

# RC MERT Standard Operating Procedures 2022-23

*RC MERT Operations Department*



RIVER CAMPUS  
MEDICAL EMERGENCY RESPONSE TEAM

UNIVERSITY OF ROCHESTER  
ROCHESTER, NY 14627

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### **1. Purpose**

#### 1.1. Mission Statement

1.1.1. The University of Rochester River Campus Medical Emergency Response Team (RC MERT) is a volunteer Basic Life Support First Response agency of University community members who are committed to providing Basic Life Support emergency care to any person in need of such services while on the University's properties.

#### 1.2. RC MERT Purpose

1.2.1. Established in 1972, RC MERT responds to medical emergencies that occur on University of Rochester's River Campus and satellite buildings to stabilize patients with life threatening injuries prior to the arrival of an ambulance and treat non-life threatening injuries. RC MERT assists the Department of Public Safety in triaging patients, provides equipment and assistance during mass casualties in conjunction with the appropriate outside agencies, and provides standby EMS coverage when possible for River Campus events in an effort to ensure that the health, well-being, and safety of all students, employees, faculty members, and persons on the

River Campus are maintained.

**(END of Section 1)**

**2. Executive Structure**

2.1. Licensing

2.1.1. The University of Rochester Department of Public Safety oversees RC MERT at the University of Rochester. The agency is licensed by the New York State Department of Health as a First Response Basic Life Support Agency with State Agency Code 2789. Any questions regarding issues pertinent to the New York State Department of Health should be directed to the Office of Pre-Hospital Care at the University of Rochester Medical Center.

2.1.2. The Office for Prehospital Care at the University of Rochester Medical Center can be reached via phone at (585)463-2900 or at their physical office address, 44 Celebration Drive, Suite 2100, Rochester, NY 14620.

2.2. Administrative Officials

2.2.1. RC MERT operates under the license of Dr. Erik Rueckmann, MD, Emergency Medicine Physician and Assistant Professor at Strong Memorial Hospital's Department of Emergency Medicine. Dr. Rueckmann is the Official Medical Director for RC MERT .

2.2.2. In addition to the RC MERT Program Director/CEO of RC MERT at the Medical Center, RC MERT has a Security Services Program

Director/Public Safety Liaison. The current Public Safety Liaison is Captain Joseph Reed.

2.2.3. RC MERT consults the above personnel/departments about any general medical questions and any major changes within the agency that require their authorization, signature, and approval.

### 2.3. RC MERT Executive Board

#### 2.3.1. Director of Operations (DO)

2.3.1.1. The DO radio call sign is 811.

#### 2.3.2. Assistant Director of Operations (ADO)

2.3.2.1. The ADO radio call sign is 812.

#### 2.3.3. Director of Training (DOT)

2.3.3.1. The DOT radio call sign is 813.

#### 2.3.4. Assistant Director of Training (ADOT)

2.3.4.1. The ADOT radio call sign is 814.

#### 2.3.5. Membership Officer (MO)

2.3.5.1. The MO radio call sign is 815.

#### 2.3.6. Public Relations Officer (PR)

2.3.6.1. The PR radio call sign is 816.

#### 2.3.7. Equipment Manager (EQM)

2.3.7.1. The EQM radio call sign is 817.

#### 2.3.8. Webmaster/Scheduler (WEB)

2.3.8.1. The WEB radio call sign is 818.

#### 2.3.9. Quality Assurance/Quality Improvement Chair (QA/QI)

2.3.9.1. The QA/QI radio call sign is 819.

### 2.4. Operations Staff

#### 2.4.1. Director of Operations

##### 2.4.1.1. Definition

2.4.1.1.1. The DO is the chief authority of the RC MERT Executive Board and is responsible for ensuring appropriate and efficient operation of all aspects of the agency.

##### 2.4.1.2. Purpose

2.4.1.2.1. The primary purpose of the DO is to oversee all activities of RC MERT and coordinate the activities of the Operations Department.

2.4.1.2.2. The DO shall delegate responsibilities as seen fit to ensure efficient operation of the agency.

2.4.1.2.3. The DO shall develop and coordinate the Operations Department agenda to meet the goals of the agency.

2.4.1.2.4. The DO shall consult with and delegate responsibilities to the ADO regarding the Operations Department agenda and activities.

2.4.1.2.5. The DO shall act as the primary liaison and representative of RC MERT to the following bodies:

University Administration  
Public Safety  
University Faculty  
Campus Organizations  
Students' Association Government  
Executive Board  
General Membership  
Medical Center Faculty and Administration  
Outside Agencies (AMR, RFD, RPD, etc.)  
University Community  
Greater Rochester Community

#### 2.4.1.3. Duties

- 2.4.1.3.1. The DO shall oversee the activities of the Executive Board members.
- 2.4.1.3.2. The DO shall schedule, organize, and moderate Executive Board and general membership meetings.
- 2.4.1.3.3. The DO shall meet as necessary with the Public Safety Liaison.
- 2.4.1.3.4. The DO shall, to the best of their ability, fulfill all meeting commitments requested by or with University administration, the Department of Public Safety, and Campus Organizations.
- 2.4.1.3.5. The DO shall review the existing Standard Operating Procedures (SOPs) and consult the ADO and Executive Board regarding changes, additions, and/or deletions. These changes, additions, and/or deletions must be approved by a majority vote from the membership. The DO shall, by November of each academic year, finalize any changes to the Standard Operating Procedures and include them within the manual, noting the fact and date of a change to the manual from this edition forward.
- 2.4.1.3.6. The DO shall contact the Department of Public Safety to add any new or active RC MERT members to the email-to-text dispatch system and remove any inactive RC MERT members.
- 2.4.1.3.7. The DO shall contact the appropriate administrative office to update RC MERT members' swipe access on campus as necessary.
- 2.4.1.3.8. The DO shall work with the appropriate departments to organize operations for the standbys and events.
- 2.4.1.3.9. The DO shall be responsible for overseeing the operations during Dandelion Day, as well as coordinating RC MERT

responses throughout the day.

2.4.1.3.10. The DO shall assist the DOT in organizing early move in for Field Staff to provide first-year orientation coverage if needed.

2.4.1.3.11. The DO shall work with the Membership Officer and Public Relations Officer to organize RC MERT staffing for the Fall and Spring Activity Fair..

2.4.1.3.12. The DO shall organize the RC MERT delegation for the National Collegiate Emergency Medical Services Foundation (NCEMSF) Annual Conference.

## 2.4.2. Assistant Director of Operations

### 2.4.2.1. Definition

2.4.2.1.1. The ADO is the second authority of the RC MERT Executive Board, and is responsible for ensuring appropriate and efficient operation of all aspects of the agency.

### 2.4.2.2. Purpose

2.4.2.2.1. The primary purpose of the ADO is to assist the DO in executing the daily operations of RC MERT.

2.4.2.2.2. The ADO shall assist the DO in delegating responsibilities as seen fit to ensure efficient operation of the agency.

2.4.2.2.3. The ADO shall assist the development and coordinate the Operations Department agenda to meet the goals of the agency.

2.4.2.2.4. The ADO shall act as a liaison and representative of RC MERT when appropriate to the following bodies:

University Administration

Public Safety

University Faculty

Campus Organizations

Students' Association Government

Executive Board

General Membership

Medical Center Faculty and Administration

Outside Agencies (AMR, RFD, RPD, etc.)

University Community

Greater Rochester Community

### 2.4.2.3. Duties

2.4.2.3.1. The ADO shall meet as necessary with the Public Safety Liaison.

2.4.2.3.2. The ADO shall to the best of their ability fulfill all meeting



commitments requested by or with University administration, Department of Public Safety, and campus organizations.

- 2.4.2.3.3. The ADO shall review the existing Standard Operating Procedures and consult the DO regarding changes, additions, and/or deletions.
- 2.4.2.3.4. The ADO shall assist the DO in finalizing any changes to the Standard Operating Procedures and include them within the procedures, noting the fact and date of a change to the manual.
- 2.4.2.3.5. The ADO shall assist the DO in overseeing the operations during Dandelion Day, as well as coordinating RC MERT responses throughout the day.
- 2.4.2.3.6. The ADO shall be the executor of disciplinary action. They must be involved in the proceedings of disciplinary investigations as outlined in section (7.4).
- 2.4.2.3.7. The ADO shall act as the Exposure Reporting Officer for RC MERT.
  - 2.4.2.3.7.1. The ADO shall request that the member complete an exposure form.
  - 2.4.2.3.7.2. The ADO shall complete the appropriate follow-up for said member in conjunction with the appropriate health care professionals in UHS.
- 2.4.2.3.8. The ADO shall write all proposals with the DO.
- 2.4.2.3.9. The ADO shall check and empty the Operations Box at least biweekly, or more frequently if needed, for reports and other forms.
- 2.4.2.3.10. The ADO must collect all Refusal of Treatment/Transport forms, organize them by date, and file them in the appropriate place.
- 2.4.2.3.11. The ADO shall ensure that RC MERT's contact information and CPU box are renewed and in order for the following academic year prior to the end of each academic year.
  - 2.4.2.3.11.1. The ADO shall check and empty the CPU box at the campus mail center as well as the mailbox at the Wilson Commons Common Connection office as needed.
- 2.4.2.3.12. The ADO shall serve as dispatcher for Dandelion Day unless otherwise specified by the DO and the Executive Board.
- 2.4.2.3.13. The ADO shall consult with the DO regarding any other special projects throughout the term and assist in various endeavors as the DO and ADO collectively see fit.
- 2.4.2.3.14. The ADO shall be the liaison and main contact individual

for the operations of Vehicle 800.

2.4.2.3.14.1. The ADO may appoint a Vehicle Officer, who should have at least one semester of RC MERT experience.

2.4.2.3.15. The ADO must work with the UHS Budget Manager to renew the Vehicle 800 parking permit before the beginning of each academic year.

#### 2.4.3. Subcommittees

2.4.3.1. The DO may create subcommittees to arrange, coordinate, oversee and/or assist existing departments or committees in these faculties for special events, or other tasks as seen fit.

2.4.3.2. A simple majority of the Executive Board must approve the creation of the subcommittee as well as appoint the appropriate Executive Board member to chair that subcommittee.

2.4.3.3. A subcommittee can be disbanded by a simple majority vote of the Executive Board if the task is deemed complete or by a simple majority vote of the members of that subcommittee at any time.

2.4.3.4. A recurring subcommittee may be created for appropriate tasks (i.e. D-Day).

2.4.3.5. A subcommittee may create appropriate leadership positions and appoint individuals by a simple majority vote.

2.4.3.5.1. A member of a subcommittee may also be appointed by the appropriate subcommittee chair to co-chair the subcommittee.

