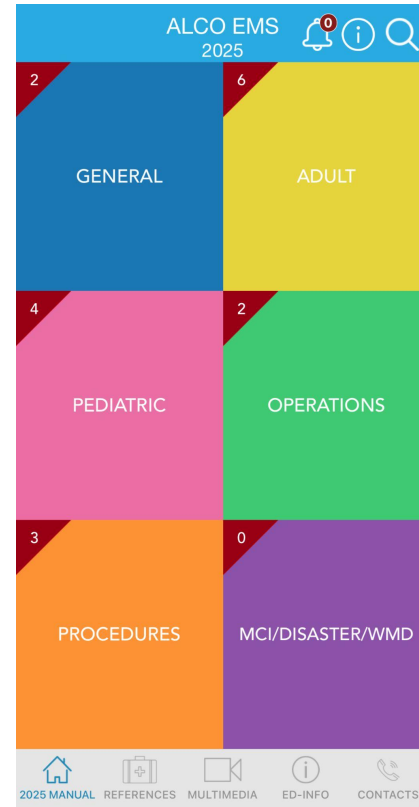
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  - Pick any week that isn't blacked out (board-led or guest speaker has taken that day)
  - Topics are broad on the sheet, you will be able to pick with your group a specific subtopic within that category to present that week



# 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!



# Disaster Healthcare Volunteers (DHV)

1. Go to <https://healthcarevolunteers.ca.gov/>
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If you have trouble please email:

[disasterpreparedness@berkeleymrc.org](mailto:disasterpreparedness@berkeleymrc.org)





**QUESTIONS?**

# Practice skills + SCENARIO!

10-15 min each!



**Station 1**

**Stair Chair**

**Station 2**

**Spinal/SMR**

**Station 3**

**StatPack + BG**

**Station 4**

**Oxygen**

**Station 5**

**Radio**

**Station 6**

**PCR**



# **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.



# Radio Communications

- “Hey you, it’s me” communication
  - “MRC #, Dispatch”
- **Closed Loop Communication**
  - Repeat things back to confirm info!
  - Ex: “Copy Dispatch, en route to call next to the Men’s Bathroom”
  - Don’t just say, “Copy.”

what the fuck, over



# Turnover Report

Use the SBAR method:

- **Situation**
  - Ex: Pt was found unconscious on the bathroom floor.
- **Background**
  - Ex: Pt has Hx of falls with loss of consciousness.
- **Assessment**
  - Ex: Airway is patent. Cool skin. Pt has lac on forehead with controlled bleeding, BGL of 30, vitals stable.
- **Recommendation**
  - Oral glucose, O2 and warmth if needed to prevent hypoglycemic shock.



# 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





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# WHAT'S IN OUR STAT PACKS?

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**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
- PCRs
- 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](#)

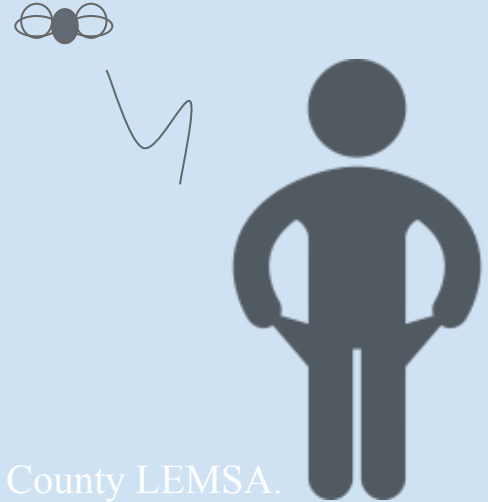
# Scope of practice, Ethics, and Legal Issues

