

Standard Operating Guidelines

2009-2010 Academic Year

Chief Line Officer – Taylor Maningo, EMT-B

Asst. Chief Line Officer – Jamal El-Hindi, EMT-B

Section I - General Guidelines

1. Phone Number Listings:
 - a. 267-2222 – University Police
 - b. 265-2550 – Potsdam Rescue Squad
 - c. 265-2121 – Potsdam Police Department
 - d. 265-3300 – Canton-Potsdam Hospital Switchboard
 - e. 265-7334 – Medical Control
2. While Representing the Campus Rescue Squad, ID's should be worn and be visible.
3. All drugs and alcohol are prohibited from CRS events. Events include, duty Crew shifts, standbys, squad quarters, meetings, or trainings.
4. Members may not respond to a call or standby within eight (8) hours of consuming an alcoholic beverage.
5. All tobacco products are prohibited from CRS events. Events include duty crew shifts, standbys, squad quarters, meetings, or trainings.
6. All requests for patient information, medical information or any other operational business must be referred to the Chief Line Officer.
7. All Campus Rescue Squad members will act in a professional manner in execution of all CRS calls, standbys or other events in which they are representing CRS.
8. The Person-In-Charge of a scene is the senior ranking Crew Chief, followed then by senior EMT if no Crew Chief is available, unless otherwise directed.
9. No member will ever exceed their level of training when treating patients.

Section II – Purpose

1. The purpose of the Campus Rescue Squad will be to render Emergency Medical Care and other assistance as deemed necessary to all members of the SUNY Potsdam College Campus.
2. This agency will perform Emergency Medical Services up to the level of EMT-Basic protocols.
3. All laws, rules, and regulations of New York State, St. Lawrence County, and North Country REMAC shall be part of these rules whether specified herein or not.
4. Violations of these rules and regulations shall be cause for possible disciplinary action.

5. Members are responsible for all rules contained herein and by becoming a member of the squad agree to abide by these rules.
6. Due to the unpredictability of EMS no set of guidelines can provide for every conceivable occurrence and members are expected to make quick and appropriate decisions. The purpose of this document is to provide for the health and safety of our members while also providing a universal set of standards for which to strive.
7. All **persons** seeking membership in the Campus Rescue Squad must:
 - a. Fill out an application for membership
 - b. Provide all appropriate documentation to the Vice-President including shot records, ID, SUNY Card, any certifications, sign HIPAA agreement form, etc...
 - c. Complete an orientation session with the Vice-President
 - d. Complete probationary member requirements
 - i. Probationary Packet
 - ii. 5 standbys
 - iii. Attend 2 consecutive meetings.
 - e. Be at least 18 years of age ***to be an active member.***

Section III – Job Description of EMT-Basic

1. Complete the Application for Emergency Medical Services Certification (DOH-65), including affirmation regarding criminal convictions.
2. Successfully complete a New York State EMT-Basic Course
3. Achieve a passing score on the practical and written certification examinations.
4. Must be at least 18 years of age by the end of the month in which they are scheduled to take the written certification exam.
5. High school or equivalent education.
6. Ability to communicate effectively via telephone and radio equipment.
7. Ability to lift, carry or balance 125 pounds (250 with assistance).
8. Ability to interpret oral, written and diagnostic form instructions.
9. Ability to use good judgment and remain calm in high stress situations.
10. Ability to be unaffected by loud noises and flashing lights.
11. Ability to function efficiently without interruption throughout an entire work shift.
12. Ability to calculate weight and volume ratios.
13. Ability to read English language, manuals and road maps.
14. Ability to accurately discern street signs and addresses.
15. Ability to interview patients, patient family members, and bystanders.
16. Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such.
17. Ability to converse in English.
18. Possess good manual dexterity with ability to perform all tasks related to the highest quality patient care.

19. Ability to withstand varied environmental conditions such as extreme heat or cold.
20. Ability to work in low lit areas.
21. Ability to work with other providers to make appropriate care decisions.
22. **The EMT-B** must be able to demonstrate competency in 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, and stabilize/immobilize injured bones and the spine. Must be able to 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.

Section IV – Standbys and Calls

1. **The Person In Charge (PIC)** is the senior ranking Crew Chief, followed by senior ranking EMT unless otherwise designated.
2. No member will ever exceed their level of training when treating patients.
3. All crew-members are to follow the orders of the PIC unless the PIC is not acting in the best interests of the patient.
4. The PIC will radio Campus Rescue Dispatch when acknowledging a call, en route, on scene, and back in service.
5. 24 hours notice must be given to the CLO before missing a Duty Crew or Standby shift. It is the member's responsibility to find coverage for their shift except in case of emergency.
6. A member missing a Duty Crew or Standby must replace themselves with a member of equal or higher membership *and level of training*.
7. Any member who fails to report for a Duty Crew or Standby or find a replacement will be subject to disciplinary action.
8. At the beginning of each shift or standby a bag check is to be completed *under the supervision of the PIC if he/she feels it is necessary (i.e. a lock is broken)*.
9. For all standbys a **Call** Sheet must be filled out.
10. Members must sign the Duty Crew sign in sheet prior to 2200hrs the night of their shift. Members who fail to do this will be subject to disciplinary action.
11. All patient treatments will be given in accordance with both State and Local EMS protocols. Where there is a contradiction between State and Local protocols, Local protocols will be followed.