#### 2.5. Operations Command

##### 2.5.1. Chain of Command for Patient Care:

2.5.1.1. Below lists the order of personnel in charge of a patient's care should a situation arise that warrants it:

Director of Operations (if Crew Chief)

Director of Training (if Crew Chief)

Crew Chief (by tenure)

Crew Chief Trainee (by most total clearing calls)

EMT (by tenure in MERT)

CPR/First Aid Certified Member (by tenure as a member in RC MERT)

##### 2.5.2. Chain of Command

2.5.2.1. Below lists the order of personnel in charge of Operations of RC MERT should a situation arise that warrants it.

Director of the Department of Public Safety

RC MERT Department of Public Safety Liaison

Director of Operations

Assistant Director of Operations or Director of Training  
Any 801  
Any 802  
Any EMT-certified 803

2.5.2.2. The Chain of Command should follow a logical progression of the first EMT-certified 803 on scene to the first 802 on scene to the first 801 on scene to the first officer in the position of ADO or DOT, to DO. This logic is meant to prevent and minimize confusion with the chance of multiple changes of command. The personnel on arrival should begin triage of all patients as the scene dictates (i.e. maintaining crew and member safety).

## 2.6. Legal Responsibilities:

2.6.1. Volunteers who administer Basic Life Support care within the limitations of their training in the capacity of RC MERT are subject to NYS Department of Transportation, NYS Department of Health, and the Monroe-Livingston County Regional EMS Board policies and protocol.

## 2.7. Fiscal Responsibilities

### 2.7.1. Annual Budget

2.7.1.1. RC MERT is sponsored and funded by University Health Service and the Department of Public Safety. Each spring, the Equipment Manager and Director of Operations are responsible for reviewing the previous year's budget with the UHS Budget Manager (Jan Callens).

### 2.7.2. Reimbursements

2.7.2.1. For any RC MERT member to be reimbursed, they must have the reimbursement approved by the DO and have to work directly with the UHS Budget Manager to get reimbursed.

### 2.7.3. SA Supplemental Funds

2.7.3.1. RC MERT can apply for supplemental funds through the Student Association.

2.7.3.2. A supplemental request form must be completed and submitted to the Student Association.

2.7.3.3. Any and all supplemental request forms must be approved by the DO.

**(END of Section 2)**

**3. Operational Structure**

### 3.1. Geographical Boundaries of Coverage

3.1.1. RC MERT's primary coverage zone is the geographic land enclosed within Wilson Boulevard and Intercampus Drive including the Hill Court Residential Buildings and the Interfaith Chapel. The Southside Residential area and Riverview/Brooks Crossing Living Area are also included in the RC MERT primary coverage area.

3.1.2. Secondary Coverage may include the University of Rochester Medical Center on an as needed and availability basis.

### 3.2. Coverage Responsibilities

#### 3.2.1. Primary Coverage

3.2.1.1. Primary coverage is provided every night from 2000 until 0800 and, under normal operations, Saturday and Sunday from 0800 until 2000 when classes are in session during the academic year, as well as Orientation week for first-years and reading period prior to finals. Additionally, the DO may alter coverage times as circumstances dictate. All deviations from this coverage must be brought to the attention of Public Safety Dispatch.

#### 3.2.2. Secondary Coverage

3.2.2.1. Secondary coverage is provided to the Medical Center in the following circumstances:

- 1) When a crew can be secured.
- 2) When Public Safety and/or Medical Center MERT requests RC MERT services.
- 3) When a crew can be on scene with an acceptable response time (i.e. prior to ambulance arrival or other higher level of care).

#### 3.2.3. Day/Academic Break Coverage

3.2.3.1. Currently, coverage during the day as well as academic breaks, as listed on the University of Rochester academic calendar, are not guaranteed. RC MERT attempts to cover daytime calls and short academic breaks through an email-to-text message dispatch system.

### 3.3. Access to RC MERT

3.3.1. RC MERT is accessed through Public Safety Dispatch by dialing x13 or 5-3333 from any internal University Phone, automatically by picking up a Blue Light Phone, or by calling or texting (585)275-3333 on any outside line.

3.3.2. Public Safety records these conversations on tape.

3.3.3. The Public Safety Dispatcher then dispatches (tones out) RC MERT via radios and/or text dispatch requesting an RC MERT emergency response, providing information regarding the medical emergency's call location, nature of the medical emergency, and any other pertinent information.

**(END of Section 3)**

**4. Shift Operations**

4.1. Crew Checkout

4.1.1. Location and Time

4.1.1.1. The on-duty crew shall meet in a location determined by the Crew Chief by 0800 for morning checkout, at 1400 for afternoon checkout, and at 2000 for evening checkout.

4.1.1.2. Only RC MERT members and administrators are allowed in the UHS RC MERT Office, Spurrier RC MERT Office, or RC MERT bunkroom at any time.

4.1.2. Crew Chief Responsibilities

4.1.2.1. The Crew Chief will assign each crew member a designated radio to use for the duration of the shift.

4.1.2.2. The Crew Chief will assign each crew member a designated medical equipment bag filled with Basic Life Support Medical Supplies.

4.1.2.3. The Crew Chief will assign each crew member a role to perform in the event that they respond to a call that requires CPR.

4.1.2.4. All assigned crew members will work together to perform bag check outs to ensure that all medical equipment in the bag is fully stocked and ready for the shift.

4.1.3. Crew Cellular Contact

4.1.3.1. All members of the crew should exchange cellular/mobile phone numbers prior to the start of the shift. The MO shall maintain an up-to-date list of these numbers and keep the list posted in the RC MERT Office.

4.2. Crew Assignments

4.2.1. 801 (Crew Chief):

4.2.1.1. The Crew Chief is a NYS-EMT-B or above in charge of the on duty crew and all aspects of RC MERT emergency calls and patient care during their shift. In the case that they are certified above a NYS-EMT-B, they must still act within the scope of a NYS-EMT-B on any MERT response. The Crew Chief is legally responsible for the call and the patient care and oversees all aspects of the call while evaluating the Crew Chief Trainee's performance and skills.

4.2.2. 802 (Crew Chief Trainee):

4.2.2.1. The Crew Chief Trainee is a NYS-EMT-B or above that is a fully trained member of RC MERT and is training to become a Crew Chief. The Crew Chief Trainee is trusted to administer most aspects of patient care and assists the Crew Chief. The Trainee runs the call, at the discretion and oversight of the Crew Chief, to ensure all

proper interventions are administered. The Trainee should discuss the call with the Crew Chief following the completion of the call and accept feedback on their performance and skills.

4.2.2.1.1. 801T:

4.2.2.1.1.1. A Crew Chief Trainee who assumes the practical roles of the Crew Chief while on a call, as part of their training process.

4.2.3. 803 (Medic Assistant):

4.2.3.1. The Medic Assistant is an EMT-B and/or a CPR certified member.

The Medic Assistant's role is to assist the Crew Chief and Crew Chief Trainee in patient care and interventions including pre-hospital care report documentation. The 803 may assist with obtaining vital signs and any intervention for which the Crew Chief requests assistance, within their scope of practice.

4.2.4. Bravo Crew:

4.2.4.1. The Bravo crew can be activated in anticipation of a potential high call volume shift. The Bravo crew must have a minimum of a Bravo Crew Chief (801B). A Bravo Crew Chief Trainee (802B) and/or Bravo Medic Assistant (803B) are optional, but highly preferred.

4.2.4.1.1. 801B (Bravo Crew Chief):

4.2.4.1.1.1. The Bravo Crew Chief has all the duties of the on-duty Crew Chief and operates as deemed necessary by the on-duty Crew Chief. The Bravo Crew Chief operates under the Crew Chief for that specific shift, unless the Bravo Crew Chief is with the crew for monitoring regarding disciplinary purposes.

4.2.4.1.2. 802B (Bravo Crew Chief Trainee) and 803B (Bravo Medic Assistant):

4.2.4.1.2.1. The Bravo Crew Chief Trainee and Bravo Medic Assistant will primarily operate under the Bravo Crew Chief, unless otherwise necessary.

4.3. Tone Test

4.3.1. Initiation

4.3.1.1. Before the night shift and morning shifts (on weekends), the Crew Chief or Crew Chief Trainee will call Public Safety Dispatch at (585)275-3333 to conduct a tone test to ensure that the radios are working correctly and that the on-duty members are familiar with operating the radios.

4.3.1.2. If any radio fails to receive the tone test, a subsequent tone test must occur to ensure the radio is working before being used on shift. An IR must be filed following the malfunction.

#### 4.3.2. Receipt

- 4.3.2.1. Following the tone, Dispatch will relay the time and confirm as the nightly tone test. Each crew member in order will confirm receipt of the tone test, and the Crew Chief will then confirm proper functioning of the Vehicle 800 radio.

#### 4.4. Radio Use

##### 4.4.1. Radio Information

- 4.4.1.1. RC MERT uses a 11-Channel Motorola HT1000 radio, on frequency 464.700 MHZ.

##### 4.4.2. Radio Operation

- 4.4.2.1. Channel 3 is the RC MERT frequency.
- 4.4.2.2. The silver selector switch should be in the "B" position so crew members hear a tone when RC MERT has a call. It may also be in the "A" position, however the radio will relay Public Safety transmissions and drains the battery.

##### 4.4.3. Radio Regulations

- 4.4.3.1. The radio must be in the on position and the volume appropriately adjusted at all times while the crew is on duty.
- 4.4.3.2. The crew members are responsible for the security of the radio while it is in their possession.
- 4.4.3.3. The crew members will at no time leave a radio where they will not be able to hear it or be located in areas of poor radio transmission (i.e. Rush Rhees basement levels).
- 4.4.3.4. A crew member is to contact the Crew Chief if the battery becomes low in power during the shift.
- 4.4.3.5. At no point in time should a radio ever be turned on while in the charger.
- 4.4.3.6. If a malfunction occurs with the radio at any time, an IR must be filed with the radio's ID number included.

##### 4.4.4. Transmissions

- 4.4.4.1. If someone else is transmitting nearby, they may need to turn the radio volume down to avoid causing feedback.
- 4.4.4.2. A crew member should hold the microphone 1 to 3 inches from the mouth, speak across the face of the microphone, and hold the microphone at an angle, rather than directly in front of the mouth.
- 4.4.4.3. Crew members should monitor for a clear opportunity to transmit, depress the transmit button for 2 to 3 seconds prior to speaking.
- 4.4.4.4. The crew member will give their identification first and then the unit that they are calling (i.e., "801 to Dispatch" or "803 to 801").
- 4.4.4.5. Crew members should speak in a voice that is calm and free of emotion. Words must be pronounced slowly and distinctly. Slang, profanity, and 10-codes will not be used in radio transmissions. Transmissions will remain professional and respectful.