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

Giving patients *their own* medicine\*

CPR

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

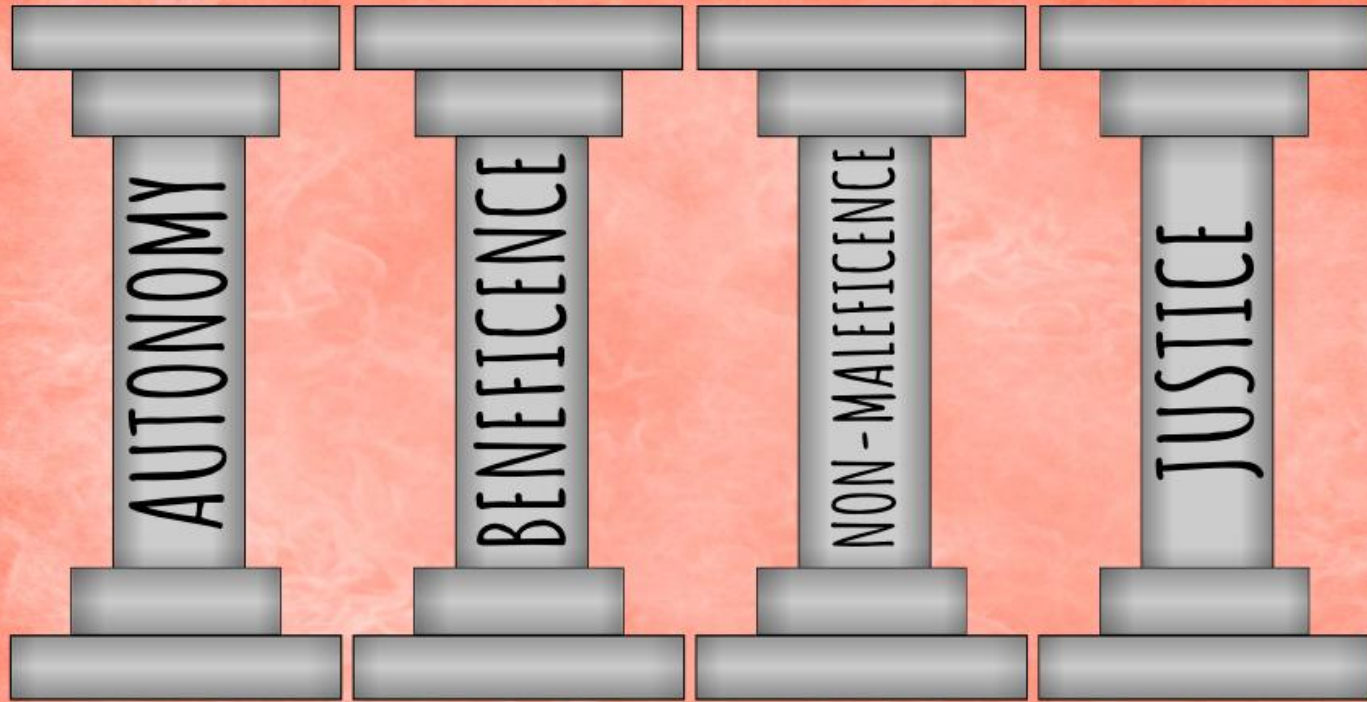
