



*University of Rochester*  
*River Campus Medical Emergency Response Team*  
*Standard Operating Procedures*

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## **1. Purpose**

### **1.1. Mission Statement**

- 1.1.1. The University of Rochester River Campus Medical Emergency Response Team (R/C MERT) is a volunteer Quick Response Service (QRS) organization 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. River Campus Medical Emergency Response Team Purpose**

- 1.2.1. Established in 1972, The River Campus Medical Emergency Response Team (R/C 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 advanced life support ambulance, treat non-life threatening injuries, assist Security Services in triaging patients, provide equipment and assistance during mass casualty incidents in conjunction with the appropriate outside agencies and provide 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.

## **2. Executive Structure**

### **2.1. Licensing**

- 2.1.1. The Security and Traffic Division oversees River Campus MERT at the University of Rochester. The organization 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.

### **2.2. Administrative Officials**

- 2.2.1. The Medical Emergency Response Team 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 the Medical Emergency Response Team.
- 2.2.2. The Medical Emergency Response Team Program Director (i.e. Chief Executive Officer of MERT) can be found at the Medical Center's Office of Educational Resources. The current program director is David Leven, located at the Medical Center Office for Educational Resources. (Phone 585-275-7411).
- 2.2.3. In addition to the MERT Program Director/CEO of MERT at the Medical Center, River Campus MERT has a Security Services Program

Director/Security Liaison. The current Security Liaison is Joseph Reed, located in the Community Living Center basement. (Office phone 585-273-5018; Pager 585-220-3604)

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

## **2.3. R/C MERT Executive Board**

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

The Director of Operations is the chief authority of the R/C MERT executive board and is responsible for the daily operations of the organization. The DO serves as the primary contact for R/C MERT and has final say on all decisions made pertaining to the operations of the agency. The DO's responsibilities include, but are not limited to, reserving rooms as needed via Virtual EMS, ensuring positive relations with the University Health Services and Security Services as well as other members of the University Administration, and helping to resolve all internal issues brought to the DO's attention. The DO additionally organizes and runs the biweekly general membership meetings and Executive Board elections during the spring semester, organizes the annual MERT budget, works with Security Services to ensure that all members are super-coded appropriately and as needed, and oversees all additionally ongoing R/C MERT projects. The DO radio call sign is 811.

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

The Assistant Director of Operations serves under the DO in the operations department and acts as the organization's disciplinary executer as well as initial contact regarding all issues pertaining to vehicles under R/C MERT operation. The ADO works with the DO on all aforementioned programs in section 2.3.1. The ADO radio call sign is 812.

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

The Director of Training coordinates the training department and is responsible for the crew chief trainee program as well as the annual EMT class, the mass casualty incident drill, in-services, the field-training officer program, and all other training-related projects. The DOT radio call sign is 813.

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

The Assistant Director of Training serves under the DOT and assists in the activities and the aforementioned programs in section 2.3.3. The ADOT radio call sign is 814.

### **2.3.5. Secretary (SEC)**

The Secretary is responsible for running the application process, tracking the status of each member, maintaining certifications and paperwork for members, taking attendance during each general membership meeting,

assigning committees to all members, and recording minutes during scheduled meetings, as well as all other matters pertaining to the records of the membership. The SEC radio call sign is 815.

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

The Public Relations Officer is responsible for the annual MERT banquet, advertising, community outreach, updating any other channels pertaining to the public image of R/C MERT, keeping positive relations with other student groups on the UR campus, and coordinating the public health activities of R/C MERT including cosponsor opportunities and events with other UR student groups and agencies. The PR radio call sign is 816.

#### 2.3.7. Equipment Manager (EQP)

The Equipment Manager is responsible for inventorying R/C MERT equipment at least one time per month, restocking all equipment as needed, and maintaining the MERT bunk room including laundering the bed sheets at least twice per month. The Equipment Manager is additionally responsible for keeping in constant contact with UHS, Security, and the Operations Department regarding all aspects of R/C MERT equipment. The EQP radio call sign is 817.

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

The Webmaster/Scheduler is responsible for all aspects of the appearance and functionality of the R/C MERT website, coordinating nightly, daily, and standby schedules for the organization, and working in conjunction with other departments to update the R/C MERT Campus Club Connection website. The WMS radio call sign is 818.

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

The Quality Assurance/Quality Improvement chair is responsible for running the process of reviewing charts submitted to emsCharts using the online system, organizing regular QA/QI sessions and acquiring statistics reports at the end of each semester and as needed or requested by members of the Executive Board. The QA/QI chair must be an 802 or 801 within MERT at the time of election unless extenuating circumstances acknowledged by the outgoing DO. The QA/QI radio call sign is 819.

### 2.4. Operations Staff

#### 2.4.1. Director of Operations

##### 2.4.1.1. Definition:

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 aforesaid organization.

#### 2.4.1.2.Purpose

2.4.1.2.1. The primary purpose of the DO is to oversee all activities of R/C 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 aforesaid organization.

2.4.1.2.3. The DO shall develop and coordinate the operations department agenda to meet the goals of the organization.

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 R/C MERT to the following bodies:

- University Administration
- Security
- University Faculty
- Campus Organizations
- Executive Board
- General Membership
- Medical Center Faculty and Administration
- Outside Agencies (R/MMS, RFD, RPD, etc.)
- University and the Greater Rochester Community

#### 2.4.1.3.Prerequisites

2.4.1.3.1. The DO must possess a valid EMT-B or higher certification on record with the training and/or secretarial department

2.4.1.3.2. The DO must have held a station on the previous executive board for at least 14 weeks and must be a member of the executive board at the time of nomination and election to the DO position

2.4.1.3.3. The DO must be nominated and elected by the previous executive board

2.4.1.3.4. The DO must receive a vote of confidence from the general membership

2.4.1.3.5. Active membership as an EMS provider with a transport agency is recommended for the DO

2.4.1.3.6. The DO must be an active crew chief

2.4.1.3.7. Field Training Officer Status is recommended but not required for the DO position pending constitutional approval.



#### 2.4.1.4.Duties

- 2.4.1.4.1. The DO shall oversee the activities of the executive board members
- 2.4.1.4.2. The DO shall schedule, organize, and moderate executive board and general membership meetings
- 2.4.1.4.3. The DO shall meet weekly and as necessary with the Security Liaison (Joseph Reed)
- 2.4.1.4.4. The DO shall, to the best of his or her ability, fulfill all meeting commitments requested by or with University administration, Security Services, and Campus Organizations
- 2.4.1.4.5. The DO shall schedule and organize operations committee meetings
- 2.4.1.4.6. The DO shall, prior to October 1 of each academic year, review the existing standard operating procedures and consult the ADO and executive board regarding changes, additions, and/or deletions. The DO has final say on these changes, additions, and/or deletions.
- 2.4.1.4.7. The DO shall, prior to October 15 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
- 2.4.1.4.8. The DO shall continuously update the manual with novel policies as the need arises to implement such administrative procedures. A simple majority Executive Board vote is needed to place each new standard operating procedures manual version into active use.
- 2.4.1.4.9. The DO shall work with the appropriate departments to organize operations for the standbys and events including:
  - Orientation Week
  - Meliora Weekend
  - Dandelion Day
  - Commencement
  - Sporting events when requested
  - Any other campus event when requested
- 2.4.1.4.10. The DO shall be responsible for overseeing the operations during Dandelion Day, as well as coordinating MERT responses throughout the day

2.4.1.4.11. The DO shall organize, if possible, summer coverage and early move in for crew chiefs to provide freshman orientation coverage

2.4.1.4.12. The DO shall work with the Secretary to organize MERT staffing for the Fall and Spring Activity Fair and ITS Expo

2.4.1.4.13. The DO shall organize the R/C MERT delegation for the National Collegiate Emergency Medical Services Foundation (NCEMSF) Annual Conference

2.4.1.4.13.1. The institutional code for registering the University of Rochester delegation is Roch19878. The DO shall consult with UHS prior to registration to coordinate payment.

## 2.4.2. Assistant Director of Operations

### 2.4.2.1. Definition:

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 aforesaid organization.

### 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 R/C MERT.

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

2.4.2.2.3. The ADO shall assist the development and coordinate the operations department agenda to meet the goals of the organization.

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

- University Administration
- Security
- University Faculty
- Campus Organizations
- Executive Board
- General Membership
- Medical Center Faculty and Administration
- Outside Agencies (R/MMS, RFD, RPD, etc.)
- University and the Greater Rochester Community

### 2.4.2.3. Prerequisites:

- 2.4.2.3.1. The ADO must have held a station on the previous executive board for at least 14 weeks and must be a member of the executive board at the time of nomination and election to the ADO position
- 2.4.2.3.2. The ADO must be nominated and elected by the previous executive board
- 2.4.2.3.3. The ADO must receive a vote of confidence from the general membership
- 2.4.2.3.4. A valid EMT-B or higher certification on record with the training and/or secretarial department and Active membership as an EMS provider with a transport agency is recommended for the ADO
- 2.4.2.3.5. The ADO must be an active crew chief
- 2.4.2.3.6. Field Training Officer Status is recommended for the ADO position pending constitutional approval.