- 4.4.4.6. Patient identifying information, crew member names, nicknames, or background sound shall not be transmitted over the radio.
- 4.4.4.7. Crew members should keep transmissions brief. 5-10 seconds should be the maximum transmission used. If a longer transmission is necessary, use a telephone. Crew members should plan transmissions before keying the microphone.
- 4.4.4.8. Crew members should repeat back orders to ensure that there are no misunderstandings.
- 4.4.4.9. Crew members should not use the radios for personal communication. Crew members should use landline telephones or cellular telephones for personal communications.

#### 4.5. Equipment

##### 4.5.1. Personal Equipment

- 4.5.1.1. All personal equipment used on a call is the responsibility of the owner of that equipment to maintain and ensure it is not broken. RC MERT is not responsible for the loss or damage of personal equipment.
  - 4.5.1.2. In the event of personal equipment usage on a RC MERT response, nothing shall be taken from official RC MERT supplies to restock personal equipment without permission from the EQM.
- 4.5.2. The crew members shall carry the following equipment:
- 4.5.2.1. Crew Chief (801): Backpack including AED, drug bag, and trauma supplies. The backpack must be with the Crew Chief at all times.
  - 4.5.2.2. Crew Chief Trainee (802): Large backpack, at the discretion of the Crew Chief.
  - 4.5.2.3. Medic Assistant (803): Oxygen administration sling with assorted oxygen and airway administration devices, at the discretion of the Crew Chief.
  - 4.5.2.4. At least one 801 backpack (containing an AED and medications as approved in local protocol), one 802 backpack, one 803 oxygen administration sling, one extrication kit, board splints, one scoop stretcher, one folding backboard, one pediatric/burn bag, one traction splint and one suction unit shall go out during the night shift. If any of these bags or equipment is out of service for the shift, the Crew Chief must notify the Equipment Manager prior to the start of shift. The crew may not respond to calls unless given permission by the EQM. If the EQM is unavailable, contact the DO. If both are unavailable, the WEB should be notified that the shift has not started and calls should not be responded to.

#### 4.6. Receiving Calls

- 4.6.1. The Crew Chief acknowledges the call location and nature, gives the location they are responding from and gives an estimated time of arrival (ETA) in minutes to the Public Safety Dispatcher. The 802 and 803 should follow in

order by giving the location they are responding from with their ETA, if separated from the 801. If the Crew Chief is with any other crew member(s) at the time of Public Safety dispatch, the Crew Chief may respond for the other crew member(s) as well.

4.6.2. If any RC MERT responding member is unsure of the location of the call or if information is unclear, the RC MERT responding member should ask the Crew Chief on duty by identifying themselves by their call sign and the unit they are calling (i.e. 801). Once told to proceed, they shall request the information.

4.6.3. In the event of an emergency and a radio malfunction, an on-duty RC MERT member may call the Public Safety dispatcher at the Communications Center at x13 or 5-3333 from any internal University phone or from any outside line at (585)275-3333.

4.6.4. RC MERT members should respond to a medical emergency call promptly.

4.6.5. RC MERT members should respond to a medical emergency call with Vehicle 800 observing the campus-wide 20 miles per hour speed limit, with the exception of Library Road, where the posted speed limit is 15mph. RC MERT members should also observe the posted speed limits of 30 mph on Elmwood Avenue, Kendrick Road, Genesee Street, and South Plymouth Avenue.

4.6.6. Crew members shall radio to the rest of the crew and Public Safety when arriving at the dispatch location.

4.6.6.1. If the Crew Chief is not the first crew member on scene, the arriving crew members must wait at a safe distance (typically just outside of the building where the call is located) out of the view of the patient until the Crew Chief arrives and makes first patient contact.

4.6.6.2. If the patient approaches the crew members looking for care, the crew members shall operate under 'Good Samaritan' laws until the Crew Chief arrives.

4.6.7. All members have their personal University Identification Cards super-coded to allow for 24 hour access into all dormitory buildings. If a crew member is unable to get access into the building for the medical emergency, they shall radio the Crew Chief or Public Safety dispatch, who can send someone to open the door at the nearest roadside entrance to the building.

#### 4.7. Public Safety Response to RC MERT Calls

4.7.1. University Public Safety officers are dispatched to every RC MERT call. Public Safety plays a continuing role during a medical response by assisting in evaluating the scene and assuring scene safety, in gathering appropriate report information, scene control, medical/ambulance notifications and escort, and securing a clear route during patient transport. University Public Safety Officers are there to assist RC MERT members when appropriate. In addition, Student Aides (students employed by the University Department of Public Safety to patrol campus) will most likely

respond to RC MERT calls between the times of 20:30 and 04:30 and help escort the RC MERT on-duty crew to the location of the emergency. RC MERT and Public Safety should demonstrate a reciprocal relationship that focuses on scene safety and a high quality of patient care.

#### 4.8. Patient Transport Decisions

##### 4.8.1. Ambulance Criteria

4.8.1.1. In accordance with New York State Department of Health Emergency Medical Services protocols, in the event of a potentially life-threatening medical emergency, an ambulance should be dispatched to the RC MERT call location.

##### 4.8.2. Ambulance Requests

4.8.2.1. If the medical emergency dispatch information reveals the strong possibility of a life-threatening emergency with a delayed response time by the Crew Chief or Crew Chief Trainee, the Crew Chief will immediately request an ambulance from the Public Safety

Dispatcher via radio (primary) or telephone (secondary). Thus, an ambulance response may be initiated without delay.

4.8.2.2. If prior to the arrival of University Public Safety, the RC MERT on-duty Crew Chief or Crew Chief Trainee determines that there is an immediate need for an ambulance, they should immediately notify the Public Safety Dispatcher via radio (primary) or telephone (secondary) of the condition so that an ambulance response may be initiated without delay.

4.8.2.3. If during the progress of the medical emergency, the on-duty Crew Chief or Crew Chief Trainee determines that there is a need for an ambulance, they will notify the on-scene Public Safety Officer to request an ambulance. The Public Safety Officer on scene will then radio the Public Safety Dispatcher to call for an ambulance.

4.8.2.4. It is imperative that the RC MERT crew not call an ambulance themselves by an in-house phone or cellular phone. The Department of Public Safety is needed for ambulance notifications for the purpose of securing a clear route for the ambulance to the scene of the emergency and giving the 911 County Dispatch Center appropriate entry information into campus. Disruption of this chain of events causes the responding ambulance agency confusion.

4.8.2.5. The primary responding ambulance agencies are American Medical Response (AMR) and Monroe Ambulance. American Medical Response is the commercial agency that is contracted to serve the City of Rochester, and both AMR and Monroe Ambulance hold a certificate of need for patients in the city of Rochester. Both agencies offer Advanced Life Support. Depending on the nature of the emergency and the call volume of AMR and Monroe Ambulance at the time, the response time may vary.

4.8.2.6. Upon the arrival of a transporting ambulance, the care of the patient is

transferred to the crew on the arriving ambulance. The RC MERT Crew Chief, Crew Chief Trainee, or EMT-B crew member should give the responding transporting agency crew members a report about the current medical situation, patient symptoms/signs, treatment rendered and its effects and other pertinent information. The Crew Chief/Crew Chief Trainee should document the responding transporting agency rig number on the patient care report. By default, patients are transported to Strong Memorial Hospital Emergency Department unless otherwise requested or required.

#### 4.8.3. Refusals of Treatment/Transport

4.8.3.1. When preparing patients for transport, the patient must be offered the services of an ambulance in all cases, regardless of the emergency. This process reflects the informed decision made by the patient with regard to the method of transport. If the patient refuses an ambulance, does not have a life-threatening injury, and is mentally competent, above age 18, and meets all other MLREMS Refusal of Treatment/Transport criteria to make their own decisions, the patient may sign a Refusal of Treatment/Transport form issued by MLREMS Report. The patient must be aware of the risks and consequences of refusing further treatment. When possible, an individual not directly affiliated with RC MERT (such as a Public Safety Officer, a student aide, witness, bystander, or friend of the patient) should witness (cosign) the Refusal of Treatment/Transport form on the pre-hospital care report.

4.8.3.2. Medical control does not need to be contacted strictly for the purpose of releasing a patient admitting alcohol or other drug use. However, should other considerations warrant the call, it should be made.

4.8.3.3. After signing the Refusal of Treatment/Transport form, the individual who RC MERT evaluated may be offered additional options:

Option 1: The evaluated individual can be escorted to a URMC affiliated Emergency Department by a University of Rochester Department of Public Safety Officer. If the Public Safety Officer on scene feels comfortable doing so and the crew has deemed it a medically safe alternative, the RC MERT crew will help said individual get into the Public Safety Vehicle for transport to the Emergency Department. However, it should be noted that no RC MERT member on duty will accompany the patient to the emergency room in the Public Safety vehicle under any circumstances. It is not necessary to alert the Emergency Department of the incoming patient.

Option 2: If fit for refusal by RC MERT, as listed in Section 4.8.3.1., and DPS criteria, the evaluated individual may be driven to University Health Service on the River Campus. If a person wishes to take this option, the RC MERT Crew Chief may ask on scene DPS officers to contact Dispatch and determine if UHS is open during the time of the call. If the Public Safety Officer on scene feels comfortable doing so and the crew has deemed it a medically safe alternative, the RC MERT crew will help the individual get into the Public Safety Vehicle for escort to the River Campus University Health Service. However, it should be noted that no RC MERT member on duty will accompany them to River Campus UHS unless specifically requested by the Public Safety Supervisor on duty.

Option 3: During the hours of 8 am to 5 pm Monday, Wednesday, Thursday and Friday and 9 am to 5 pm on Tuesdays, university students or employees may be escorted to Strong Memorial Hospital University Health Service (UHS) by a Public Safety officer. If the Public Safety officer on scene feels comfortable doing so and the crew has deemed it a medically safe alternative, the RC MERT crew will help the student or employee into the Public Safety vehicle for transport to the Medical Center University Health Service (located in the Medical Center Room G-5050 at 250 Crittenden Blvd). However, it should be noted that no RC MERT member on duty will accompany the individual to Strong Memorial Hospital UHS unless specifically requested by the Public Safety supervisor on duty.

Option 4: The last option is for the evaluated individual to have no immediate follow-up care regarding their current medical emergency. In this case, the RC MERT crew should advise the individual to call back at any time should they change their mind or should the symptoms return or worsen.

- 4.8.4. Patients should be advised to bring their University Identification Card, Health Insurance Card, and any needed personal belongings to the appropriate facility. Crew members should advise the patient that when they have been discharged from a University affiliated facility, they may receive an escort back to the River Campus or University Properties by contacting Public Safety.
- 4.8.5. Whenever a disagreement arises as to the method of transport between the Crew Chief or Crew Chief Trainee and the Public Safety supervising officer in charge, the Public Safety supervising officer in charge will always prevail, unless RC MERT advises transport, in which case a

transporting agency will be called in for a second opinion. Adherence to this rule is mandatory.