Giving narcan aka naloxone

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

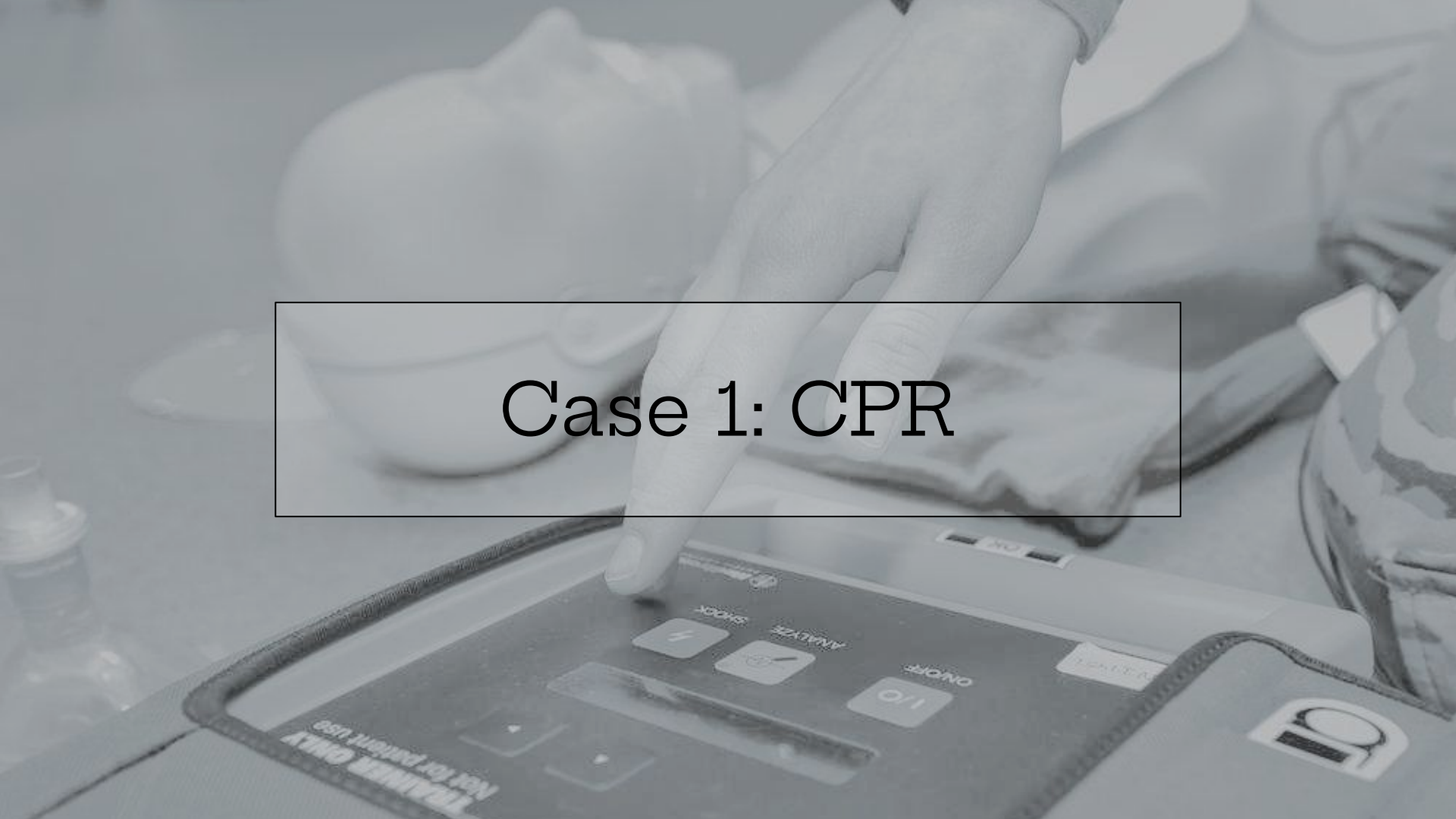


“No person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission.”