#### 2.4.2.4.Duties

- 2.4.2.4.1. The ADO shall meet weekly or as necessary with the Security Liaison (Joseph Reed)
- 2.4.2.4.2. The ADO shall to the best of his or her ability fulfill all meeting commitments requested by or with University administration, Security Services, and Campus Organizations
- 2.4.2.4.3. The ADO shall assist the DO in organizing schedule operations committee meetings
- 2.4.2.4.4. The ADO shall, prior to October 1 of each academic year, review the existing standard operating procedures and consult the DO regarding changes, additions, and/or deletions
- 2.4.2.4.5. The ADO shall with the DO, prior to October 15 of each academic year, finalize any changes to the standard operating procedures and include them within the procedures, noting the fact and date of a change to the manual
- 2.4.2.4.6. The ADO shall assist the DO in overseeing the operations during Dandelion Day, as well as coordinating MERT responses throughout the day

- 2.4.2.4.7. The ADO shall be the executer of disciplinary action. He or she must be involved in the proceedings of disciplinary investigations as outlined in section (7.4) of this document.
- 2.4.2.4.8. The ADO shall be the contact person for exposures to R/C MERT members.
  - 2.4.2.4.8.1. The ADO shall request the member completes an exposure form found in Appendix D (12.3.2)
  - 2.4.2.4.8.2. The ADO shall complete the appropriate follow up for said member in conjunction with the appropriate health care professionals in UHS.
- 2.4.2.4.9. The ADO shall write all proposals for R/C MERT unless otherwise specified by the DO.
- 2.4.2.4.10. The ADO shall maintain MERT's emsCharts records and handle any problems associated with the patient records system. The ADO will consult the DO regarding issues if necessary.
- 2.4.2.4.11. The ADO shall check and empty the Operations Box at least twice weekly for incident reports and other forms.
- 2.4.2.4.12. The ADO must collect all RMA forms, organize them by date, and file them in the appropriate place.
- 2.4.2.4.13. The ADO shall ensure that 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.
- 2.4.2.4.14. The ADO shall serve as dispatcher for Dandelion Day unless otherwise specified by the DO and the rest of the executive board.
- 2.4.2.4.15. The ADO shall update the New Member Manual each year prior to the start of the Fall New Member Orientation Program.
- 2.4.2.4.16. 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, including the NCESMF conference, Relay for Life, and other projects.

### 2.4.3. Operations Committee

#### 2.4.3.1. Definition:

The Operations Committee is comprised of an appropriate number of general members who are interested in R/C MERT operations, will follow responsibilities delegated from the Operations Staff, and have been selected by the DO and ADO.

#### 2.4.3.2. Purpose:

The Operations Committee serves under the DO and ADO to assist in coordinating and executing the agenda and activities of the operations department

#### 2.4.3.3. Prerequisites:

The Operations Committee members must be general members in good standing with the organization

#### 2.4.3.4. Duties

2.4.3.4.1. The Operations Committee members shall meet promptly for all scheduled Operations Committee meetings, unless extenuating circumstances arise and the DO or ADO is notified.

2.4.3.4.2. The Operations Committee members shall attend meetings and complete activities to further the operations department agenda as assigned by the DO and/or ADO during Operations Committee meetings

#### 2.4.4. Subcommittees

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

2.4.4.2. A majority of the Eboard must approve the creation of the subcommittee

2.4.4.3. Members of the committee may be chosen as seen fit by the DO, and likely will include open invitation, competitive invitation, or selection by the DO or other individual appointed to do so by the DO

2.4.4.4. The DO shall disband the subcommittee upon the completion of the task

2.4.4.5. No subcommittee shall be created for standing or continual tasks (these shall be assigned appropriately to the standing departmental committees) unless it is to function within and underneath an already established department. However a recurring subcommittee may be created for appropriate tasks (i.e. D-Day)

2.4.4.6. A member of a subcommittee may be appointed by the appropriate department chair to head the subcommittee.

### 2.5. Operations Command

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

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

Director of Operations  
Director of Training  
Assistant Director of Operations  
Assistant Director of Training  
Crew Chief (by tenure)  
Crew Chief Trainee (by most total clearing calls)  
EMT (by tenure)  
CPR/First Aid Certified Member (by tenure as a member in MERT)

#### 2.5.2. Chain of Command for an Incident

Below lists the order of personnel in charge of Operations of R/C MERT should a situation arise that warrants it.

Director of R/C MERT Security Services  
R/C MERT Security Program Liason  
MERT Program Coordinator  
Director of Operations  
Assistant Director of Operations  
Director of Training  
Assistant Director of Training  
Equipment Supervisor, Public Relations Officer, Scheduling Officer,  
Secretary, Quality Assurance/Quality Improvement (by rank within the crew-  
chief training program and tenure within that rank)  
Senior most FTO (by tenure as FTO)  
Senior most 801 (by tenure as crew chief)

#### 2.6. Legal Responsibilities:

Volunteers who administer Basic Life Support care within the limitations of their training in the capacity of R/C 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

R/C MERT is sponsored and funded by University Health Services and the Office of Security Services. Each Spring, the Equipment Manager and Director of Operations are responsible for reviewing the previous year's budget with the R/C MERT UHS budget manager (Jan Callens).

##### 2.7.2. Reimbursements

2.7.2.1. For any R/C MERT member to be reimbursed, the proper paperwork must be filed with the R/C MERT UHS budget manager.

2.7.2.2. Any and all reimbursements must be approved by the DO.

#### 2.7.3. Funds Transfers (Blue Req.)

2.7.3.1. Purchases funded by either the Office of Security Services or University Health Services must properly complete a Blue Req. form with the appropriate office.

2.7.3.2. All Blue Req. purchases must be approved by the DO.

#### 2.7.4. SA Supplemental Funds

2.7.4.1. R/C MERT can apply for supplemental funds through the Student Association.

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

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

### **3. Operational Structure**

#### 3.1. Geographical Boundaries of Coverage

R/C MERT primary coverage 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 is also included in the R/C MERT primary coverage area. Secondary Coverage may include the University of Rochester Medical Center and the Riverview Apartment Complex on an as needed and availability basis.

#### 3.2. Coverage Responsibilities

##### 3.2.1. Primary Coverage

Primary coverage is provided every night from 2000 until 0800 (except when a crew can not be secured) and Saturday and Sunday day from 0800 until 2000 when classes are in session during the academic year as well as Orientation week for Freshmen 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 Security Dispatch.

### 3.2.2. Secondary Coverage

Secondary coverage is provided to the Medical Center and the Riverview Apartment Complex in the following circumstances: 1) when a crew can be secured, 2) when Security and/or Medical Center MERT requests R/C MERT services, and 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/Holiday Coverage

Currently, with the exception of Saturday and Sunday, day coverage and holiday coverage are not guaranteed. River Campus MERT attempts to cover daytime calls and short holiday breaks through a Minitor paging system carried by Crew Chiefs and Crew Chiefs in Training. See section 5 for further procedures.

#### 3.2.3.1. Crew Chief Coverage during Academic Breaks

3.2.3.1.1. If no crew chief is signed up on the schedule four (4) hours prior to an overnight shift (1600h on the day of the shift) occurring on a day on the University's Academic Calendar, the scheduled crew members must contact the webmaster/scheduler at 1600h on the day of the shift to receive final word that the shift is not occurring.

3.2.3.1.2. If no crew chief is signed up on the schedule twelve (12) hours prior to an overnight shift (0800 on day of shift) occurring during a break on the University's Academic Calendar, the shift shall not occur and no crew member already signed up for the shift shall report to checkout for the shift unless otherwise specified to the crew.

### 3.3. Access to the River Campus Medical Emergency Response Team

3.3.1. The River Campus Medical Emergency Response Team is accessed through the Security Dispatcher by dialing extension "13" from any University Internal Phone, automatically by picking up a Blue Light Phone, or by dialing 585-275-3333 on any cellular phone/non-internal phone.

3.3.2. Security records these conversations on tape.

3.3.3. The Security Dispatcher then dispatches (tones out) R/C MERT via radios or pagers requesting an R/C MERT emergency response, providing information regarding the medical emergency's call location, nature of the medical emergency, and any other pertinent information.