#### 4.8.6. Intoxication Transport Decisions

4.8.6.1. The crew will adhere to BLS protocol for a Refusal of Treatment/Transport when dealing with an intoxicated student.

4.8.6.2. The following conditions must be met to allow medical clearance for an intoxicated patient:

CAOx3 to person, place, and time

No recent vomiting (up to the discretion of the Crew Chief)

Able to ambulate appropriately and safely without risk to self

4.8.6.3. If the patient is able to be medically cleared, the Crew Chief will inform the on scene Public Safety officer of their decision.

4.8.6.4. The Public Safety supervisor on duty will then make the final decision to contact an outside agency regarding the intoxicated patient. They may still request an ambulance for the patient to be transported to the hospital if the patient is under age 21. If the patient is over age 21, an ambulance cannot force the patient to go to the hospital provided they meet the above criteria. However, Public Safety may request the Rochester Police Department to escort the individual off of University property if appropriate.

#### 4.9. Public Interaction

##### 4.9.1. Ambulance Crew Assist

4.9.1.1. Crew members shall help the ambulance crew as requested by the responding agency within our scope of practice to ensure a smooth transition of patient care. This includes, but is not limited to, continuing to assess/treat the patient, assisting the patient in transport to the ambulance, and carrying equipment to the ambulance. A crew member may not ride in the ambulance with the patient to the hospital unless the patient is critical and the ambulance crew requests this. Then, only an EMT-B may ride. Which crew member rides is left to the discretion of the Crew Chief.

##### 4.9.2. Outside Agency Relations

4.9.2.1. All members will at all times interact with any encountered outside agency in a cooperative, helpful, respectful, polite, and professional manner to encourage a healthy relationship between RC MERT and the agencies that RC MERT interacts with. In the event an outside agency personnel acts inappropriately, the DO and ADO should be notified and an IR should be filled out.

##### 4.9.3. University Community Relations

4.9.3.1. All members will at all times project a courteous and professional attitude when interacting with members of the University

community. Because of the nature of our service to the University community, RC MERT must maintain and foster excellent relations with its members.

#### 4.10. Alumni Requirements for Active Duty

4.10.1. Alumni returning who wish to take a shift shall petition the Executive Board.

4.10.1.1. The Executive Board must approve the petition by a majority vote.

4.10.2. Alumni returning who wish to take a shift shall meet the following requirements.

4.10.2.1. The alumnus shall have current certification commensurate with the position they request to fill.

4.10.2.2. The alumnus shall have attained at the minimum the requested position prior to leaving the agency.

4.10.2.3. The alumnus must be returning to active duty within one year of leaving the agency.

4.10.2.3.1. If returning after one year has elapsed the alumnus must present proof certifying they have continued with EMS field duty since leaving the agency. Exceptions can be made in the event of crew chief shortages, as deemed by the DO, DOT, and WEB.

4.10.2.3.2. The alumnus must have been in good standing with the agency the semester prior to leaving.

4.10.2.4. The alumnus must obtain permission from the shift Crew Chief if they are not filling the Crew Chief position.

4.10.2.4.1. The Executive Board retains the right to assign a backup Crew Chief for the shift if the alumnus is filling the Crew Chief position.

4.10.2.5. If the shift the alumnus requests due to availability constraints is already filled, the alumnus must formally obtain permission from the current crew member for a shift drop or switch.

4.10.2.6. The alumnus shall not practice above the Basic Life Support level as outlined by New York State and Monroe/Livingston Regional EMS protocols if they have gone on to receive higher education in the medical field.

4.10.2.6.1. The Executive Board shall remind the alumnus of this policy prior to their shift.

#### 4.11. Bunkroom

4.11.1. All crew members are required to sleep in the RC MERT Bunkroom during night shifts unless they will be sleeping on the First-Year Hill, or up to the discretion of the on-duty Crew Chief.

4.11.2. If the primary bunk space is not in operation for any reason, the DO shall decide how and from where the crews will respond to calls until the primary bunk space is back in service.

**(END of Section 4)**

**5. Daytime Operations**

5.1. Day-Shift Operations

5.1.1. Day-shifts, such as those occurring typically on Saturdays and Sunday (as well as Orientation regular day-shifts), will operate with the same protocols and standards as regular night shifts as outlined in Section 4. Day shifts may be split into 2 or more timeframes at the discretion of the Webmaster/Scheduler.

5.2. Non Day-Shift Daytime Operations

5.2.1. Email-to-Text Message Dispatch: Public Safety maintains a contact list of RC MERT members' cellular phone numbers to send text message dispatches. Text dispatches will be used from the hours of 0800 to 2000 on weekdays and any other time as dictated by the DO while RC MERT is in service.

5.2.1.1. The text dispatch will include dispatch information normally included in a radio dispatch, including call location and call type.

5.2.1.2. Any active RC MERT member eligible to take calls must receive text message dispatches. The DO will communicate with Public Safety Dispatch to maintain and update the contact list as needed.

5.2.1.3. Any member who receives text message dispatches shall also be part of a Day Calls Groupchat. This group cannot be muted. When responding to a day call, a member should communicate their location and intent to respond via group message.

5.2.1.4. Text dispatch shall be used for response to a Mass Casualty Incident.

5.2.2. Non-Day Shift Daytime Responses

5.2.2.1. If a medical emergency occurs on the River Campus during the day, the Department of Public Safety will dispatch available RC MERT units via text dispatch.

5.2.2.2. In the event that a responding Crew Chief can respond to the RC MERT emergency call, the Crew Chief must immediately contact



the Public Safety Dispatcher at x13 or 5-3333 from any internal University phone or by calling (585)275-3333 from an outside line and give their name, position, and state that they are responding to the call from their current location in the usual manner that calls are acknowledged over the radio. The Crew Chief shall communicate their intention to respond to the call through the Day Calls Groupchat.

5.2.2.3. A RC MERT Crew Chief must be responding in order to qualify as an RC MERT response.

5.2.2.4. Any 801, 802, and/or 803 may be on call during the day. To do so, they must contact the Webmaster/Scheduler and Equipment Manager and obtain one radio per person from the office. The radio must be returned by 2000 on that day.

5.2.2.5. If there is no official 802 on call, any 802 may respond to the call by stating their intention via text message group, after the acknowledgment of response from a Crew Chief.

5.2.2.5.1. The first 802 to state intention to respond to the call shall have precedence for running the call under the direction of the Crew Chief and receiving an evaluation for the call.

5.2.2.5.2. If the first 802 is responding from off campus, any following 802 who states intention to respond and is located on campus shall have precedence for the call.

5.2.2.5.3. Any 802 located on or near the scene of the call at the time of dispatch who wishes to respond shall have precedence for the call over another responding 802.

5.2.2.6. If there is no official 803 on call, it is in the responding Crew Chief's discretion as to whether an 803 is needed on the call and which 803 to choose to respond with them, given the nature of the call and ease of timely response.

**(END of Section 5)**

**6. Documentation and Protocol Deviations**

6.1. Patient Care Reports (PCRs)

6.1.1. After each RC MERT call, an electronic chart must be filled out to document the medical emergency.

6.1.2. RC MERT utilizes emsCharts online charting tools available at [www.emscharts.com](http://www.emscharts.com).

6.1.2.1. Each Crew Chief, Crew Chief Trainee, and Medic Assistant will be provided with an account by the QA/QI Chair. Crew Chiefs and Crew Chief Trainees will also receive training in how to properly document using an electronic system. Acceptable knowledge and application of this system will be vital in the Crew Chief Trainee program.

6.1.3. These reports are legal documents which may be subpoenaed in court.

6.1.4. If there are multiple patients, including both the mother and child in the event of childbirth, each patient RC MERT treats must receive their own

electronic chart.

6.1.5. An electronic chart must be filled out for every standby (even if there were no patients) by the Crew Chief and Crew Chief Trainee that were on duty at the standby.

6.1.6. The responding Crew Chief and Crew Chief Trainee must complete an electronic chart for calls in which the patient could not be found, calls canceled en-route, and all dropped calls on their shift.

6.1.7. The QA/QI Chair must complete an electronic chart for all calls that are dropped when there is no crew on duty.

## 6.2. Completing Electronic Charts

6.2.1. For protocols on emsCharts, see the emsCharts Protocol.

6.2.2. All information that is necessary to complete the electronic chart must be gathered and recorded on scene. A copy of a MLREMS paper PCR may be available for assistance. This includes but is not limited to: times, vitals, demographics, interventions, medical history, assessments and outcomes. Following the completion and locking of the patient chart, the paper PCR and all notes and papers with the exception of the Refusal of Treatment/Transport form must be shredded to ensure patient confidentiality.

6.2.3. The PCR must be created immediately following the call or as soon as crew is available. The Crew Chief or Crew Chief Trainee will log into emsCharts and create a new chart.

6.2.4. The chart must be filled out in its entirety. However, under no circumstances is a member of RC MERT to falsely include an action/assessment/intervention that was not performed. Also, it is prohibited to omit actions/assessments/interventions that were performed.

Truthful and accurate documentation of the call in its entirety is essential. 6.2.5.

### Chart Pages

6.2.5.1. For information regarding specific pages of a patient chart, please refer to the RC MERT Charting Guidelines.

### 6.2.6. Documenting Refusals

6.2.6.1. If the patient meets all the criteria to refuse medical treatment defined by NYS and Monroe-Livingston criteria, the patient may do so after signing the Refusal of Treatment/Transport form.

6.2.6.2. The patient must read, repeat, understand and sign the MLREMS Refusal of Treatment/Transport form. The patient must also initial under the "Reason for refusal of care and/or transport and direction for follow-up care" section. A witness must sign below the patient. The rest of the form will be filled out by the EMT crew member who obtained the consent.

6.2.6.3. The signed form will be scanned and uploaded to emsCharts before locking the chart. The scanner file on the computer must be deleted by the crew immediately after upload to protect the patient's

healthcare information.

6.2.6.4. After being uploaded, the completed and signed Refusals of Treatment/Transport shall be kept either in the Operations box in the UHS office or in the Spurrier office Operations filing cabinet.

6.2.7. PCRs should be completed immediately following a call (time permitting) and must be locked within 4 hours from dispatch. If a delay occurs, the Crew Chief must add an Addendum to the chart explaining why the lock time was delayed.

### 6.3. Incident Reports (IRs)

6.3.1. The Public Safety Liaison, DO, and ADO may request any member to complete an IR regarding any situation involving RC MERT. Situations may include, but are not limited to, events during a call, actions of individual members, theft/damage/loss to RC MERT equipment or property, or actions of DPS officers or outside agencies. These reports must be noted by the Operations Department heads and filed appropriately. Additionally, the ADO shall keep a running record of all individuals mentioned in a given report.