–California Health and Safety Code 1799.106

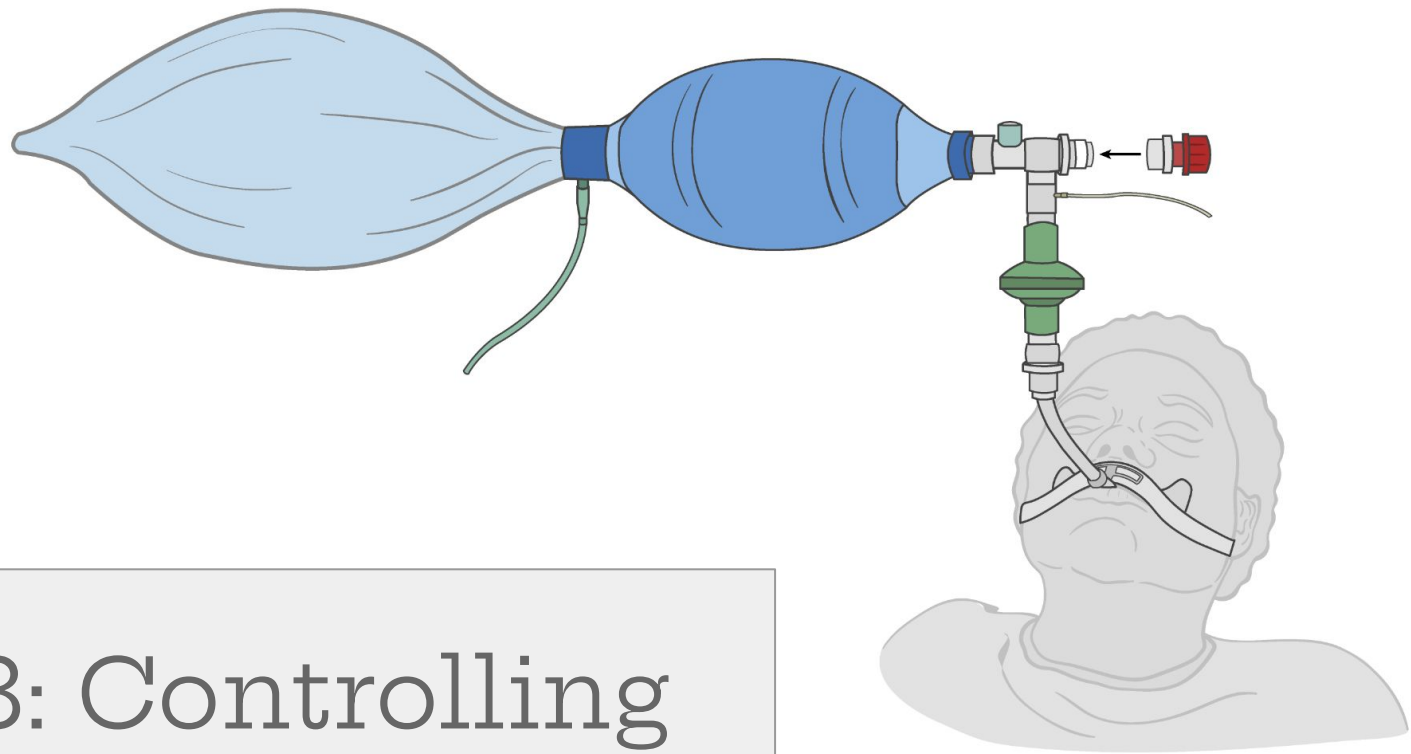
# Example Cases

# Case 1: CPR



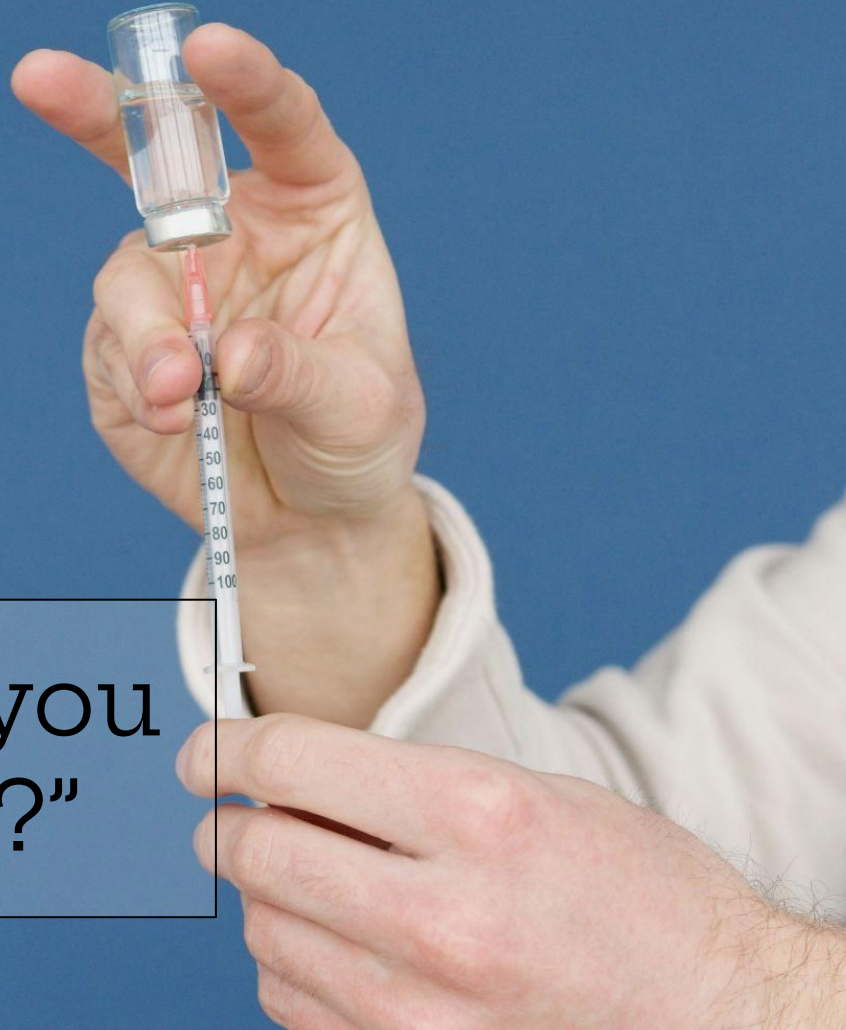
A blue-tinted photograph showing a white plastic bottle lying on its side on a textured, light-colored surface. A metal fitting is attached to the neck of the bottle. In the foreground, there is a clear plastic container with a lid. The text "Case 2: Controlling the Airway" is overlaid in the center of the image.

