

# Operations



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# General Shift Information



# Events

- UAA events: Baseball, Softball, Lacrosse, Soccer, Football
- Philanthropies: 5Ks, various Greek events, walks, bike tours, etc
- Special Events: Concerts, Pep Rallies, Political Rallies
- 911 Shifts: Tuesday – Saturday, 21:30 – 03:00

Start of Shift

# Key and Radio Check Out

The keys are in dispatch. Key set #56

Keys in the set are: Polaris, Locker, File cabinet, and fuel keys

You will always have to call in to dispatch with the call box. Press the button, wait for them to answer, and say “GEMRU to check out the Polaris keys.” Turn around and look at the camera.

Radios are in the main UPD building. Depending on the time (before 6:30, after 22:30), you may need to phone in. There is a call box on the wall next to the door.

Ask the front desk attendant to check out radios for GEMRU. They will assist you or call someone to assist you

# Equipment List

- Jumpbag(s) and/or backpack(s)
- AED
- Suction Unit
- Gloves
- Wipes
- Flashlights
- Polaris
- Radios
- Clipboard with enough paperwork

# Equipment Check

- You must complete a bag check off list for EACH bag at the beginning of EVERY shift
- Check off can be completed online on the website. There are different lists for backpacks vs jumpbags
- Check all electronic equipment to make sure they work. This includes small equipment like pulse-ox and penlights



During Shift

# Guidelines

- Many of the processes are the same as 911 shift
- Stay in uniform
- Radio check in and out
- Be professional
- Bring the Polaris if applicable
- Bring table, chairs, banner, and tent if possible
- Introduce yourself to at least one UPD officer at the event

# Staging

- Stage appropriately – if there are four teams, they should not all be in the same location. If there is one team, the team may need to move around/roam
- For 5Ks, there should be a roam team in the Polaris and a start/finish team. If there is only one team, it should be a roam team.
- For many of the other events, the Polaris will only be used for bringing equipment/responders to and from UPD. A Polaris roam team is inappropriate at a crowded concert

# Professionalism

We are medical professionals. We are always seen and listened to. Inappropriate comments will be heard. Conduct yourself in a professional manner at all times while at events or in uniform.

Visiting shifts is fine, and even encouraged. However, do not prevent the teams on shift from doing their job properly. Additionally, while visitors may not be in uniform, they will still be associated with GEMRU. Visitors must act appropriately, and MAY NOT be intoxicated. This is a one-strike policy.

Only wear your uniform at events/shifts, or on your way to or from events/shifts. Do not wear it anywhere else.

End of Shift

# End of Shift

- Return everything to the appropriate places
- Clean all equipment
- Restock expended equipment – call or text me if there are any problems
- Fill out After Action Report
- Finish any incomplete Patient Care Reports from the event/shift
- Return Polaris, Polaris Keys, and radios
- Returning the Polaris keys means locking yourself out of the locker. Make sure you're done.

# 911 Orientation



Spring 2017 version

# Professionalism

- Uniform:  
Black shoes/boots, black/dark blue pants, black belt, GEMRU shirt tucked in, badge located in a visible location  
Everyone MUST have a watch. Stethoscopes and blood pressure cuffs are in the bags, but you can use your own as well.  
Headphones can be used for the radio. A note pad of your own might be handy for jotting down patient information quickly.
- Get familiar with our equipment if you are not already. Look through the bag when your shift starts and make sure you know where everything is.
- Those who have long hair should wear their hair back and up. No jewelry that can get in the way when working
- DO NOT: run to calls; play on your phone; use the radio for anything else besides dispatch,
- Pay attention to your surroundings (don't get caught up in a conversation with your partner and forget why you are working)
- We are constantly being monitored and looked upon (UFPD, GFR, ACFR, Shands, Dr. Abo, etc). Be respectful, work diligently with your partners, use appropriate language and gestures, get enough sleep, and learn from your mistakes
- Remember to utilize the information you learned in your trainings from myTraining. (i.e.HIPAA)



# What to do/where to go

- Shifts are 21:30-03:00
- Place filled out PCRs from the night in the drop box on the table in the gear locker.
- Radios will be picked up in the patrol building (“Gingerbread House”). You need to ask the person on duty at the time if you can check out a radio for GEMRU. The Sergeant on duty will allow you to have the radios after whoever is on duty at the front desk contacts him/her.
- Bags are to be picked up at the gear locker. The key is in UFPD dispatch. Rosters will be located here too.
- Check out the key in the binder in dispatch. Empty rosters will also be in this binder. Fill out the roster and give it to a dispatcher

# Staging

Turlington

Murphree

You will often times be outside for all or most of your shift. Bring layers as necessary

# During your shift

- Shifts are long. Make sure to bring snacks that are easy to eat on the go and water with you, or eat before your shift. You may also bring something to work on, like homework, while you wait for calls
- Remember your priority is responding to calls and helping patients. Be sure you are ready to go when you are needed, and pay close attention to the radio at all times

# EMR/EMT Roles

- EMRs work under the EMT's license, so the ultimate decision goes to the EMT
- Only EMTs with proper Polaris training are allowed to drive the Polaris, but the EMR will be the main “navigator” until arrival at scene. A school map or downloaded app would be helpful tools for this if you do not know campus well
- Only EMTs can write narratives and sign PCR's, EMRs can write in vitals only
- Suggested roles for EMRs: taking vitals (excluding Blood Glucose), recording patient information on the abbreviated run report (EMT must fill out the full report/narrative), write vitals down on PCR's.