6.3.2. Any member may choose to complete an IR regarding any situation involving RC MERT.

6.3.3. Reports should be filed with the ADO in the Operations Box or through the Virtual IR Form.

6.3.3.1. Should an IR concern the ADO, reports should be sent to the DO. Should they concern both the DO and the ADO, reports should be sent directly to the DPS Liaison. This option is only viable through the physical paper IR.

6.3.3.2. Should an IR concern a member of the Disciplinary Committee or a member of close relation to someone on the Disciplinary Committee such that an unbiased decision would not be able to be made, the ADO may select to exclude that disciplinary member from all decisions regarding said IR.

6.3.3.2.1. If the number of members of the Disciplinary Committee affected by an IR exceeds an amount in which there is a reasonable number of remaining members to vote on a decision, the ADO can elect to bring in a temporary or interim member of the Disciplinary Committee to make decisions regarding an IR.

6.3.4. The ADO should be contacted via email, text, or call whenever an IR is filed.

6.3.5. Each IR will be reviewed by both the DO and ADO

### 6.4. Exposure Response/Reports

6.4.1. If any member's mucous membranes were exposed to bodily fluids during a call in which the potential for transmission of pathogens exists, the member will immediately contact the ADO and complete the appropriate Exposure Report form.

6.4.2. Any exposed member should immediately take action to flush mucous membranes with water or saline for fifteen minutes. Any exposed non-mucous membrane should be washed with soap and water for fifteen minutes.

6.4.3. Members should consult the ADO for further details regarding exposures.

#### 6.5. Disciplinary Reports

6.5.1. Any disciplinary proceedings and/or action involving a member will be documented and kept in the disciplinary files with the ADO.

#### 6.6. Protocol Deviation Remediation

##### 6.6.1. Definition

6.6.1.1. The following policy shall be enforced jointly by the Operations and Training Departments as a function of quality assurance/quality improvement.

6.6.1.2. A protocol deviation under this policy will be defined as the administration of an inappropriate treatment or withholding an appropriate treatment from any patient or inappropriate conduction of procedures related to patient care according to the most current issuance of New York State & Monroe County EMT-Basic protocols.

##### 6.6.2. Protocol Changes

6.6.2.1. The Training Department will be responsible for ensuring that protocol updates and changes are distributed to RC MERT personnel in a timely fashion.

##### 6.6.3. Minor Protocol Deviations

6.6.3.1. Minor protocol deviations will be brought to the supervising Crew Chief's attention. The EMT who provided care (either 801 or 802) will be verbally or in writing notified of the deviation and the appropriate treatment according to protocol. The EMT will be given an opportunity to explain their actions verbally or in writing and must complete a Training signifying that they were made aware of the deviation and were instructed on the appropriate interventions and protocols. If Operations and Training staff determine that no protocol deviation occurred based on the EMT's explanation, the EMT will be instructed on proper documentation of such a discrepancy.

6.6.3.2. What constitutes a minor protocol deviation is at the discretion of the Training Department, but generally includes deviations that present no potential threat to life or limb.

6.6.3.3. If a minor protocol deviation is documented, it will be filed in the EMT's membership file. If 3 minor protocol deviations are documented in one semester, action commensurate with a major protocol deviation may be taken following the third occurrence.

##### 6.6.4. Major Protocol Deviations

6.6.4.1. Major protocol deviations will be brought to the supervising Crew Chief's attention. The EMT providing care must meet with Training and Operations staff. The EMT will be given an opportunity to explain their actions verbally or in writing. If Operations and Training staff determine that no protocol deviation occurred based on the EMT's explanation, the EMT will be instructed on proper documentation of such an .

6.6.4.2. If a major protocol deviation is documented, in addition to receiving instruction on appropriate protocols, the EMT may be subject to the following:

A demonstration of proper protocol. This may take the form of a written or practical examination.

Probationary status. The length and terms of probation will be jointly determined by Operations and Training staff.

Revocation of field status. The length and terms of reinstatement will be jointly determined by Operations and Training staff.

6.6.4.3. What constitutes a major protocol deviation is at the discretion of the Training Department staff, but generally includes deviations that present a potential threat to life or limb. Inappropriate Refusals of Treatment/Transport fall under this category because of the potential legal ramifications.

6.6.5. Protocol deviations will be documented by the Executive Board using an IR.

6.6.6. Major Protocol Deviations identified by the QA Committee will be brought to the attention of the Operations and Training Department via the QA/QI Chair.

Minor Protocol Deviations should also be brought to the attention of the Operations and/or Training Department if appropriate. Charting deviations will be dealt with by the QA/QI chair.

**(END of Section 6)**

**7. Regulations and Responsibilities**

7.1. Membership Responsibilities

7.1.1. Shift Responsibilities

7.1.1.1. A Medic Assistant (803) must maintain a record of at least one shift per month and fill the schedule.

7.1.1.1.1. This obligation may be met with overnight shifts as well as standby shifts, weekend day shifts, or special event shifts.

7.1.1.1.2. In the event that there are more shifts than available Medic Assistants, they are expected to take more than one shift per month to fill the schedule.

7.1.1.1.3. In the event that there are more Medic Assistants than the number of shifts in that month, Medic Assistants that were not assigned with any shifts in that month are expected to take at least one shift in the next month.

7.1.1.2. A Crew Chief Trainee (802) must maintain a record of at least one weekend and one weekday shift per month, unless permission has been obtained from the DOT and WEB. If there are remaining shifts, they should be equally distributed among Trainees.

7.1.1.2.1. Note that weekends are defined as those shifts from 2000 on Friday until 0800 on Monday.

7.1.1.3. A Crew Chief must take the number of shifts as denoted by the Webmaster at the beginning of each shift cycle. The remainder of the shifts should be filled equally.

7.1.1.4. All active members must sign up for the required number of shifts by the first of that month.

7.1.1.4.1. Members who fail to meet this deadline shall be subject to an IR and disciplinary action.

7.1.1.5. A member may not take two consecutive night shifts except due to extenuating circumstances, as deemed by the WEB.

## 7.1.2. Meeting and Event Attendance

7.1.2.1. No member may miss GMM without a valid excuse, as determined by the Membership Officer. Members who miss GMM without an excuse must attend the week's open E-Board meeting, or an IR will be filed. If the member attends E-Board, the missed GMM will be considered made up for and will not go on the member's disciplinary record.

7.1.2.2. A small number of general membership meetings will be deemed mandatory, including but not limited to Standard Operating Procedures updates and Executive Board elections, and cannot be missed unless extenuating circumstances are evident.

7.1.2.3. If a member has a planned absence from a general membership meeting with an acceptable reason, they must fill out a request form which will then be recorded as an excused absence.

7.1.2.4. A member may not be excused from more than two consecutive general membership meetings unless extenuating circumstances, as deemed by the MO, are evident.

7.1.2.5. The Executive Board may determine that a member has a valid obligation that causes them to miss multiple General Membership Meetings. In this small number of cases, the Membership Officer shall maintain a list of these members so that meeting minutes and mandatory information is disseminated through email. These members must attend open E-Board unless they have a valid excuse, as determined by the Membership Officer.

7.1.2.5.1. These members are not exempt from HIPAA and BBP training and must make special arrangements with the Training Department to undergo this training.

7.1.2.6. A member must attend at least one co-sponsorship event each semester. Members are responsible for reporting attendance to the PR Officer, who shall maintain records of attendance for all members

## 7.1.3. Committee Responsibilities

7.1.3.1. Each member is encouraged to be an active member of at least one committee led by the Executive Board heads.

7.1.3.1.1. These committees include the Training, Membership Officer, Public Relations, Equipment, Webmaster, QA/QI, and FTO Committees.

7.1.3.1.2. A committee is not defined as an ad hoc committee.

## 7.1.4. Certification Responsibilities

7.1.4.1. New members are required to become NYS EMT-B certified within one year to the day they were accepted into RC MERT. This policy shall be enforced by the Operations and Training Departments.



Members must maintain their NYS EMT-B certifications, unless their certification expires within three months of graduation or planned departure from the agency.

## 7.2. On-Duty Regulations

### 7.2.1. Permissible locations

7.2.1.1. While on duty for RC MERT, each crew member must remain on campus and close to the vehicle, as determined by the Crew Chief on duty. Members should avoid underground basements or floors because of poor radio conduction signals. It is prohibited to be located in the secondary coverage area for RC MERT duty due to the unnecessary elongated response time unless when rendering emergency medical services under the specified conditions listed in Section 3.2.2. RC MERT members on duty are bound by the “duty to act” in the event of a medical emergency within the primary coverage area assuming the scene is safe. Vehicle 800 is only permitted to be parked in Library Lot or adjacent to the River Campus Public Safety annex, in an approved parking space, or in an otherwise permissible area as determined by University Parking Services when not responding to calls.

### 7.2.2. Identification

7.2.2.1. When RC MERT members are on duty, each Crew Chief and Crew Chief Trainee is expected to carry RC MERT Identification Cards when issued, EMT certifications, driver’s license as appropriate, and University Identification with them at all times. On duty members must always have immediate access to their assigned equipment and be within appropriate range of their assigned radio.

### 7.2.3. Professionalism

7.2.3.1. All members will conduct themselves with the utmost professionalism.

7.2.3.2. Members in a self-proclaimed romantic relationship are not permitted to take shifts together unless the Webmaster/Scheduler is unable to find an alternative crew 48hrs before the shift.

### 7.2.4. Uniforms/Dress Code

7.2.4.1. When RC MERT members are on duty, each member is expected to wear the uniform that is specified in the RC MERT Uniform and Appearance Guidelines. The Uniform and Appearance Guidelines can be found on the RC MERT website. The Executive Board may change these guidelines by majority vote.

7.2.4.1.1. In the event that there is a shortage of uniform shirts as deemed by the EQM, members may wear a different shirt that is within the Uniform and Appearance Guidelines.

7.2.4.2. RC MERT Uniform shirts must be returned to the EQM upon graduation or departure from the agency for any reason.

7.2.5. All RC MERT members on duty, providing patient care, or operating any emergency medical services response vehicle, are obligated to follow New York State Law, Federal Law, University of Rochester School Policies, New York State Department of Health Emergency Medical Services Protocols, and Regional Protocols at all times. All RC MERT members must have consumed zero alcoholic drinks and zero amounts of any other drug affecting physical coordination or intellectual function within 8 hours before being on shift, providing patient care, or operating any emergency medical services response vehicle. RC MERT members may NOT be on duty, provide patient care, or operate any emergency medical services response vehicle while under the influence of alcohol or any other drug affecting physical coordination or intellectual functions.

### 7.3. Off-Duty Regulations

7.3.1. Members who violate University Policy or the law and have disciplinary action brought against them by the University may be subject to RC MERT disciplinary action at the discretion of the Public Safety Liaison, DO, and ADO. Additional reasons for disciplinary actions may include, but are not limited to, Substance Abuse Policy violations, Alcohol Policy violations, and Vandalism or Theft infractions.