## 4. Shift Operations



## 4.1. Crew Checkout

### 4.1.1. Location and Time

The on duty night crew meets promptly at the R/C MERT office located in University Health Services Basement Office at 20:00 hours

### 4.1.2. Crew Chief Responsibilities

4.1.2.1. Assign each crew member a designated radio call sign for the duration of the shift and a designated radio to use for the duration of the shift.

4.1.2.2. Assign each crew member a designated medical equipment bag filled with Basic Life Support Medical Supplies. See Equipment Section of Manual for Detailed Listings of Equipment

4.1.2.3. Each Assigned crew member performs a bag check to ensure that all medical equipment in the bag is fully stocked and ready for the shift.

### 4.1.3. Shift Log

All of the above information is recorded in the call log located in the R/C MERT office. Radio call sign designations are as assigned as follows for each shift

### 4.1.4. Crew Cellular Contact

All members of the crew should exchange cellular/mobile phone numbers prior to the start of the shift.

## 4.2. Crew Assignments

4.2.1. 801 CREW CHIEF: The Crew Chief is a NYS-EMT-B or above in charge of the on duty crew and all aspects of R/C MERT emergency calls and patient care during his/her shift. 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. 801T/802 CREW CHIEF TRAINEE: The Crew Chief Trainee is a NYS-EMT-B or above that is a fully trained member of MERT and is training to become a Crew Chief. The Crew Chief in Training is trusted to administer most aspects of patient care and assists the Crew Chief. The trainee runs the call with the 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 his or her performance and skills.

4.2.3. 803 MEDIC ASSISTANT: The Medic Assistant is an EMT-B and/or a CPR certified member. The Crew Member's role is to assist the Crew Chief and Crew Chief in Training in patient care and interventions including pre-

hospital care report documentation. The 803 may aid with obtaining vital signs and any intervention for which the Crew Chief requests assistance, within their scope of practice.

- 4.2.4. 801B BACK UP CREW CHIEF: The Back Up Crew Chief has all the qualifications of a Crew Chief and may be utilized in necessary circumstances as deemed by the on duty Crew Chief. The Back Up Crew Chief operates under the Crew Chief for that specific shift unless the backup crew chief is with the crew for monitoring regarding disciplinary purposes.

#### 4.3. Tone Test

##### 4.3.1. Initiation

Each night the Crew Chief calls Security Dispatch at (585)-275-3333 to conduct a tone test to ensure that the radios work correctly and that the on duty members are familiar with operating the radios.

##### 4.3.2. Receipt

Following the tone security will relay the time and confirm as the nightly tone test. Each crew member in order from 801 - 803 confirms receipt of the tone test and the 801 will then confirm proper functioning of the Vehicle 800 radio.

#### 4.4. Radio Use

##### 4.4.1. Radio Information

R/C MERT uses a 16-Channel Motorola HT1000 radio, on frequency 464.700 MHZ

##### 4.4.2. Radio Operation

- 4.4.2.1. The radio turns on by rotating the leftmost knob (volume knob) clockwise. As the radio turns on, there is a click followed by a beep.

- 4.4.2.2. Channel 3 is the R/C MERT frequency.

- 4.4.2.3. The silver selector switch should be in the "B" position so crew members hear a tone when MERT has a call. It may also be in the "A" position, however the radio will relay security 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 on duty
- 4.4.3.2. The crew members are responsible for the security of the radio while 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 Rees basement levels)
- 4.4.3.4. The crew member is to contact the crew chief if the battery becomes low in power during the shift

#### 4.4.4. Transmissions

- 4.4.4.1. If someone else is transmitting nearby, he/she may need to turn the radio volume down to avoid causing feedback
- 4.4.4.2. Hold the microphone 1 to 3 inches from the mouth and speak across the face of the microphone. Hold the microphone at an angle, rather than directly in front of the mouth.
- 4.4.4.3. 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 his/her identification first and then the unit that he/she is calling (i.e., "801 to Dispatch" or "803 to 801")
- 4.4.4.5. Speak in a voice that is calm and free of emotion. Words must be pronounced slowly and distinctively. Slang 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. 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. Repeat back orders to ensure no misunderstandings
- 4.4.4.9. Do 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. MERT members may carry their own jump bags, but must respond using official R/C MERT equipment when in a uniformed, scheduled response.

#### 4.5.2. Shift Equipment

The crew members shall carry the following equipment:

- 4.5.2.1. CREW CHIEF: AED/Drug bag, saline kit, and pulse oximeter if temperatures are likely to reach below freezing and the vehicle heater is not in service.
- 4.5.2.2. CREW CHIEF TRAINEE: MERT bag, AED/Drug bag at the discretion of the crew chief
- 4.5.2.3. 803: MERT bag
- 4.5.2.4. At least one red trauma duffel, extrication kit, backboard, board splints, pediatric/burn bag, and 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 and Security Services prior to the start of the shift.

#### 4.6. Receiving Calls

- 4.6.1. The crew chief acknowledges the call location and nature, gives the location he or she is responding from and gives an estimated time of arrival (ETA) in minutes to the Security Dispatcher. 802 and 803 follow in order by giving the location they are responding from with their ETA. If the crew chief is with other crew member(s) at the time of security dispatch, the crew chief may respond for him/herself and the present crew members.
- 4.6.2. If any R/C MERT responding member is unsure of the location of the call or if information is unclear, the R/C 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 the radio malfunctions, the on duty MERT member can pick up any internal phone and call the Security dispatcher at the Communications Center at x13 or 5-3333 or from any outside line at 585-275-3333.
- 4.6.4. R/C MERT members should respond to a medical emergency call with speed, but caution. Much of the River Campus may be traversed at a reasonable pace between 5 and 10 minutes. Excessive speed saves only a few seconds and increases the possibility of causing injury to crew members. It is prohibited to respond to R/C MERT calls while on shift by personal vehicle or bicycle.

- 4.6.5. R/C MERT members should respond to a medical emergency call with vehicle 800 observing the campus-wide 20 miles per hour speed limit.
  - 4.6.6. Crew members shall radio to the rest of the crew and security when arriving at the dispatch location
    - 4.6.6.1. The Crew Chief should acknowledge each crew member(s) arrival on scene.
    - 4.6.6.2. 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) until the crew chief arrives and makes first patient contact.
    - 4.6.6.3. 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 Crew Chiefs and Crew Chiefs in Training have their personal University Identification Cards supercoded 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 security dispatch, who can send someone to open the door at the nearest roadside entrance to the building.
- 4.7. Security Response to R/C MERT Calls
- 4.7.1. University Security officers are dispatched to every R/C MERT call. Security 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 Security Officers are there to assist R/C MERT members when appropriate. In addition, Student Aides (students employed by University Security Services to patrol campus) will most likely respond to R/C MERT calls between the times of 20:30 and 04:30 and help escort the R/C MERT on duty crew to the location of the emergency. MERT and Security 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

In accordance with New York State Department of Health Emergency Medical Services protocols in the event of any potential life threatening medical emergency, an ambulance should be dispatched to the R/C MERT call location.
  - 4.8.2. Ambulance Requests

- 4.8.2.1.If the medical emergency call information reveals the STRONG possibility of a life threatening emergency with a delayed response time by the Crew Chief or Crew Chief in Training, the Crew Chief will immediately request an ambulance from the Security Services 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 Security Services, the R/C MERT on duty EMT-Bs determines the immediate need for an ambulance, they should immediately notify the Security 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 EMT-Bs determines the need for an ambulance, they will notify the on scene Security Officer to request an ambulance. The Security Officer on scene will then radio the Security Dispatcher in the Communications Center to call for an ambulance.
- 4.8.2.4.It is imperative that the R/C MERT crew not call an ambulance themselves by an in house phone or cellular phone. Security Services are 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 responding ambulance agencies are Rural Metro Medical Services (Rural Metro, RMMS) and Monroe Ambulance. Rural Metro Medical Services is the commercial agency that is contracted to serve the City of Rochester, and both RMMS 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 RMMS and Monroe Ambulance at the time, the response time may vary.
- 4.8.2.6.Upon the arrival of RMMS or Monroe Ambulance, the care of the patient is transferred to the crew on the arriving ambulance. The R/C MERT Crew Chief, Crew Chief in Training, or EMT-B crew member should give the RMMS or Monroe Ambulance crew members a report about the current medical situation, patient symptoms/signs, treatment rendered and its effects.. The Crew Chief/Crew Chief in Training should document the RMMS or Monroe Ambulance rig number on the prehospital care report. By default, patients are transported to Strong Memorial Hospital Emergency Department unless otherwise requested or required. Students of the University should go to SMH regardless of delay in patient care.