# Interaction with ACFR/GFR

- Do not make suggestions to ACFR, simply tell them observations/treatments given
- Hand off proper/necessary paperwork to ACFR. Remember to keep information of patients that GEMRU needs for documentation as well. Specifically the clipboards hold all the paperwork that needs to be filled out when you get a patient(s).
- The top sheet of the abbreviated run report goes to ACFR/GFR when they arrive on scene. Be sure all of the information has been filled out

# Radio Communication

- Responders need to radio into the station at the beginning/end of every shift to let them know you are on/off duty
- Make sure radio is on, turned to channel 1, and is at an appropriate volume. Responders have ID numbers that are to be used over radio communication as well.
  - To check in: Your ID to station. (Go ahead). Your ID, additional responders' IDs are 10-86 at location/event (10-4, time, OK, 10-86)
  - To check out: Your ID to station. (Go ahead). Your ID, additional responders' IDs are 10-87 (10-4, time, OK, 10-87)
- When you arrive on scene you or the officer with you needs to provide basic info to the station (Age, sex, LOC, chief complaint). It is up to the UFPD officer whether or not you or them is the one responsible for this.

# Radio codes

## Signal Codes

- 2 – Intoxicated subject
- 3PI – hit and run crash with personal injury
- 4PI – traffic crash with personal injury
- 20 – Mentally ill person
- 22F – physical fight
- 29 – Assault/battery
- 31 – Medical emergency
- 35 – Person shot
- 36 – Person stabbed
- 37A – Suicide attempt/threat
- 74 – Security check
- 75 – Sick or injured person

**IF IT SOUNDS DANGEROUS, STAGE  
SOMEWHERE SAFE AND WAIT FOR THE  
SCENE TO BE SAFE AND EMS TO BE  
REQUESTED**

## 10 Codes

- 1 – receiving poorly
- 4 – Acknowledged**
- 6 – Busy
- 7 – Out of service
- 8 – In service**
- 9 – Repeat
- 14 – Unit check
- 19 – Return to station
- 20 – Location**
- 21 – Phone station
- 24 – Trouble send help
- 26 – Message received
- 50 – Traffic stop
- 51 – Enroute**
- 54 – Negative
- 56 – Meet at
- 65 – Can you copy
- 75 – Report writing
- 86 – Starting duty**
- 87 – Ending duty**
- 97 – On scene**

# Midtown rules

- If you see a person in midtown whose life is at risk, you may cross the street
- You may also cross the street if someone (UPD, ACFR/GFR, or a bystander) calls for your help
- If the person's life is not at risk you cannot do anything more than a primary assessment (no treatments, do not take vitals)
- Do not take the Polaris across the street for any reason



# Refusal of Care

- It is a **mentally competent adult patient's** right to refuse your services
- If you suspect the patient does not have the capacity to make rational decisions about their medical care (possible Baker or Marchman Act), talk with LEA and contact ALS backup if needed- REGARDLESS WHETHER OR NOT THEY SAY THEY DON'T WANT YOUR SERVICES
- For these patients which you suspect do not have the capacity to refuse your treatment, ask them questions in the meantime while ALS and LEA is en route- pull back from the patient and follow them
- If they have had any alcohol at all, ALS must be called

# Minors

- Where there are historical or physical findings of injury or illness, intoxication, and/or alterations in mental status, level of consciousness, or vital signs, and no parent or guardian is available, GEMRU will contact a Responding ALS Agency and/or Transporting Agency on behalf of the minor.
- Care may be refused by a responsible parent or legal guardian if the parent or guardian making the decision qualifies as having capacity to make decisions as defined above. However, every effort will be made to treat and/or transport minors exhibiting any findings consistent with injury, alteration in mental status, or intoxication.
  - If the parents or guardian are not on scene, they may make the refusal over the telephone. Two witnesses will confirm the telephone conversation by signing the waiver form.