## Case 2: Controlling the Airway



## Case 3: Controlling the Airway

Case 4: “Hey, can you  
draw up the Epi?”



A close-up, side-profile shot of a person with dark skin wearing a white shirt, holding a silver smartphone. The person's hands are visible, with the right hand touching the screen. The background is heavily blurred, showing indistinct shapes and colors, suggesting an indoor setting with other people. A semi-transparent black rectangular box is overlaid on the left side of the image, containing white text.

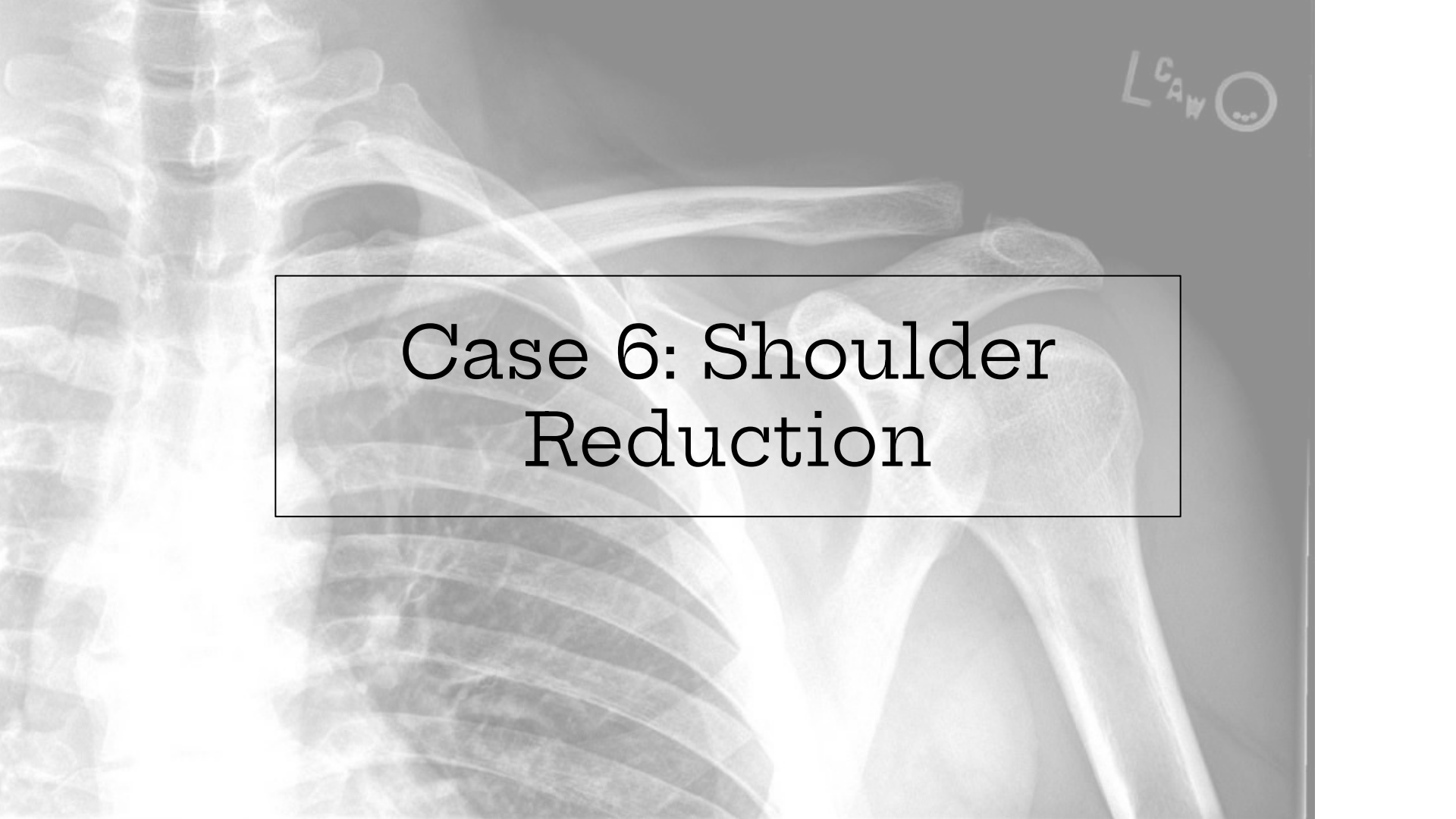
Case 4: “Hey, can you  
call base?”