#### 4.8.3. Refusals of Medical Aid

- 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, has a non-life threatening injury, and is mentally competent to make his or her own decisions, the patient may sign a Refusal of Medical Attention (RMA) Form issued by MLREMS Report. The patient must be warned of all risks and consequences of refusing further treatment. When possible, an individual not directly affiliated with MERT (such as a security officer, a student aide, witness, bystander, or friend of the patient) should witness (cosign) the refusal of medical attention 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 RMA form, the patient may be offered additional options:
- 4.8.3.3.1. Option 1: The patient can be escorted to an affiliated Strong Health Services Emergency Department by a security officer. If the security officer on scene feels comfortable doing so and the crew has deemed it a medically safe alternative, the R/C MERT crew will help the patient into the Security Vehicle for transport to the Emergency Room. However, it should be noted that no R/C MERT member on duty will accompany the patient to the emergency room in the security vehicle under any circumstance. It is not necessary to alert the Emergency Department of the incoming patient.
- 4.8.3.3.2. Option 2: During the hours of 9 am to 9 pm Monday thru Thursday and 9 am to 5 pm Friday thru Sunday, university students may be escorted to River Campus University Health Services (UHS) by a security officer. If the Security officer on scene feels comfortable doing so and the crew has deemed it a medically safe alternative, the R/C MERT crew will help the student patient into the Security Vehicle for escort to the River Campus University Health Services. However, it should be noted, that no R/C MERT member on duty will accompany the patient to R/C UHS unless specifically requested by the security supervisor on duty. Prior to the release of the student patient, the Crew Chief or Crew Chief in Training will call River Campus University Health Services at X 5-2161 from any in house phone or (585) 275-2161 from any out of house phone to alert them of the incoming patient.

4.8.3.3.3. 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 Medical Center University Health Services (UHS) by a security officer. If the security officer on scene feels comfortable doing so and the crew has deemed it a medically safe alternative, the R/C MERT crew will help the student or employee patient into the security vehicle for transport to the Medical Center University Health Services (located in the Medical Center Room G-5050 at 250 Crittenden Blvd). However, it should be noted, that no R/C MERT member on duty will accompany the patient to M/C UHS unless specifically requested by the security supervisor on duty. Prior to the release of the student or employee patient, the Crew Chief or Crew Chief in Training will call Medical Center University Health Services at 5-2662 from any in house phone or (585) 275-2662 from any out of house phone to alert them of the incoming patient.

4.8.3.3.4. Option 4: The last option is for the patient to have no immediate follow-up care regarding their current medical emergency. In this case, the R/C MERT crew should advise the patient to call back at any time should the patient change his/her 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. 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 showing his/her identification to any University Security Officer.

4.8.5. Whenever a disagreement arises as to the method of transport between the Crew Chief or Crew Chief in Training and the security supervising officer in charge, the security supervising officer in charge will always prevail, unless R/C MERT advises transport, in which case R/MMS or Monroe Ambulance 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 medical aid 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

No recent vomiting

Able to ambulate appropriately and safely without risk to self



Can be released to a care taker

4.8.6.3.If able to be medically cleared, the crew chief will inform the on scene security officer of their decision

4.8.6.4.The security 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 over age 21 an ambulance cannot force the patient to go to the hospital provided they meet the above criteria, however security may request the Rochester Police Department to escort the individual off of University property if appropriate. See (4.8.5) for disagreements.

#### 4.9. Public Interaction

##### 4.9.1. Ambulance Crew Assist

Crew members shall help the ambulance crew in any way possible 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 that will be riding is left to the discretion of the crew chief.

##### 4.9.2. Outside Agency Relations

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 MERT and the agencies that MERT interact with.

##### 4.9.3. University Community Relations

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, MERT must maintain and foster excellent relations with its members.

#### 4.10. Backup Crew Chief System

##### 4.10.1. Purpose

The crew chief backup system provides the on duty crew chief access to medical back up should multiple calls occur or for a critical patient

##### 4.10.2. Access

- 4.10.2.1. The crew chief or crew chief trainee may request the backup crew chief by radio or telephone to Security Dispatch
- 4.10.2.2. The on duty crew chief or crew chief trainee should request a 1014 medical backup and a tone out for the backup crew chief
- 4.10.2.3. Security Dispatch will tone out the backup crew chief and relay the location and nature of the call for the backup crew chief
- 4.10.2.4. The backup crew chief responds via pager and shall call Security Dispatch to notify them of his or her response following a backup crew chief tone out.
  - 4.10.2.4.1. The backup crew chief must pick up a radio at the office during crew checkout and should not respond to any calls during the shift unless notified as in the manner outlined in section 4.10.2.2.
- 4.10.2.5. If there is no back-up crew chief signed up for the shift and a back up crew chief is needed during a call, the crew chief may notify security that he/she will be requesting an additional crew chief and can attempt to reach another crew chief. The DO, ADO, DOT should be the first contacted to respond as the back-up crew chief. If they are not available, other crew chiefs may be contacted.

#### 4.10.3. Multiple Calls

In the event that the backup crew chief is dispatched for a multiple call incident the following protocol is in effect:

- 4.10.3.1. If 3 crew members are on duty, the 803 will respond with his or her equipment to the second call to meet the backup crew chief
- 4.10.3.2. If 1 or 2 crew members are on duty, if possible and at the on duty crew chief's discretion, the second crew member may respond to the call. Otherwise the backup crew chief will respond alone.
- 4.10.3.3. If the backup crew chief is toned out for multiple patients at the same location, the backup crew chief will respond directly to that location

#### 4.10.4. Critical Patient

- 4.10.4.1. If the backup crew chief is toned out for a critical patient, the backup crew chief will respond directly to that location

#### 4.10.5. Backup Crew Chief Equipment

4.10.5.1. If 3 crew members are on duty the backup crew chief must only carry a pager for the evening. The backup crew chief will use the 803 or equipment on scene if requested for a medical backup.

4.10.5.2. If 1 or 2 crew members are on duty the backup crew chief must pick up an oxygen sleeve during crew checkout if using a personal equipment bag or a full bag if he or she is not using a personal equipment bag. All equipment and pager must be carried for the evening.

#### 4.11. Alumni Requirements for Active Duty

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

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

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

4.11.2.1. The alumnus shall have current certification commensurate with the position he or she requests to fill

4.11.2.2. The alumnus shall have attained at the minimum the requested position prior to leaving the organization

4.11.2.3. The alumnus must be returning to active duty within one year of leaving the organization

4.11.2.3.1. If returning after one year has elapsed the alumnus must present proof certifying they have continued with EMS field duty since leaving the organization

4.11.2.3.2. The alumnus must have been in good standing with the organization the semester prior to leaving

4.11.2.4. The alumnus must obtain permission from the shift Crew Chief if he or she is not filling the Crew Chief position

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

4.11.2.5. The alumnus shall take no more than three shifts in a single 30 day period

4.11.2.5.1. If the alumnus wishes to take more than three shifts in a single 30 day period, he or she must demonstrate to the satisfaction of the training department his or her EMS skills

4.11.2.6. 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

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

4.11.2.7.1. (4.11.5.1) The Executive Board shall remind the alumnus of this policy prior to their shift

4.11.3. If the alumnus does not meet the outlined requirements, he or she may petition the Executive Board to participate as an observer

#### 4.12 Bunk Room

4.12.1. All Crew members are required to sleep in the R/C MERT Bunk Room during night shifts unless he/she will be sleeping in Susan B. Anthony Hall.

4.12.2. The bunk room shall be accessed through the side door of Susan B. Anthony Hall via swipe access or via the front entrance of Susan B. Anthony Hall down the main staircase and into the Auxiliary Suite if access is available.

4.12.3. 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.

### 5. Day Time Operations

#### 5.1. Day-Shift Operations

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 can be split into 2 or more timeframes at the discretion of the webmaster/scheduler.

#### 5.2. Non Day-Shift Daytime Operations

##### 5.2.1 Pagers

There are 5 Minitor III and IV pagers distributed to crew chiefs who have agreed to respond to day calls (i.e. 0800-2000) when not in class or outside the primary coverage area. Pagers must be distributed to the DO, ADO, and DOT. The rest of the pagers shall be distributed to the 801's by tenure as a crew chief within MERT. 801's who wish to have a pager and are in-line to receive one must be able to show via rough calendar that he/she will be available and on

campus enough to justify him/her having a pager. If the 801 is unable to do so or the 801 wishes to give up his/her pager, the pager shall be passed to the next person in line. One pager shall be reserved for the crew chief trainee with the most number of clearing transports such that this number is less than five.

## 5.2.2 Day Time Responses

5.5.6.1 If a medical emergency occurs on the R/C Campus during the day, Security Services will dispatch available R/C MERT units from the Communications Center in the Medical Center via these pagers in the usual manner.

5.5.6.2 In the event that a responding Crew Chief can respond to the R/C MERT emergency call, the Crew Chief must immediately contact the Security Dispatcher at X 13 or 5-3333 from any in house phone or 585-275-3333 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.