# Marchman/Baker Act

**Baker Act-** provisions for people presenting with possible mental illness AND who is a harm to self, harm to others, or is at risk for self-neglect

**Marchman Act-** provisions for persons suspected to be under the influence of drugs or alcohol, and because of this, have lost the power of self-control or a reasonable decision making capacity with respect to substance use and is a danger to themselves or others

## What to do:

Only a LEA can Baker/Marchman Act a patient. Notify ALS Agency immediately if the patient attempts to elope the situation. Attempt to verbally de-escalate the situation and follow him or her until the ALS agency is present. Do not put yourself in harm's way or try to restrain these patients.

# Medical Amnesty

- It is not your responsibility to refer an underage patient to the dean. Further, it is not your responsibility to remind them of UF's alcohol policies. It IS your responsibility to not judge a patient for being intoxicated
- As a general rule, avoid talking about medical amnesty. UPD officers know the process better than you, so leave it to them
- Leave everything up to the officer for policy enforcement and law enforcement
- If officer doesn't figure it out then keep it to yourself

# Vitals Tips

- Vitals to always take: HR, RR, BP, SaO<sub>2</sub>
- Sometimes take: Blood Glucose, Temp
- Potential Issues: dark, loud, shunts, mastectomies (BP-do by palpation if too loud)

# Supervised Shifts

# Supervised Shifts

All EMTs must pass two supervised 911 shifts with patient contact. You will have three attempts to do so. Shifts without patient contact will not count against you.

Supervision will be completed by a designated Shift Supervisor

There is a standardized Supervised 911 Shift Evaluation Form

A Standard Operating Procedure has been drafted and will be approved and published soon

The process for applying to become a shift supervisor will be established soon and sent out via email.



# General Operations



# Website

When signing up for a shift, unit # means your 3 digit 600 number

You may clear yourself up to 1 week before the event. After that, you must contact an exec board member to have your name removed

# Attendance Policy for shifts

It is your responsibility to show up for a shift you signed up for. Failure to show is unacceptable. You will get one warning. A second failure to show will result in your dismissal from the unit.

If you realize that you are unable to attend a shift you have signed up for, it is your responsibility to find a replacement. Use the groupme, text other responders, etc.

If you are unable to find a replacement, an executive board member must be notified the at least 24 hours before the shift. If a replacement still cannot be found, the original responder will explain the situation (potentially with documentation) to the exec board. Consequences will be determined on a case by case basis.

# After Action Reports

Communications Liaison – Anyone who has a radio

Event Supervisors – Only used for supervised shifts

Communication Method – Almost always UFPD radios

Patients Contacted – number of patients, number of simple assists

Do not leave anything in the disposition section empty. Write none if need be

Event notes – brief description of each patient. i.e. “1 pt c/c nausea/vomiting at Mallory Hall. GFR cleared pt. Not transported.” or “1 pt possible Signal-2 at Jennings. ACFR transported pt.” “1 SA – ice pack distributed”

AFTER ACTION REPORT			
Date:			Event:
Time:			Location:
Event Supervisor(s):			Responder Completing Report:
Communications Liaison:			Communication Method:

Team 1			Team 2		
Location:			Location:		
	ID #	Name		ID #	Name
Lead EMT:			Lead EMT:		
EMR:			EMR:		
EMR:			EMR:		

NOTES		NOTES	
PATIENTS CONTACTED:			PATIENTS CONTACTED:

Team 3			Team 4		
Location:			Location:		
	ID #	Name		ID #	Name
Lead EMT:			Lead EMT:		
EMR:			EMR:		
EMR:			EMR:		

NOTES		NOTES	
PATIENTS CONTACTED:			PATIENTS CONTACTED:

TRAUMA PATIENTS		MEDICAL PATIENTS		EQUIPMENT USED	
Abdomen		Abdominal Pain			
Arms/Legs		Allergic Reaction			
Chest		Altered Mental Status			
Neck		Bleeding			
Pelvis		Cardiac			
Other		Cerebrovascular			
EVENT NOTES:		Chest Pain			
		Diabetic Emergencies			
		Dizziness			
		Heat / Cold Injury			
		LOC			
		Nausea / Vomiting			
		Overdose & Poison Ingestion			
		Pulmonary			
		Syncope			
		Other			

DISPOSITION			
Patients Treated			Simple Assists:
Patients Transported			Medical Agencies at Event:



SIGNATURE OF RESPONDER COMPLETING REPORT	
X _____	Date _____

# Patient Care Report

Abbreviated Run Reports should be filled out on scene. The top sheet is given to ACFR/GFR

Make sure to get a signature documenting transfer of care on the full PCR

Narratives must be complete – if you were called to review the PCR over a year after you wrote it, will you remember the patient?

Writing needs to be legible – Dr. Abo's biggest complaint

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Questions?



# Radio codes

## Signal Codes

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- 2 – Intoxicated subject
- 3PI – hit and run crash with personal injury
- 4PI – traffic crash with personal injury
- 20 – Mentally ill person
- 22F – physical fight
- 29 – Assault/battery
- 31 – Medical emergency
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