7.3.2. Members are allowed to wear RC MERT uniform apparel when not on shift. A member wearing RC MERT apparel signals to the University of Rochester community that the member is prepared to take charge should a medical emergency happen in their presence. Engaging in inappropriate behavior, as deemed by a simple majority vote of the Executive Board and Captain Reed, when wearing RC MERT apparel is prohibited and will carry disciplinary consequences.

### 7.4. Disciplinary Action

7.4.1. Disciplinary action in RC MERT shall follow the guidelines set out in the agency's constitution.

7.4.2. Actions of any member that carry the potential for disciplinary consequences shall be investigated by the ADO.

7.4.2.1. Involvement by the DO shall be reserved for appeals to disciplinary action, or for special circumstances as deemed necessary by the DO and ADO.

7.4.3. If disciplinary action is deemed appropriate, the Public Safety Liaison will be involved in the proceedings.

7.4.4. If an action clearly warrants disciplinary action, the Public Safety Liaison will immediately be involved.

7.4.5. Actual disciplinary consequences will be handled on a case by case basis with the ADO and Public Safety Liaison, as well as the DO if appropriate, if not already determined by RC MERT guidelines.

7.4.6. Disciplinary actions may include, but are not limited to, verbal/written warning, revocation of shift privileges, revocation of field or executive status, or dismissal from the agency. The ADO and Public Safety Liaison,

as well as the DO if appropriate, will assign disciplinary action as seen fit, as well as the duration of each disciplinary action.

7.4.7. A policy of progressive discipline will be utilized for a majority of infractions. More grievous infractions or unacceptable repeat infractions will result in discipline to a concurrent degree. The severity of various actions shall be kept and monitored by the ADO.

7.4.8. Certain infractions shall have established disciplinary actions associated with them.

7.4.8.1. An unexcused absence from a required meeting or failure to meet a monthly shift requirement shall result in an IR filed against the member.

7.4.8.2. The ADO may choose to alter the above disciplinary actions in exceptional circumstances as determined by the ADO, Public Safety Liaison, and Disciplinary Committee.

7.4.9. The ADO will enforce disciplinary actions.

7.4.9.1. If the ADO is the member receiving disciplinary action, the DO shall enforce disciplinary actions.

7.4.9.2. Any report regarding the ADO shall be submitted to the DO and/or Public Safety Liaison.

7.4.10. All disciplinary actions and circumstances surrounding the incident will be accurately and completely documented and filed in the appropriate member file.

## 7.5. Probationary Status

### 7.5.1. Definition

7.5.1.1. Restrictions for the member under probationary status will depend on a case by case basis.

7.5.1.1.1. Restrictions include but are not limited to hiatus from participation in committees, hiatus from progression in 803/802/801 program, revocation of swipe access, and/or revocation of Vehicle 800 driving privileges.

### 7.5.2. Probationary Members

7.5.2.1. Members failing to meet the requirements for active membership shall be reassigned to probationary status.

7.5.2.1.1. The requirements for active membership are outlined in Article III Section B of the RC MERT Constitution.

7.5.2.1.2. A serious disciplinary violation, as determined by the ADO, DO, and Public Safety Liaison, shall cause that member to be placed on probationary status.

7.5.2.2. Members reassigned to probationary status will be notified by email.

7.5.2.3. Members classified as probationary must attend all required RC MERT meetings and events during their probationary status.

7.5.2.4. Members classified as probationary who do not have all required

certifications and training to take shifts, as outlined in the Constitution, will be prohibited from participating in evening shifts, day shifts, day calls, and standbys until they have received all necessary certifications and training.

7.5.2.5. Members classified as probationary who do have all required certifications and training to take shifts will be expected to fulfill their shift requirements as normal throughout their probationary status.

#### 7.5.3. Reactivation Procedure

7.5.3.1. The reactivation procedure for a member placed on probationary status only for failing to maintain one or more of the training and certification requirements to take shifts is as follows:

This member must, at a minimum, receive all training and certifications required in a time limit designated by the Executive Board.

The Executive Board may determine additional requirements for that member to fulfill in the time period.

7.5.3.2. Reactivation procedure for a member placed on probationary status for any other reason is as follows:

This member must, at a minimum, attend all required RC MERT meetings and fulfill his/her monthly shift requirement during a time period designated by the Executive Board.

The member shall maintain all required training and certifications required to take shifts during his/ her probationary status.

The Executive Board shall determine additional requirements, if deemed necessary, for the member to fulfill in the time period.

7.5.3.3. If all requirements are met, the member will be returned to active status at the end of the designated time period. If not met, the member shall be removed from the agency, unless deemed an exceptional circumstance by the Executive Board.

#### 7.5.4. Subsequent Placements on Probationary Status

##### 7.5.4.1. Second Occurrence

7.5.4.1.1. In the event that a member is placed on probationary status for the second time, the member shall be removed from the agency.

#### 7.5.5. Missed Shifts

7.5.5.1. If a member does not attend their scheduled shift or attends late without advance notice and/or arrangements given to the responsible Crew Chief, that Crew Chief will contact the DO, ADO, or WEB and notify them of the absence.

7.5.5.2. If the Crew Chief does not attend their scheduled shift or attends late without advance notice and/or arrangements given to the entire crew, the Crew Chief Trainee will contact the DO, ADO, or WEB and notify them of the absence.

7.5.5.3. The Operations Department shall contact the member and remind them of their obligations for shift attendance and tardiness. The on-duty crew members must submit an IR.

7.5.5.4. The member shall be referred to the Disciplinary Committee for further action.

7.5.5.5. This policy shall apply to standby and special event shifts in addition to overnight shifts.

7.5.5.6. If extenuating circumstances are present, they shall be considered when determining if disciplinary action is appropriate.

## 7.6. Leave of Absence

### 7.6.1. Conditions for Leave of Absence

7.6.1.1. Any member who will be unable to fulfill membership requirements wishing not to be placed on inactive status shall submit a request for a leave of absence via email, to the Membership Officer and the Operations Department prior to their departure.

7.6.1.2. An LOA may be automatically granted in extreme circumstances determined by a simple majority vote of the Executive Board for members not returning to campus.

### 7.6.2. Requirements

7.6.2.1. Only active members may request a leave of absence.

7.6.2.2. All requests for a leave of absence must be submitted through the google form on the website and must include a reason for the requested LOA, plans in regards to maintaining skills once they return from the LOA period, and the timeline for the LOA (i.e. when the LOA period starts and when the LOA period ends).

7.6.2.3. All requests for a leave of absence shall be subject to approval by the Executive Board.

7.6.2.4. The leave of absence period may not exceed one academic semester.

7.6.2.4.1. Requests for a leave of absence periods exceeding one semester may be considered on a case by case basis by the Executive Board. Leave of Absence requests extending past one semester must be reapplied for before the start of the second semester.

7.6.2.5. Members shall not be on a leave of absence for more than a total of three academic semesters during a period of four years.

7.6.2.5.1. Extenuating circumstances shall be considered by the Executive Board if extended leave of absence periods are

necessary.

7.6.2.6. Members are still obligated to fulfill contractual obligations agreed upon by entering into a RC MERT-sponsored EMT class.

7.6.2.7. The request for a leave of absence must be submitted by the last Sunday of the preceding week prior to the start of the leave of absence period to allow for an Executive Board vote and to limit the impact on shift sign-up.

7.6.2.8. Once accepted, members shall be notified and reclassified to leave of absence status.

7.6.2.8.1. Members classified under leave of absence status shall not incur any penalty for failing to meet membership requirements, nor shall they incur an instance of inactivation on their membership file.

7.6.2.9. The Membership Officer must be contacted as soon as possible if alterations to the leave of absence period are necessary. The Membership Officer will then notify the rest of the Executive Board.

#### 7.6.3. Return from Leave of Absence

7.6.3.1. Members returning from a leave of absence shall be reinstated to active status.

7.6.3.2. Members returning from a leave of absence during which they did not participate in EMS field duties are subject to skills training and demonstration commensurate with their level of training within the agency coordinated by the Training Department.

7.6.3.2.1. All members shall be notified of any policy changes made during their absence.

7.6.3.2.2. 803s must demonstrate competence setting up oxygen administration supplies, vital signs, and familiarity with equipment location in the bags.

7.6.3.2.3. The Training Department shall coordinate and tailor the reinstatement requirements as well as offer refresher exercises for returning members.

7.6.3.2.4. The reinstatement requirements must be completed within one month of returning to maintain active status.

7.6.3.2.4.1. If not completed within one month, the member shall be placed on inactive status until reinstatement requirements are met.

7.6.3.2.4.2. Members who attempt reinstatement procedures but are not deemed ready to return to field duties shall not incur a penalty, nor a reduction in training status, but shall work with the Training Department until cleared for return to field duties.

#### 7.6.4. Leave of Absence for Executive Board Members

7.6.4.1. Executive Board Members must follow the procedure below should they wish to take a leave of absence during their term on the Executive Board.

7.6.4.1.1. Executive Board members wishing to take an LOA, study abroad, or take another type of planned absence must submit an LOA request.

7.6.4.1.2. If the LOA request is accepted, the Executive Board member must follow the procedure outlined in section 7.8 for vacating their Executive Board position.

7.6.4.2. If Executive Board Members need to attend University remotely, they may perform their Executive Board duties remotely if their position allows them to do so. DO, ADO, DOT, ADOT, and EQM are not able to do so.

## 7.7. Resignation and Membership Termination

### 7.7.1. Membership Resignation:

7.7.1.1. If a member wishes to resign from the agency, they must notify the Membership Officer via email. The email notification to the MO shall be brought to the Executive Board and discussed to ensure that the Executive Board and the member are aware of the situation. Upon discussion by the Executive Board, the member shall be notified that the process is complete and the member is thereby declared a non-member of the agency. An exit interview may be requested by the MO and Operations Department.

7.7.1.2. If a member follows the resignation procedures outlined in 7.7.1.1 and the member has no ongoing or previous disciplinary action against them, the member shall leave the agency in good standing.

7.7.1.3. See 7.8 for Executive Board Resignation procedures.

### 7.7.2. Forced Membership Termination:

7.7.2.1. If a member partakes in actions that, in total, subject the member to possible membership termination, the ADO possesses the right to follow through with the termination of the member. The ADO shall contact the aforementioned member and discuss the situation with the individual in person. The ADO shall fill out the membership termination form, meet with the member in question, and request the member to sign the membership termination form confirming their termination. The Executive Board shall be notified of the situation the same way as in Section 7.7.1.1. Once this Executive Board meeting occurs, the member shall be declared a non-member and the form shall be placed in the membership folder of the individual.