5.5.6.3 An R/C MERT Crew Chief must be responding in to qualify as an R/C MERT response.

5.5.6.4 Any 802 or 803 may be on call during the day. To do so, they must contact the webmaster/scheduler within four (4) hours prior to the start of the night shift before and report to the UHS office for checkout and obtain a single radio. The radio must be kept off until 08:00 hours on the day coverage will be provided. The radio must be returned by 20:00 hours of that day

5.5.6.5 If there is no official 802 on call, the crew chief responding to the call may contact an 802 to respond with the crew chief. The 802 called should be the 802 with the largest number of cleared transport calls, with that number of cleared transports not exceeding the amount needed to clear as a crew chief. Otherwise, the 802 called is in the discretion of the responding crew chief.

5.5.6.5.1 If there is an 802 in close proximity to the responding crew chief and no 802 has informed dispatch that he/she is responding to the call, it is in the responding crew chief's discretion as to which 802 to choose to respond with him/her, given the nature of the call and ease of timely response.

5.5.6.6 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 him/her, given the nature of the call and ease of timely response.

## **6 Documentation and Protocol Deviations**

### **6.1 Prehospital Care Reports (PCRs)**

- 6.1.1 After each R/C MERT call an electronic chart must be filled out to document the medical emergency.
- 6.1.2 R/C MERT utilizes emscharts online charting tools available at [www.emscharts.com](http://www.emscharts.com).
  - 6.1.2.1 Each Crew Chief and Crew Chief in Training will be provided with an account. They 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 CCT program.
- 6.1.3 These reports are legal documents which may be subpoenaed in Court.
- 6.1.4 If there are multiple patients, each patient R/C MERT treats must receive their own electronic chart.
- 6.1.5 An electronic chart must be filled out for every standby (even if no one needed treatment), calls canceled en-route, and calls in which the patient cannot be found.

### **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 paper PCR may be available for assistance. This includes but is not limited to: times, vitals, demographics, interventions, SAMPLE 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 RMA form must be shredded to ensure patient confidentiality.
- 6.2.3 The PCR must be created immediately following the call. 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 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
  - For information regarding specific pages of an emschart, please refer to the R/C MERT Guide to Proper Documentation, issued Fall 2012.
- 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 Medical Attention (RMA) form.

6.2.6.2. The pt must read, repeat, understand and sign the MLREMS RMA form. 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 RMA must be placed into the Operations box in the UHS office.

6.2.7. PCR's should be completed immediately following a call (time permitting) and must be locked within 3 hours from dispatch. If a delay occurs, the Crew Chief must notify the DO and/or ADO immediately via email.

6.2.8. All scrap or extra paper with patient information recorded on it must be shredded prior to the end of shift.

### 6.3 Incident Reports

- 6.3.1 The Security Liaison, DO, and ADO may request any member to complete an incident report regarding any situation involving MERT. Situations may include, but are not limited to, events during a call, actions of individual members, or theft/damage/loss to MERT equipment or property. 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 incident report.
- 6.3.2 Any member may choose to complete an incident report regarding any situation involving MERT.
- 6.3.3 Incident reports may be submitted to the Security Liaison, DO, and/or ADO.

### 6.4 Exposure Reports

- 6.4.1 Any member suffering an exposure 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 forms.
- 6.4.2 Consult the Exposure Manual and the ADO for further details regarding exposure incidents

### 6.5 Disciplinary Reports

6.5.1 Any disciplinary proceedings and/or action involving a member will be documented and kept in the member's file with the secretary. Copies of this documentation will also be 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

The Training department will be responsible for ensuring that protocol updates and changes are distributed to 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 CC or CCT) 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 sign the Protocol Deviation Form 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 an incident.

6.6.3.2 What constitutes a minor protocol deviation is at the discretion of the training department staff, 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 to sign the Protocol Deviation Form. 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 incident.

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

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

6.6.4.2.2 Probationary status. The length and terms of probation will be jointly determined by operations and training staff.

6.6.4.2.3 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 RMAs fall under this category because of the potential legal ramifications.

#### 6.6.5 Documentation

Protocol deviations will be documented by the Executive Board using the standard Protocol Deviation Form.

## 7 Regulations and Responsibilities

### 7.1 Membership Responsibilities

#### 7.1.1 Shift Responsibilities

7.1.1.1 A general member (803) must maintain a record of at least one shift per month

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

7.1.1.2 A Crew Chief in Training (802) must maintain a record of at least one weekend and one weekday shift per month.

7.1.1.2.1 Note that weekends are defined as those shifts starting at 20:00 hours on Thursday, Friday or Saturday.

7.1.1.3 A Crew Chief/Field Training Officer must take at least 2 shifts per month. If there are remaining shifts, they must be equally distributed among crew chiefs.

#### 7.1.2 Meeting and Event Attendance

7.1.2.1 A member must maintain a record of no more than two general membership meetings missed without excuse per semester

- 7.1.2.2 A small number of general membership meetings will be deemed mandatory and cannot be missed unless extenuating circumstances are evident
- 7.1.2.3 A member must contact the Secretary to notify them of a planned absence from a general membership meeting with an acceptable reason, 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 are evident
- 7.1.2.5 Each member is responsible for ensuring they sign the sign-in sheet at each general membership meeting, as this is the method in tracking attendance at said meetings
- 7.1.2.6 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 Secretary shall maintain a list of these members so that meeting minutes and mandatory information is disseminated through email.
  - 7.1.2.6.1 These members are not exempt from HIPAA and BBP training and must make special arrangements with the training department to undergo this training.
- 7.1.2.7 Each active member must attend at least one PR event per semester (events that count are in the discretion of the Public Relations Officer) unless there are extenuating circumstance and approval by the PR Chair. This policy shall be enforced by the ADO and PR chair.
- 7.1.3 Committee Responsibilities
  - 7.1.3.1 Each member is to be an active part of at least one and no more than 3 committees led by the Executive Board heads.
    - 7.1.3.1.1 These committees include Operations, Training, Equipment, Secretary, Public Relations, and Webmaster.
    - 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, be currently enrolled in an EMT certification course, or in the process of seeking reciprocity two years of the day he/she was accepted into MERT, effective with the Fall 2013 NMOP class. This policy shall be enforced by the ADO, DOT, and ADOT.

## 7.2 On-Duty Regulations

### 7.2.1 Permissible locations

While on duty for R/C MERT, each crew member may be located anywhere on the R/C MERT primary coverage area, as outlined earlier in this manual, excluding any of the Southside Residence Halls, as long as they carry their radio and equipment with them at all times. 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 R/C 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). R/C 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 in Library Lot or adjacent to the River Campus Security annex, across from Tiernan hall, in an approved parking space, or in an otherwise determined permissible area as determined by University Parking Services.

### 7.2.2 Identification

When R/C MERT members are on duty, each MERT member is expected to carry MERT Identification Cards when issued, certifications, 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 while on shift

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

When R/C MERT members are on duty, each member is expected to wear the following clothing both for safety and professional reasons:

7.2.4.1 Closed toe shoes, preferably boots but sneakers are also acceptable

7.2.4.2 Navy Pants

7.2.4.3 Uniform R/C MERT Shirt if available

7.2.4.3.1 Uniforms must be returned upon graduation.

7.2.4.4 If no R/C MERT uniform shirt is available, a dark blue/navy collared shirt without excessive wording or insignias must be worn

- 7.2.5 All on duty R/C MERT members 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. On-duty R/C MERT members may NOT consume alcohol, illegal drugs, or any medication that may impair one's judgment and ability to think critically. All MERT members on duty must have consumed 0 alcoholic drinks within 18 hours before shift and be sober (have a Blood Alcohol Content < 0.02) a minimum of 12 hours before shift.

### 7.3 Off-Duty Regulations

- 7.3.1 Members who violate University Policy and have disciplinary action brought against them by the University may be subject to MERT disciplinary action at the discretion of the Security Liaison, DO, and ADO. Reasons for disciplinary actions ~~This~~ may include, but are not limited to, Substance Abuse Policy violations, Alcohol Policy violations, and Vandalism or Theft infractions.
- 7.3.2 Except for legitimate extenuating circumstances, members are prohibited from wearing R/C MERT apparel when not on shift. A member wearing R/C MERT apparel signals to the University of Rochester community that the member is prepared to take charge should a medical emergency happen in his/her presence. Engaging in inappropriate behavior when wearing R/C MERT apparel is prohibited and will carry disciplinary consequences.
- 7.3.2.1 R/C MERT official fleeces may be worn while not on duty. However, they should not be worn while partaking in activities that would not be acceptable while on MERT duty.