# Case 5: "My wife's aspirin"

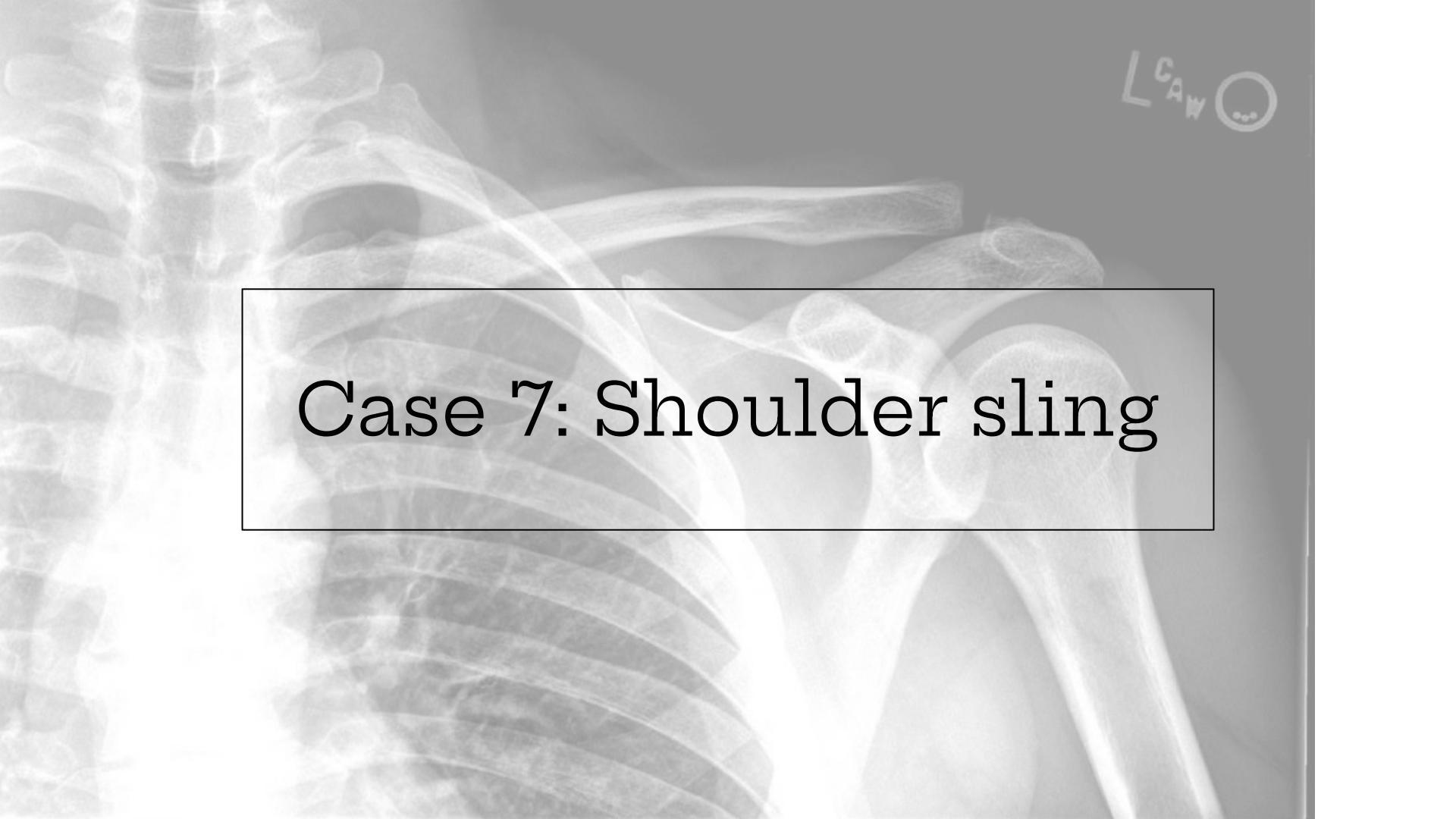
L<sup>CAW</sup> ○

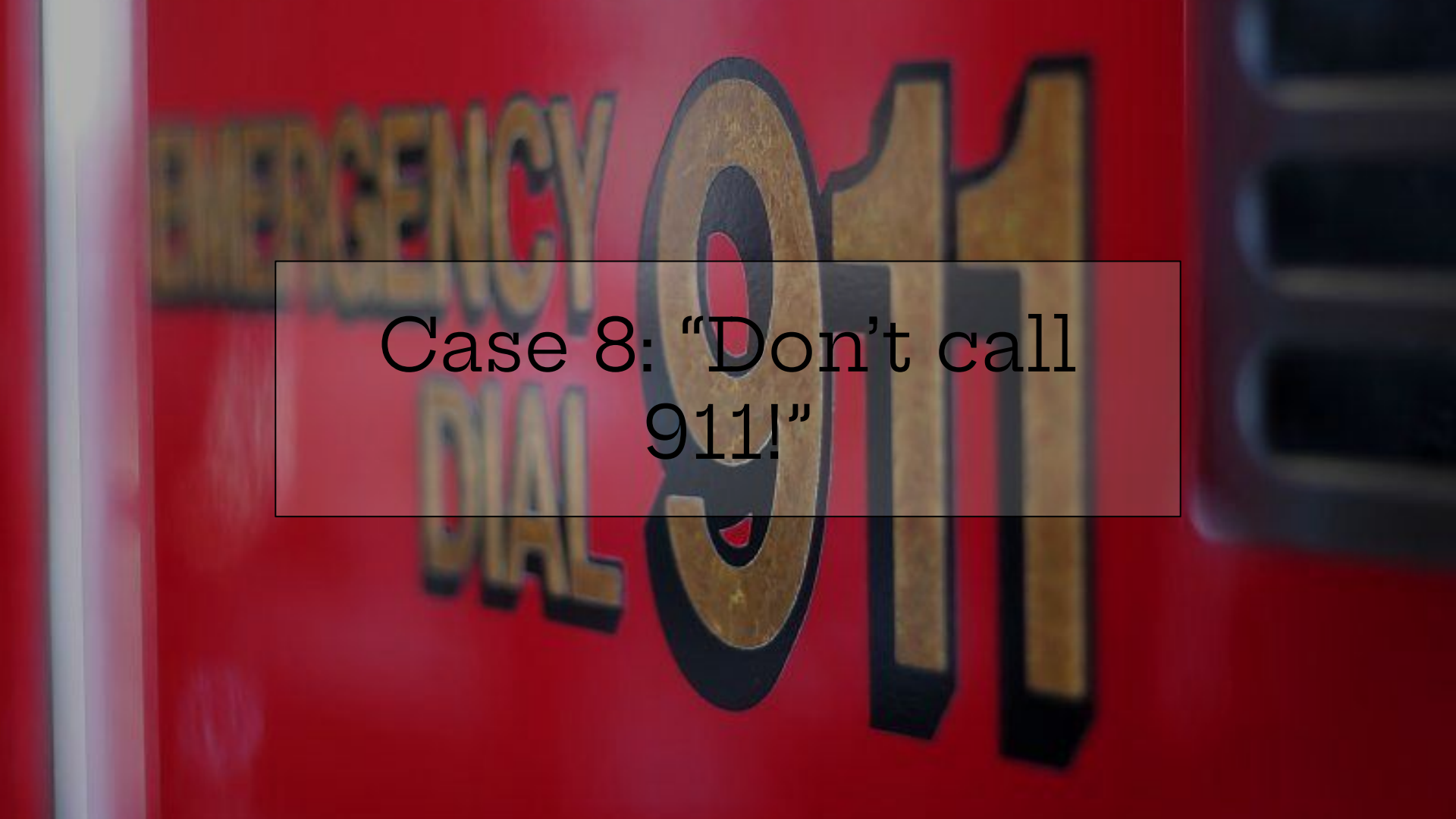
# Case 6: Shoulder Reduction



L<sup>CAW</sup> ○

Case 7: Shoulder sling



A close-up photograph of a red fire alarm pull station. The words "EMERGENCY DIAL" are embossed in gold, raised letters on the left side. To the right, the numbers "911" are also embossed in large, gold, raised characters. A semi-transparent white rectangular box is overlaid in the center of the image, containing the text "Case 8: 'Don't call 911!'".

Case 8: "Don't call  
911!"



Case 9: FIRE!!!!!!

# Questions?

[amelia.gurley@ucsf.edu](mailto:amelia.gurley@ucsf.edu) | (951) 870-3950