7.7.2.2. In the event that a member refuses to sign the termination form, the Executive Board shall note this and the member shall be terminated upon The Executive Board's discussion of the situation and

completion of the administrative check box.

7.7.2.3. A member leaving the agency via Forced Membership Termination shall not leave the agency in good standing.

7.7.2.4. Executive Board Members who are terminated from the agency are removed from the agency and do not complete the transition outlined in section 7.8.

7.8. Procedure for Ending Executive Board Term Early:

7.8.1. An Executive Board Member must follow the procedure below if they wish to resign from their position on the Executive Board or end their term early for any reason (including, but not limited to, LOA, early graduation, or transfer):

7.8.1.1. The Executive Board Member must notify the entire Executive Board of their intent to resign in the closed section of an Executive Board meeting at least two months prior to their intended resignation unless extenuating circumstances do not allow.

7.8.1.2. The resigning Executive Board Member will remain on the Executive Board as a voting member for one month so that there is time to elect a replacement and complete a transition.

7.8.1.3. The Executive Board will nominate a member to replace the resigning member, unless the resigning member is the DO, ADO, or DOT, and the nominee will be confirmed by a vote of confidence by the general membership.

7.8.1.3.1. If the resigning member is the DO, ADO, or DOT, members who are eligible to run according to Article VI: Section 1 of the RC MERT Constitution will have the option to go through the same nomination and vote of confirmation process as detailed in Article VI: Section 3 of the RC MERT Constitution.

7.8.1.4. During the transitional period, the replacement will be a non-voting member of the Executive Board, unless they are already on the Executive Board under another position in which case only their vote under that position counts, and will sit in on the closed section of Executive Board meetings.

Time served as a replacement Executive Board member counts towards a member's total time on the RC MERT Executive Board.

7.8.1.5. Upon the completion of the one-month transitional period, the resigning Executive Board Member will vacate their position and their replacement will assume the position and become a voting member of the Executive Board.



**(END of Section 7)**

## **8. Standby Operations**

### 8.1. Standby Coordinator

8.1.1 The Standby Coordinator shall be appointed by Webmaster and approved by Executive Board by simple majority vote and will work with Equipment Manager, Webmaster, and Director of Operations to schedule standby shifts.

### 8.2. Equipment

8.2.1. The minimum equipment required for a standby is a fully stocked duffle

bag per the standby checkout form, the AED/Drug bag, and one radio.

8.2.2. Additional equipment to be utilized is at the discretion of the Crew Chief, and may include additional bags, oxygen sleeve, radios, or event specific equipment (i.e. cold packs and elastic bandages for sporting events).

8.2.3. RC MERT crews may request a Public Safety transport to and from an off-campus standby shift.

8.2.4. Standby crews may stage with and use equipment from Vehicle 800 at a standby shift if the standby occurs at a time when no other crew is on shift and using Vehicle 800, only if the WEB, EQM, and next on-duty Crew Chief agreed.

## 8.2. Staging

8.2.1. Staging areas are often designated by the event coordinators.

8.2.2. If a staging area must be selected by the crew, the area shall be easily accessible, near exits, free of excessive traffic, and in a location that event coordinators can easily alert the crew to patients.

## 8.3. Documentation

8.3.1. PCRs are completed in the usual manner for all patients encountered during a standby that require assessment by the crew on scene.

8.3.2. If no patients are encountered during a standby, a standby PCR still must be completed documenting the presence of RC MERT with no patients treated.

## 8.4. Standby Approval

8.4.1. Members of MERT may not do a standby event without first contacting the standby coordinator for approval.

8.4.1.1. Members of MERT may not act as an independent EMT in order to take a standby for a University of Rochester affiliated organization or event, unless they are doing so under the jurisdiction of another EMS agency.

**(END of Section 8)**

## **9. RC MERT Vehicle Operations**

### 9.1. Operator Prerequisites

9.1.1. Vehicle operators must possess a valid driver's license on record with the Training Department and/or Membership Officer.

9.1.2. Vehicle operators must be a Crew Chief, DO/ADO/DOT, EQM, or Vehicle Officer.

9.1.3. Vehicle operators must complete all required training and orientation required by the ADO and DPS prior to operation.

### 9.2. Safety

9.2.1. All operators shall observe all regulations set forth and shall operate the vehicle in a manner to ensure the safety of all occupants and bystanders. The vehicle must be locked if left unattended.

### 9.3. Vehicle Usage

9.3.1. The vehicle will be utilized during all night shifts, day calls where appropriate as deemed by the responding Crew Chief, and special events operations.

9.3.2. The vehicle shall be parked in accordance with University Parking Administration Policies.

9.3.3. Vehicle Operators must abide by every guideline listed within the Vehicle Standard Operating Policy.

### 9.4. Vehicle Equipment

9.4.1. The vehicle will be stocked, at a minimum, with a backpack, clipboard, motorized suction, extrication kit, backboards, KED, scoop stretcher, pediatric/burn bag, traction splint, board splints, pillow/blankets, reflective

vests, oxygen sleeve, additional oxygen tanks and AED/Drug bag when responding to a call.

#### 9.5. Access Roads

9.5.1. All operators shall adhere to the access roads identified by the Operations Department as appropriate and safe for use with the vehicle.

#### 9.6. Vehicles

9.6.1. If the vehicle is involved in an MVA, Public Safety Dispatch must be notified immediately. For MVA procedures, see vehicle operating procedures.

9.6.2. Any vehicle incident involving damage, injury, and/or theft must be immediately reported to the DO, ADO, and Public Safety and an IR must be completed.

### **(END of Section 9)**

## **10. Special Operations**

### 10.1. Unsafe Scene

10.1.1. The scene of a medical emergency can be unsafe for many reasons. This section is not comprehensive of all possible unsafe conditions. Members should use common sense in these unusual situations. Common unsafe conditions may include: a fire emergency, gas leak, patient becoming combative, patient/bystanders having a weapon, battery, and assault.

10.1.2. In the event that an on-duty RC MERT responding member arrives at the scene of the medical emergency call and finds the scene not to be safe, the following protocol is in effect: The RC MERT responding member will immediately evacuate the scene and proceed to a safe destination. The RC MERT member should then respond via radio to the Public Safety Dispatcher and the Crew Chief/RC MERT Crew to alert them both of the unsafe conditions. The Crew Chief on duty then asks the Public Safety Dispatcher to re-tone the RC MERT crew with the following message: "To the Responding RC MERT crew, scene is not safe for '<reasons>' please proceed to '<location>' for further instructions." The location will be determined by the Crew Chief at a place that is safe and away from any reasonable danger. RC MERT may respond again when the scene Public Safety deems the scene safe and secure.

10.1.3. In the event that the on-duty RC MERT responding member that discovered the scene is unsafe and is unable to communicate on the radio or phone due to dire circumstances, the member may press the orange

indented button on the radio. This alerts the Public Safety Dispatcher that there is a very serious and grave situation at hand. It is then assumed that either the responding member is seriously injured or their personal safety is directly threatened. Rochester Police Department, American Medical Response, and the Fire Department are then contacted if radio contact is unsuccessful.

## 10.2. Multiple Calls

10.2.1. In the event that two RC MERT dispatches occur simultaneously or almost simultaneously, the following protocol is in effect:

10.2.1.1. The entire crew will respond to the call with higher priority and stabilize the patient.

10.2.1.1.1. If the crew has already acknowledged one dispatch, they must respond to that first.

10.2.1.2. The Crew Chief will use their best interest to decide if the 802 on call is proficient enough to stay with the patient and finish the call while the Crew Chief takes the other call. If the Crew Chief determines the 802 is not proficient to do so, the Crew Chief will instruct Public Safety to dispatch outside agency/mutual aid to the second call in addition to employing the options detailed in Sections 10.2.3 and 10.2.4. In any case, the Crew Chief must make first patient contact on all calls RC MERT responds to. If the crew splits up in the scenario above, it is at the discretion of the Crew Chief as to which call the 803 administers care, and the Crew Chief will rejoin the rest of the crew immediately after their call is completed.

10.2.2. In the event that a second dispatch comes in during RC MERT's care for another patient, the Crew Chief will ensure stabilization of the call already in progress and make the same considerations detailed in Section 10.2.1.2.

10.2.3. If a Bravo Crew is assigned at the time of a second dispatch, they should respond according to procedures as detailed in Section 4 with the exception of equipment, which should be at least the Standby Bag.

10.2.4. If the Crew Chief deems it appropriate, they may ask DPS on scene or via radio communication to send a text-message dispatch to all RC MERT members asking for a backup crew.

10.2.4.1. At minimum, a backup Crew Chief is needed for any response.

10.2.4.2. Response of a backup crew should follow the procedures listed in Section 4 with the exception of equipment.

10.2.4.2.1. It is up to the discretion of the backup Crew Chief what equipment is retrieved and by who, but at the minimum the Standby Bag or a JumpBag should be brought to the scene.

10.2.4.3. Response time should be communicated to DPS by the responding backup Crew Chief by calling Dispatch at (585)275-3333.

10.2.4.4. The on-duty Crew Chief may decide to send a crew member to

assist the backup crew, but this should be communicated to the backup Crew Chief and documented on both patient's PCR's.

10.2.4.5. Anytime a backup crew is utilized, the Crew Chief should document it in an IR following the call.

### 10.3. Multiple Casualty Incident (MCI)

10.3.1. An MCI shall be defined as an event in which the amount of equipment and staff required to treat the casualties exceeds available RC MERT resources and those immediately available from outside agencies or stockpiles.

10.3.2. In the event that an MCI occurs on campus, the first responding Crew Chief shall, with the responding Public Safety agents, declare an MCI and designate a command post

10.3.3. The responding crew must contact the DO immediately.

#### 10.3.4. MCI Dispatch

10.3.4.1. The on-scene Crew Chief shall contact Public Safety dispatch for a text-message dispatch to all members for response to the MCI.

10.3.5. Medical Command will be assumed by the first on-scene Crew Chief.

10.3.6. Medical Command will be relinquished according to the Chain of Command outlined in Section 2.5.1.

10.3.7. Command shall initially be held by the highest ranking Public Safety Officer on scene.

10.3.7.1. RC MERT operations shall be directed according to the Chain of Command outlined in Section 2.5.2.

10.3.8. Both care and command will be relinquished as appropriate outside responding agencies arrive.

### 10.4. Off-duty Member Call-in and Medical Amnesty

10.4.1. If an off-duty RC MERT member witnesses or discovers a medical emergency, the member must contact the University of Rochester Department of Public Safety by dialing x13 or 5-3333 on an internal University phone or by calling or texting (585)275-3333 on an outside line. The member should give the location of the call, nature, and the fact that they are an off-duty RC MERT member with their level of certification. The RC MERT member on scene may only provide treatment within the limitations of their certifications and will be practicing under the Good Samaritan laws of the state of New York. If the RC MERT member identifies themselves on scene as a RC MERT member willing to provide treatment, then it is prohibited to provide any treatment off the record. Everything must be documented, which requires the call to Public Safety. When the RC MERT crew arrives on scene, the off-duty RC MERT member may transfer care. However, the off-duty RC MERT member may continue to assist with care if willing, at the discretion of the on-duty crew chief. The off-duty RC MERT member may not transfer patient care to another RC MERT member with a lower level of certification.