### 7.4 Disciplinary Action

- 7.4.1 Disciplinary action in R/C MERT shall follow the guidelines set out in the organizational 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 Security Liaison will be involved in the proceedings

- 7.4.4 If an action clearly warrants disciplinary action, the Security Liaison will immediately be involved
- 7.4.5 Actual disciplinary consequences will be handled on a case by case basis with the DO, ADO, and Security Liaison, if not already determined by 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 organization. The DO, ADO, and Security Liaison 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 One unexcused absence from a required meeting or failure to meet a monthly shift requirement shall result in a written warning to the member.
  - 7.4.8.2 A second unexcused absence from a required meeting or failure to meet a monthly shift requirement within the same semester shall result in a required meeting with the ADO and the member's placement on probationary status in MERT (see section 7.5)
  - 7.4.8.3 A third unexcused absence from a required meeting or failure to meet a monthly shift requirement within the same semester shall result in the member's dismissal from the organization.
  - 7.4.8.4 The ADO may choose to alter the above disciplinary actions in exceptional circumstance as determined by the ADO, Security 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 incident report regarding the ADO shall be submitted to the DO and/or Security 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

#### 7.4.11 Strike System

7.4.11.1 The organization shall use a strike system to maintain each member's disciplinary record within the organization

7.4.11.1.1 Strikes are not considered disciplinary action, but will be used as a system to help determine disciplinary action given.

7.4.11.1.2 Strikes do not strictly determine the disciplinary action given, if any

7.4.11.2 Strikes will be given to a member by the ADO following MERT or University policy violations according to the organization SOPs.

7.4.11.3 An incident report must be documented and submitted in order for strikes to be given for that incident.

7.4.11.4 A written report of the violation(s) and the associated strikes given will be kept in the member's disciplinary record folder, attached to the relevant incident report.

7.4.11.5 The ADO shall make the final decision on strikes given, with input when appropriate from the Security Liaison and Disciplinary Committee.

#### 7.4.11.6 Strike Notifications and Procedures

7.4.11.6.1 Each new accepted member to MERT will receive an allowance of ten strikes over his/her time of involvement in the organization.

7.4.11.6.1.1 He/she will receive an allowance of 3 additional strikes after each full year following his/her acceptance into the organization.

7.4.11.6.1.2 Number of strikes do not reset and will accumulate over the member's time of involvement in the organization.

7.4.11.6.2 If the member receives his/her maximum allowance of strikes at any time, the member will be removed from the organization according to disciplinary procedure.

7.4.11.6.2.1 In exceptional circumstances, the ADO and/or Security Liaison may choose not to remove the member if deemed appropriate

7.4.11.6.3 The ADO is responsible for keeping an accurate record of the number of strikes each member has

7.4.11.6.4 Receiving a strike is grounds for disciplinary action from the ADO, DO and/ or Security Liaison.

7.4.11.6.5 A member shall receive notification via email from the ADO within 3 days each time the member receives one or more strikes, including information about the number of strikes given and the reason for the strike(s).

7.4.11.6.6 As soon a member receives half or more of his/her total allowed strikes, the ADO shall notify that member of the strikes by email within one week, and schedule a meeting with that member to discuss his/her role in the organization.

7.4.11.6.7 As soon a member receives within 2 of his/her total allowed strikes, the ADO shall notify that member of the strikes by email within one week, and schedule a meeting with that member to discuss his/her role in the organization.

#### 7.4.11.7 Specific Violations

7.4.11.7.1 An unexcused absence from a GMM or other required meeting will result in a **2 strikes** against the member.

7.4.11.7.1.1 Additional unexcused absences after the first one in the same semester will result in **4 strikes** each time.

7.4.11.7.2 A failure to meet shift requirements for one month will result in **2 strikes** against the member.

- 7.4.11.7.2.1 Additional failures to meet shift requirements for one month within the same semester will result in **4 strikes** each time.
- 7.4.11.7.3 A late drop of a shift (48 or fewer hours before the beginning of the shift) without notifying the Webmaster/Scheduler and finding another member who will agree to take the shift will result in **3 strikes** against the member.
- 7.4.11.7.4 A late arrival to a shift (at least 5 minutes after the beginning of the shift), without notifying the crew chief and receiving permission from him/her prior to the beginning of the shift, will result in **3 strikes** against the member.
- 7.4.11.7.4.1 If the crew chief is the member in question, he/she must notify the DO, Webmaster/ Scheduler, and the other crew members.
- 7.4.11.7.5 A no-show to a shift without notification given to the crew chief will result in **5 strikes** against the member.
- 7.4.11.7.6 Strikes are not limited to these violations. Other violations or incidents may be given strikes according to severity as decided by the ADO, Security Liaison, or DO when necessary.
- 7.4.11.8 The number of strikes given for a particular policy violation is subject to change by the ADO in exceptional circumstances. In such a circumstance, the ADO shall consult the Disciplinary Committee before making the change.
- 7.4.11.9 A member may appeal the amount of strikes to the Director or Operations or Executive Board in the same manner as a member may appeal a disciplinary decision, as described in section 6 of the Disciplinary Action section of the MERT Constitution.

## 7.5 Probationary Status



7.5a The inactive status portion of the SOP's have been deemed outdated and were eliminated from use.

#### 7.5.1 Probationary Members

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

7.5.1.1.1 The requirements for active membership are outlined in Article III Section A of the R/C MERT Constitution

7.5.1.1.1.1 An additional requirement for active membership is not failing to fulfill, more than once per semester, the monthly shift requirement for that member's position in the organization.

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

7.5.1.2 Members reassigned to probationary status will be notified by email

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

7.5.1.4 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, and standbys until they have received all necessary certifications and training.

7.5.1.5 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.

#### 7.5.2 Reactivation Procedure

7.5.2.1 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:

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

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

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

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

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

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

7.5.2.3 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 organization, unless deemed an exceptional circumstance by the Executive Board.

### 7.5.3 Subsequent Placements on Probationary Status

#### 7.5.3.1 Second Occurrence

7.5.3.1.1 In the event that a member has a second occurrence of probationary, the member's shift privileges will be suspended indefinitely. The member must meet separately with the DO and ADO to discuss reinstatement of said privileges.

### 7.5.4 Missed Shifts

7.5.4.1 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 or ADO and notify them of the absence

7.5.4.2 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 or ADO and notify them of the absence.

7.5.4.3 The operations department shall contact the member and remind them of their obligations for shift attendance and tardiness. The on duty crew members must complete an Incident Report form and submit it to the Operations box.

7.5.4.4 The member shall be referred to the Disciplinary committee for further action.

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

7.5.4.6 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, with advance notice, will be unable to fulfill membership requirements wishing not to be placed on inactive status shall submit a request for leave of absence in writing, signed and dated to the operations department

## 7.6.2 Requirements

- 7.6.2.1 Only active members may request a leave of absence
- 7.6.2.2 All requests for leave of absence shall be subject to approval by the operations department
- 7.6.2.3 The leave of absence period may not exceed one academic semester
- 7.6.2.4 Requests for leave of absence periods exceeding one consecutive semester may be considered on a case by case basis by the operations department
- 7.6.2.5 Members shall not be on leave of absence for more than a total three academic semesters during a period of four years
  - 7.6.2.5.1 Extenuating circumstances shall be considered by the operations department 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 MERT sponsored EMT class
- 7.6.2.7 The request for leave of absence must be submitted 72 hours prior to the start of the leave of absence period
- 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 Operations department must be contacted as soon as possible if alterations to the leave of absence period are necessary

## 7.6.3 Return from Leave of Absence

- 7.6.3.1 Members returning from a leave of absence shall contact the operations department upon their return and be reinstated to active status after the Secretary is notified.
- 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 his or her level of training within the organization coordinated by the training department
  - 7.6.3.2.1 All members shall be notified of any policy changes made

during his or her 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 Crew chief trainees must complete a written protocol test and demonstrate familiarity with equipment location in the bags as well as specific skills such as splinting/slinging, oxygen/abuterol administration, etc. as deemed appropriate by the training department
  - 7.6.3.2.3.1 If a crew chief trainee is on a leave of absence for at least one full academic semester one additional applicant may be accepted to train as a crew chief at the discretion of the training department
  - 7.6.3.2.3.2 If the crew chief trainee returns prior to the clearing of a crew chief trainee, the training department, at its discretion, may suspend the member's status as a trainee until the next spot opens or return the member to trainee status for a maximum of ~19 crew chief trainees (the number of crew chief trainees by the discretion of the DOT and ADOT).
- 7.6.3.2.4 Crew chiefs and Field Training Officers must complete a written protocol test as well as at least one trauma and one medical patient scenario
- 7.6.3.2.5 The training department shall coordinate and tailor the reinstatement requirements as well as offer refresher exercises for returning members
- 7.6.3.2.6 The reinstatement requirements must be completed within one month of returning to maintain active status
  - 7.6.3.2.6.1 If not completed within one month, the member shall be placed on inactive status until reinstatement requirements are met
  - 7.6.3.2.6.2 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

## 7.7 Resignation and Membership Termination

- 7.7.1 If a member wishes to resign from the organization, he/she must notify the

DO and ADO of such plans by email. The DO or ADO shall then notify the Secretary of the member's plans to resign. The member must then fill out the 'Membership Resignation Declaration' form and return it to the Secretary. The form shall be brought to the Executive Board and discussed to ensure that the board and the member are aware of the situation. Upon discussion by the Eboard, the administrative box shall be checked and placed in the member's record folder, the member shall be notified that the process is complete and the member is thereby declared a non-member of the agency.

