**So you want to be an EMS worker?**
*OSF HealthCare facilitates opportunities to become a lifesaver*

On a cold, gray Thursday, first responders from across the region converge on the Advanced Medical Transport Building in Champaign, Illinois. They’re there to refresh the life-saving skills they use on ambulance calls daily.

Les Mennenga, an OSF HealthCare Mission Partner (employee) and lead educator for [East Central Illinois EMS](https://www.osfhealthcare.org/ems/eciems/) (emergency medical services), runs Bryson Freehill and Andy Lubben through a scenario in a training ambulance. The patient, a manikin named Noelle, is complaining of a terrible headache. Freehill also notices a bulge in the manikin’s belly.

“Is she pregnant?” he asks.

“She is,” says Mennenga, standing by with a tablet that controls elements of the scenario.

And the men get to work.

**Becoming a first responder**

Mennenga oversees training for the three levels of ambulance responders – emergency medical responder, emergency medical technician basic and paramedic – plus nurses who work in the field or answer EMS calls in the emergency department.

“Anybody who wants to get into the world of EMS has to work with some sort of education facility,” Mennenga says. “We’re one of those.”

There’s no college degree requirement, but plenty of initial and continuing education is part of the job. Plus, you become familiar with medical best practices, all stored on a smartphone app you can access quickly in the field.

There’s no debating that the job is stressful, but it’s rewarding and usually well-paying, Mennenga says.

“We’re going to be on calls where it’s potentially a person’s worst day of their life. We have an opportunity to make a difference,” Mennenga says. “We may see something that’s traumatic. We need to understand who we can turn to talk about that.”

**Noelle’s fate**

Freehill and Lubben ended up treating Noelle for eclampsia, or high blood pressure during pregnancy, which led to a seizure. No critical errors in their treatment, Mennenga told the pair in a debriefing.

“We tend to do scenarios that are not common in the field or a call in the last year that had an issue with a real patient,” Mennenga says. “So we may find an area where there could be improvement. Now we’ll put it into practice and see if other people have the same issue. Is it something we need to include in initial education?”

If you’re interested in this line of work, Mennenga suggests contacting your local EMS agency or volunteer fire department. Before enrolling in a class, try observing one or doing an ambulance ride-along.

“See the realism of treating patients in the field,” Mennenga says.