10.4.2. Effective Fall 2012, Medical Amnesty shall apply to all students of the

University of Rochester community. For more information, view the Medical Amnesty Policy on file with the Center for Student Conflict Management.

## 10.5. Use of Controlled Equipment

### 10.5.1. AED

10.5.1.1. In the event that a cardiac arrest call occurs on the Campus and the AED is used, the Crew Chief must contact the RC MERT Equipment Manager, Operations Department, and QA/QI Chair after the call, who will then contact the Office of Prehospital Care for instructions on how to retrieve and download the computerized patient data for delivery to the Office of the Pre-Hospital Care.

### 10.5.2. Epinephrine Pen/Albuterol

10.5.2.1. In the event that either of these medications are used, the Crew Chief must fill out all the appropriate documentation included in the medications pouch and contact the RC MERT EQM the next day. Both of these officers then contact the RC MERT Medical Director for further instructions regarding any additional documentation needed by the Office of Pre-Hospital Care. In addition, the EQM then contacts the UHS Budget Manager to finance the replenishment of the used medications.

### 10.5.3. Equipment Transported to the Hospital with the Patient

10.5.3.1. If a board splint, traction splint, scoop stretcher, backboard, or KED is transported to the hospital with the patient, the Crew Chief must contact the EQM as soon as possible to ensure that the equipment is retrieved from the Medical Center.

### 10.5.4. Pillows, Blankets, Sheets, and Towels

10.5.4.1. If a pillow, blanket, sheet, or towel is used on shift and transported to the hospital with the patient, the Crew Chief should contact the EQM so they can retrieve new linens from the hospital. If a pillow, blanket, sheet, or towel is used on shift and not transported to the hospital, please place it in a biohazard bag and contact the EQM, who will take it to the hospital and drop it in the soiled linen container and pick up replacements at the hospital.

## 10.6. Combative Patients

### 10.6.1. University Public Safety

10.6.1.1. If a crew encounters a combative patient, it is Public Safety that will attempt to subdue the patient. These situations may quickly become unsafe, and crews are advised to proceed with caution when interacting with combative or belligerent patients. If a patient must be restrained, Public Safety will restrain them.

### 10.6.2. Rochester Police Department (RPD)

10.6.2.1. In certain situations it may be necessary for RPD to respond to the medical emergency. The Public Safety Dispatcher almost always

makes the determination to access RPD. However, if a responding RC MERT member discovers the need for RPD, the RC MERT member will consult the Public Safety officers on scene. If a consensus is agreed upon to have RPD on scene, RPD will be called to respond to the scene. Some situations that require an RPD response may include, but are not limited to, psychiatric emergencies, an unsafe scene despite Public Safety efforts to secure it, or crime scenes.

**(END of Section 10)**

**11. Appendices**

11.1. APPENDIX A - Member Qualifications and Competency Requirements

11.1.1. General Qualifications

- 11.1.1.1. Ability to communicate effectively via telephone and radio equipment.
- 11.1.1.2. Ability to use good judgment and remain calm in high stress situations.
- 11.1.1.3. Ability to be unaffected by loud noises and flashing lights.
- 11.1.1.4. Ability to read, speak, and understand English language.
- 11.1.1.5. Ability to interview patients, patient family members and bystanders.
- 11.1.1.6. Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such.
- 11.1.1.7. Ability to converse, in English, with Public Safety and Ambulance Crews with regard to the status of the patient.
- 11.1.1.8. Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care.
- 11.1.1.9. Ability to withstand varied environmental conditions such as



extreme heat, cold and moisture.

11.1.1.10. Ability to work in low light situations and confined spaces.

11.1.1.11. Ability to work with other providers to make appropriate patient care decisions.

## 11.1.2. Competency Areas

### 11.1.2.1. General Members

11.1.2.1.1. Must be able recognize RC MERT Tone over radio and respond professionally and appropriately to Public Safety Dispatch indicating the member is responding. Must be sufficiently familiar with campus buildings and locations, appropriate access points to buildings, be able to read a map of campus, and communicate the member's location via Radio. Must be able to carry a minimum of 50-pound bag of medical equipment while walking to the call location. Members are not permitted to run, as safety of our members is paramount. Members are expected to walk in inclement weather, if necessary, on the campus and must be able to wake up and respond at any time during the hours or normal shifts (2000-0800). Members must keep strict patient confidentiality of any information learned during the course of a call. Must be able to intelligently debrief following a call with the crew and voice appropriate questions and comments. Members are expected to return equipment to the RC MERT UHS office in a timely fashion following a shift and are responsible for all issued equipment while on shift.

### 11.1.2.2. EMT-B

11.1.2.2.1. Must be competent in all areas described under General Members. Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.). Uses prescribed techniques and equipment to provide patient care. Must demonstrate competency is assessment of a patient, handling emergencies using Basic Life Support equipment and techniques. Must be able to perform CPR, control bleeding, provide non invasive treatment of hypoperfusion, stabilize / immobilize injured bones and the spine, manage environmental emergencies and emergency childbirth. Must be able to use a semi-automatic

defibrillator. Must be able to assist patients with self-administration or administer emergency medications as described in state and local protocol. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders. Must be able to completely and accurately document call events on emsCharts. Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readiness.

#### 11.1.2.3. Crew Chief

##### 11.1.2.3.1. Must be competent in all areas described under EMT-B.

Must have completed RC MERT Crew Chief Trainee program successfully and be approved to operate as a Crew Chief by the Executive Board. Must be able to issue equipment to the on-coming crew and handle all aspects of crew checkout to ensure the crew is properly prepared to respond to calls. Must be confident in patient care decisions, as all medical decisions fall to the Crew Chief during the shift. Must be able to make appropriate transport decisions in conjunction with Public Safety and communicate the reasoning to Public Safety officers on scene. Must be able to determine unsafe scenes and designate a safe staging area in conjunction with Public Safety. Must be able to make constructive comments to Crew Chief Trainees.

#### 11.2. APPENDIX B: Current Contacts

11.2.1. Medical Director: Dr. Erik Rueckmann

11.2.2. Public Safety Liaison: Captain Joseph Reed

11.2.3. University Health Service Budget Manager: Jan Callens

#### 11.3. APPENDIX C: Terms and Definitions

##### 11.3.1. Advanced Life Support:

11.3.1.1. Advanced lifesaving procedures, such as cardiac monitoring, administration of IV fluids and medications, and use of advanced airway adjuncts

##### 11.3.2. Albuterol sulfate nebulizer:

11.3.2.1. A device that administers albuterol sulfate in order to help open a patient's airways during an asthma attack

##### 11.3.3. Automated External Defibrillator (AED):

11.3.3.1. A medical device used to shock a patient's heart during a cardiac

arrest when the heart is either in ventricular fibrillation or ventricular tachycardia in an effort to restore normal heart muscle contractions

11.3.4. Basic Life Support (BLS):

11.3.4.1. Noninvasive emergency lifesaving care that is used to treat airway obstruction, respiratory arrest, or cardiac arrest

11.3.5. Cardiopulmonary resuscitation (CPR):

11.3.5.1. Involves chest compressions and rescue breathing in an attempt to resuscitate patient

11.3.6. (NYS) EMT-B:

11.3.6.1. New York State certified emergency medical technician who has training in basic emergency care skills, including automated external defibrillation, use of a definitive airway adjunct, and assisting patients with certain medications

11.3.7. EMT-Paramedic:

11.3.7.1. An emergency medical technician who has extensive training in advanced life support, including IV (intravenous) therapy, pharmacology, cardiac monitoring, and other advanced assessment and treatment skills

11.3.8. Epinephrine auto injector:

11.3.8.1. A large syringe that with proper use injects epinephrine, a drug that increases pulse rate and blood pressure to help counteract an anaphylactic reaction caused by an extreme allergy

11.3.9. Glucose Paste:

11.3.9.1. A basic sugar used as primary fuel along with oxygen for cellular metabolism; Used to help balance a diabetic's blood sugar

11.3.10. Good Samaritan Laws:

11.3.10.1. Statutory provisions enacted by many states to protect citizens from liability for errors and omissions in giving good faith emergency medical care, unless there is wanton, gross, or willful negligence

11.3.11. HIPAA:

11.3.11.1. Health Insurance Portability and Accountability Act. A 1996 law that ensures the confidentiality of health information for patients.

11.3.12. QA/QI:

11.3.12.1. Quality Assurance/Quality Inspection. A review of documentation and member actions to ensure that federal, state, county, and agency standards are met.

11.3.13. Quick Response Service:

11.3.13.1. An emergency medical service that provides non-transport medical care at a specific emergency service level authorized by the local state health department

11.3.14. "Tone out"/tones:

11.3.14.1. A signal to alert RC MERT members that an emergency

announcement will be broadcasted over RC MERT's Public Safety  
dispatch frequency

#### 11.4. APPENDIX D: Acceptable Abbreviations

@ — at  
ALS — advanced life support  
AMR — American Medical Response  
AOSTF — arrived on scene to find  
BBS — bilateral breath sounds  
BLS — basic life support  
BVM — bag valve mask  
CAO; AO — conscious, alert, and oriented; alert and oriented  
CC — chief complaint  
DCAP — deformities, contusion, abrasions, punctures  
-BTLS — burns, tenderness, lacerations, swelling  
EtOH — alcohol  
FD — fire department  
HIPAA — Health Insurance Portability and Accountability Act Hx —  
history  
JVD — jugular vein distension  
lpm — liters per minute  
LOC — loss of consciousness  
MCI — mass casualty incident  
MVC — motor vehicle collision  
N/A — not applicable / not available  
N/C — nasal cannula  
Neg. — negative  
NKA — no known allergies  
NRB — non-rebreather mask  
N/V/D — nausea/vomiting/diarrhea  
O2 — oxygen  
PD — police department  
PERRL — pupils equal, round, reactive to light  
PMS; CMS — pulse motor sensation; circulation motor sensation  
Pos. — positive  
Pt. — patient  
RFD — Rochester Fire Department  
RMA — Refusal of Medical Aid  
ROM — range of motion  
RPD — Rochester Police Department  
SOB — shortness of breath  
Tx — transfer/transport

UR DPS — University of Rochester Department of Public Safety  
URMC — University of Rochester Medical Center  
Y/P — years old

**(END of Section 11)**