- 7.7.2 If a member follows the resignation procedures outlines in 7.7.1 and the member has no ongoing or previous disciplinary action against him/her, the member shall leave the agency in good standing.
- 7.7.3 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 member shall fill out the membership termination form, and the Eboard shall be notified of the situation the same way as in 7.7.1. Once this Eboard meeting occurs, the member shall be declared a non-member and the form shall be placed in the membership folder of the individual.
- 7.7.4 In the event that a member refuses to sign the termination form, the Eboard shall note this and the member shall be terminated upon Eboard's discussion of the situation and completion of the administrative check box.
- 7.7.5 A member leaving the agency via membership termination shall not leave the organization in good standing.

## **8 Standby Operations**

### **8.1 Equipment**

- 8.1.1 The minimum equipment required for a standby is a fully stocked duffle bag, the AED/Drug bag, backboard with immobilization equipment, and one radio
- 8.1.2 Additional equipment to be utilized is at the discretion of the crew chief, and may included additional bags, oxygen sleeve, radios, or event specific equipment (i.e. cold packs and elastic bandages for sporting events)
- 8.1.3 R/C MERT crews may request a security transport to and from an off-campus standby shift.

### **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 to 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 PCR's 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 MERT with no patients treated

#### 8.4 Common Standbys:

- 8.4.1 Meliora Weekend
- 8.4.2 Fraternity or Sorority Sponsored Health Events (5Ks, etc.)
- 8.4.3 Ice Hockey Games (Genesee Ice Rink)
- 8.4.4 Other Club/Intramural Sports Games
- 8.4.5 Outside Speakers
- 8.4.6 CAB Concerts
- 8.4.7 Dandelion Day
- 8.4.8 Commencement

## 9 MERT Vehicle Operations

### 9.1 Operator Prerequisites

- 9.1.1 Vehicle operators must possess a valid driver's license on record with the training and/or secretarial departments
- 9.1.2 Vehicle operators must be a Crew chief, top 3, or equipment manager.
- 9.1.3 Vehicle operators must complete all required training and orientation required by the training department 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

### 9.3 Security

- 9.3.1 At no time will the vehicle be left unattended while on scene. The vehicle must be secured by either a crew member, student aid, or security officer as the situation allows.

### 9.4 Vehicle Usage

- 9.4.1 The vehicle will be utilized during all night shifts, day calls where appropriate as deemed by the responding Crew Chief, and special events operations.
- 9.4.2 The vehicle shall be parked in accordance with University Parking Administration Policies.

## 9.5 Vehicle Equipment

- 9.5.1 The vehicle will be stocked, at a minimum, with a duffle bag, motorized suction, extrication kit, pediatric/burn bag, long boards, board splints, reflective vests, Maglite, oxygen sleeves, additional oxygen tanks and AED/Drug bag when responding to a call

## 9.6 Access Roads

- 9.6.1 All operators shall adhere to the access roads identified by the training department as appropriate and safe for use with the vehicle

## 9.7 Vehicle Incidents

- 9.7.1 If the vehicle is involved in a MVA, Security Dispatch must be notified immediately. For MVA procedures, see vehicle operating procedures.
- 9.7.2 Any vehicle incident involving damage, injury, and/or theft must be immediately reported to the DO and ADO, and an incident report completed

# 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: 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 R/C 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 R/C MERT responding member will immediately evacuate the scene and proceed to a safe destination. The R/C MERT member should then respond via radio to the Security Dispatcher and the Crew Chief/MERT Crew to alert them both of the unsafe conditions. The Crew Chief on duty then asks the Security Dispatcher to re-tone the R/C MERT crew with the following message: "To the Responding R/C 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. R/C MERT may respond again when the scene Security deems the scene safe and secure.
- 10.1.3 In the event that the on duty R/C 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 Security 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 his/her personal safety is directly threatened. Rochester Police Department, Rural Metro Medical Services, and the Fire Department are then contacted if radio contact is unsuccessful.

## 10.2 Simultaneous Calls

10.2.1 In the event that two R/C MERT medical emergency calls occur simultaneously or almost simultaneously, the following protocol is in effect.

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

10.2.1.2 The crew chief will use his/her 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 security to dispatch outside agency/mutual aid to the second call. In any case, the crew chief must make first patient contact on all calls R/C 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 his/her call is completed.

## 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 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 security agents, declare an MCI and designate a command post

10.3.3 The responding crew must contact the DO immediately

10.3.4 MCI Phone Tree

10.3.4.1 The on scene crew chief shall initiate the crew chief cell phone tree to alert crew chiefs to the situation and recruit as many ~~crew chiefs~~ MERT members as needed to respond to the designated command post

10.3.5 Medical Command will be assumed by the first on scene crew chief.

10.3.6 Medical Command will be relinquished according the Chain of Command outlined in (2.5.2).



- 10.3.7 Incident Command shall be held by the highest ranking Security Officer on scene
  - 10.3.7.1 R/C MERT operations shall be directed according to the Chain of Command outlined in (2.5.3).
- 10.3.8 Both Medical and Incident Command will be relinquished as appropriate outside responding agencies arrive.
- 10.4 Second Call While First Call is in Progress
  - 10.4.1 In the event that a second R/C MERT call occurs while is already in progress, the crew chief will ensure stabilization of the call already in progress and then follow the protocol beginning with 10.2.1.2.
- 10.5 Off-duty Member Call-in and Medical Amnesty
  - 10.5.1 If an off-duty R/C MERT member witnesses or discovers a medical emergency, the member must pick up any in house phone and dial x13, the emergency extension for University Security Services, or contact Security at 585-275-3333. The member should give the location of the call, nature, and the fact that they are an off duty MERT member with their level of certification. The R/C MERT member on scene may only provide treatment within the limitations of his/her certifications and will be practicing under the Good–Samaritan laws of the state of New York. If the R/C MERT member identifies him/herself on scene as a R/C 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 Security Services. When the R/C MERT crew arrives on scene, the off duty R/C MERT member may transfer care. However, the off duty R/C MERT member may continue to assist with care if willing. The off duty R/C MERT member may not transfer patient care to another R/C MERT member with a lower level of certification.
  - 10.5.2 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 Security Services.
- 10.6 Use of Controlled Equipment
  - 10.6.1 AED
    - 10.6.1.1 In the event that a cardiac arrest call occurs on the Campus and the AED is used, the Crew Chief must contact the R/C MERT Equipment Manager after the call, who then contacts the MERT Program Coordinator for instructions on how to retrieve and download the computerized patient data for delivery to the Office of the Pre-Hospital Care.

## 10.6.2 Epinephrine Pen/Albuterol

- 10.6.2.1 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 R/C MERT Equipment Manager the next day. Both of these officers then contact the MERT Program Coordinator for further instructions regarding any additional documentation needed by the Office of Pre-Hospital Care. In addition, either of these officers then contact the R/C MERT UHS budget manager to finance the replenishment of the used medications-

## 10.6.3 Activated Charcoal –

- 10.6.3.1 If Activated Charcoal is used to treat a patient who has overdosed/consumed hazardous materials, the Crew Chief must contact the Equipment Manager the next day to ensure proper documentation and reordering of the used R/C MERT medication.

## 10.6.4 Backboard

- 10.6.4.1 If the Backboard is used to immobilize a trauma patient, the crew chief must contact the Equipment Manager as soon as possible to ensure that the backboard is retrieved from the Medical Center and the extrication bag restocked with immobilization equipment.

## 10.7 Combative Patients

### 10.7.1 University Security

- 10.7.1.1 If a crew encounters a combative patient, it is Security 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.

### 10.7.2 Rochester Police Department

- 10.7.2.1 In certain situations it may be necessary for the Rochester Police Department (RPD) to respond to the medical emergency. The Security Dispatcher in the Communications Center almost always makes the determination to access RPD. However, if a responding R/C MERT member discovers the need for RPD, the R/C MERT member will consult the Security 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 a RPD response may include, but are not limited to, Psychiatric emergencies, unsafe scene despite security efforts to secure it, or crime scenes.

### 10.7.3 Patient Restraint

10.7.3.1 Restraint of patients may become necessary during the course of a call, and RMMS crews may request or require the MERT member to assist in restraining patients. Only the crew chief and/or crew chief in training should assist in restraining a patient and must follow NYS BLS protocol when restraining a patient. All members should be familiar with the application of restraints as reviewed by the training department, to ensure crew safety.

## 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 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 Security 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 MERT Tone over radio and respond professionally and appropriately to Security Dispatch indicating the member is responding. Must sufficiently familiar with campus buildings and locations, appropriate access points to buildings, be able 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 intelligently debrief following a call with the crew and voice appropriate questions and comments. Members are expected to return equipment to the R/C 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 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 Security, and communicate the reasoning to Security officers on scene. Must be able to determine unsafe scenes and designate a safe staging area in conjunction with security. Must be able to make constructive comments to Crew Chief Trainees.

## 11.2 APPENDIX B

### 11.2.1 River Campus MERT Contact List

#### **Sharon Chiumento**

*Compliance Analyst/Trainer*

Emergency, Strong Memorial Hospital (Office of Prehospital Care)

Office: 601 Elmwood Ave. (SMH Room 2-1800)

585.275.3098

sharon\_chiumento@urmc.rochester.edu

#### **David Leven**

*Technical Associate and MERT Program Coordinator*

Office for Educational Resources

Office: 601 Elmwood Ave. (SMH Room 2-7520)

585.275.7411

david\_leven@urmc.rochester.edu

#### **Lynda Barner**

*Administrator*

Office for Educational Resources

Office: 601 Elmwood Ave. (SMH Room 2-2750)

585.275.7666

lynda\_barner@urmc.rochester.edu

#### **Joseph Reed**

*Assistant Supervisor Security and MERT/Security Program Liason*

Security Services

Office: Quad Annex RC

585.273.5018

jr@security.rochester.edu

#### **Dana Perrin**

*Assistant Director*

Security Services

Office: Quad Annex RC

585.275.3108

dwp@security.rochester.edu

#### **Walter Mauldin**

*Director, University Security*

Director's Office – FAC & SVCS

Office: 612 Wilson Blvd.

585.275.3340

walter.mauldin@rochester.edu

#### **Ralph Manchester, MD**

*Associate Professor*

Medicine – Administration

Office: 250 Crittenden Blvd. (SMH Room B-5035)

585.275.2679  
rmanchester@uhs.rochester.edu

**Robert Bennett**

*Administrator Security*  
Security Services  
Office: Quad Annex RC  
585.275.2220  
rdb@security.rochester.edu

**Melissa Kelly**

*Health Educator*  
University Health Service  
Office: 110 Anderson Tower  
585.273.5772  
nreynolds@uhs.rochester.edu

**Ann Marie Algieri**

*Director Wilson Commons/Student Activities*  
Dean's Staff  
Office: Wilson Commons 201  
585.275.9390  
anne-marie.algier@rochester.edu

**Shirley Lewter**

*Purchasing Manager*  
Strong Memorial Hospital Pharmacy  
601 Elmwood Ave. (SMH Room B-2410)  
585.275.2567  
shirley\_lewter@urmc.rochester.edu

**Laura Ballou or Alicia Lewis**

*Assistant Director Student Activity Programs*  
Student Activities – Student Life  
Office: Wilson Commons 201  
585.275.7316  
laura.ballou@rochester.edu or alicia.lewis@rochester.edu

**Matthew Burns**

*Dean/Director*  
Dean's Staff  
Office: 500 Wilson Commons  
585.275.4085  
mathew.burns@rochester.edu

**Rural Metro Medical Services**

811 West Avenue

Rochester, New York 14611

585-546-2525

[www.ruralmetro.net](http://www.ruralmetro.net)

**Monroe Ambulance**

1669 Lyell Ave.

Rochester, NY 14606

585.232.9000

[www.monroeambulance.com](http://www.monroeambulance.com)



## 11.3 APPENDIX C

### 11.3.1 *Terms and Definitions*

#### 11.3.2 Activated Charcoal:

An oral medication that binds and adsorbs ingested toxins in the gastrointestinal tract, for treatment of some poisonings and medication overdoses

#### 11.3.3 Advanced Life Support:

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

#### 11.3.4 Albuterol sulfate nebulizer:

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

#### 11.3.5 Automated External Defibrillator (AED):

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

#### 11.3.6 Basic Life Support (BLS):

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

#### 11.3.7 Cardiopulmonary resuscitation (CPR):

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

#### 11.3.8 (NYS) EMT-B:

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

#### 11.3.9 EMT-Paramedic:

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

#### 11.3.10 Epinephrine auto injector:

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

#### 11.3.11 Glucose Paste:

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

#### 11.3.12 Good Samaritan Laws:

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

11.3.13HIPAA:

Health Information Privacy and Accountability Act. A 1996 law that ensure the confidentiality of health information for patients.

11.3.14QA/QI:

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

11.3.15Quick Response Service:

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

11.3.16“Tone out”/tones:

A signal to alert MERT members that an emergency announcement will be broadcasted over MERT’s security dispatch frequency

11.4 APPENDIX D –  
11.4.1 *Acceptable Abbreviations*

@ - at  
AOSTF – arrived on scene to find  
BBS – Bilateral Breathe Sounds  
CAO, AO – conscious alert & oriented, alert & oriented  
CC – chief complaint  
CP – chest pain  
DCAP-BTLS – deformity contusion abrasion puncture - burn tenderness laceration swelling  
EtOH – alcohol  
FD – fire department  
Hx – history  
JVD – jugular vein distension  
lpm – liters per minute  
LOC – loss of consciousness  
MCI – multiply casualty incident  
MOI – mechanism of injury  
MVC – motor vehicle collision  
N/A – not available/not applicable  
N/C – nasal cannula  
Neg. – negative  
NKA – no known allergies  
NRB – non-rebreather mask  
N/V/D – nausea/vomiting/diarrhea  
O<sub>2</sub> – oxygen  
PD – police department  
PERRL – pupils equal round reactive to light  
PMS, CMS – pulse motor sensation, circulation motor sensation  
Pos. – positive  
Pt – patient  
RMA – refusal of medical attention  
RMMS – Rural Metro Medical Services  
ROM – Range of Motion  
SOB – short of breath  
Tx – transfer/transport  
Y/O – years old

## 11.5 APPENDIX E

### *Forms*

*(Attached Below)*

Completing Member: \_\_\_\_\_

Date: \_\_\_\_\_

Please accurately describe the Incident, be as specific and factual as possible:

[illegible]

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(continue

on back)

*I, the undersigned, certify that the information in this report is truthful against any disciplinary action.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Administrative Use Only</b>	
Date Received: _____	IR# _____
Director of Operations Signature: _____	
Assistant Director of Operations Signature: _____	

## **River Campus Medical Emergency Response Team**

Completing (Exposed) Member \_\_\_\_\_ Signature

## River Campus Medical Emergency Response Team

\_\_\_\_\_ Date

## River Campus Medical Emergency Response Team

\_\_\_\_\_ Date \_\_\_\_\_

ADO Signature \_\_\_\_\_ DO Signature \_\_\_\_\_

(Please outline why you are requesting a Leave of Absence, whether you will be regularly involved in EMS field duties and in what capacity if at all, and any other pertinent circumstances)

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.

TOC



***Crew Chief Trainee Re-Evaluation***  
**River Campus Medical Emergency Response Team**

Challenges to Trainee in clearing:

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Results:

☐ Termination of Crew Chief Trainee status. Individual will be immediately reclassified to 803 status

☐ The Crew Chief Trainee will undergo remediation. Describe terms and rationale below:

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☐ The Crew Chief Trainee will continue training without further action

\_\_\_\_\_  
Individual in Question

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Training

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Operations

\_\_\_\_\_  
Date

***Protocol Deviation Form***  
**River Campus Medical Emergency Response Team**

I, the undersigned, am aware that a deviation from New York State and/or Monroe County EMT-Basic Protocols was identified during PCR quality assurance review while a patient was under my care on \_\_\_\_\_. I have been notified of what and why this incident has been considered a protocol deviation, as well as the proper New York State and Monroe County EMT-Basic Protocol pertaining to this issue. I have additionally been given the opportunity to explain and/or defend my actions during the call either verbally or in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

**ADMINISTRATION USE ONLY**

Is this a documented Protocol Deviation? \_\_\_\_\_YES \_\_\_\_\_NO

If YES, this is a \_\_\_\_\_MAJOR \_\_\_\_\_MINOR Protocol Deviation

If YES, this is occurrence number \_\_\_\_\_

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date Reviewed