Section V – Personal Protective Equipment

1. Personal Protective Equipment includes but is not limited to; gloves, eye
2. protection, masks, gowns.
3. Personal Protective Equipment will be available for all members of CRS.

4. Members are not required to take personal protective precautions but it is the
5. squad's intent to minimize possible blood borne pathogen exposure chances by
6. encouraging its usage.
7. 4. N95 masks will be available for all members to reduce possible exposure to
8. Tuberculosis.

Section VI – Standbys

1. All members of the Standby Crew will be well groomed and in clean and neat uniform.
 - a. The uniform shall consist of *(If available)*
 - i. **Black/Navy blue** pants
 - ii. White uniform shirt **or CRS T-shirt**
 - iii. Sensible shoes (no open toed shoes or heels, etc...)
 - iv. Squad ID.
 - v. ***If any of the aforementioned is unavailable, member will wear plain black or white shirt and black pants. Non-personalized ID tags can be found in the office and there are no exceptions for open toed shoes.***
 - vi. ***If a member wishes to wear long shorts due to hot weather the squad will not be held responsible for any injury due to this choice.***
 - b. The squad patch shall be affixed to the left shoulder of the shirt. EMT patches will be affixed to the right shoulder.
2. Campus Rescue Jackets will be available for members to sign out for Standbys, ***Duty Crews and Other Events.***
3. The Standby Crew will remain as a group until dismissed by the PIC.
4. EMTs may assume the role of PIC if no Crew Chief signs up for the Standby.
5. It is the PICs responsibility to make sure that a Pre-Hospital Care Report is completed for the Standby.
6. Section X playoff games:
 - a. Patients under the age of 18 may be signed off by their coach, parent, or guardian if all other criteria are met for a Refusal of Care.
 - b. An AED must be brought to all Section X playoff games.
7. In case of an injury occurring, notify Campus Rescue dispatch and have them tone out the call stating there is a standby crew on scene. If more help is needed advise CRS Dispatch.
8. If there is no Crew Chief on the scene of a Standby the PIC must request one. If none is available, the EMT remains the PIC.

Section VII – Call Response

1. All calls will be dispatched by Campus Rescue Dispatch.
2. Only a CRS Crew Chief or Probationary Crew Chief may acknowledge after the first tone. A Probationary Crew Chief must then ask for a Crew Chief to be paged.
3. A Crew Chief or EMT may acknowledge the call after the second tone.
4. No member may make any communication until the call has been acknowledged.
5. All other members with Radios may transmit that they are en route, but may not direct any communication to Campus Rescue Dispatch.
6. The PIC is the only person authorized to make radio communications with Campus Rescue Dispatch unless otherwise directed.
7. No member may go on scene until the PIC arrives unless otherwise directed by the PIC.
8. If the call is a Cardiac Arrest, Respiratory Arrest or Massive Bleeding call any appropriately trained individual may enter the scene with permission from the PIC.
9. The PIC reserves the right to limit the numbers of members on a scene. All members directed to leave a scene shall go to the office and receive credit for answering the call. Efforts shall be made to include EMT students on all calls.
10. The PIC may request Potsdam Rescue Squad, Potsdam Fire Department, University Police or any other agency deemed necessary.
11. The PIC remains in charge until care is turned over to Potsdam *Volunteer Rescue Squad or other EMS transporting agency*.
12. A PCR will be completed for every call whether or not patient contact is made.
 - a. The pink copy of the PCR will be given to the transporting agency crew *to be dropped off at receiving hospital*.
 - b. An attempt must be made to document the name and EMT number of the Crew Chief in charge of the *transporting agency's crew*.
 - c. PCRs shall be placed in the locked PCR box in the office.
13. Upon completion of the call all equipment used shall be washed, cleaned, checked and restocked as necessary.
14. Appropriate attire must be worn at all times on calls. This includes appropriate footwear (no open toed shoes if at all avoidable) and CRS apparel and ID if available.

Section VIII – Duty Crew

1. Duty Crew will run from 2200hrs – 0600hrs Sunday through Thursday, and from 2300hrs- 0900hrs Friday *and* Saturday. During these times members of the Duty Crew are responsible for answering all calls.
2. In the event of a second simultaneous call any member *who is an EMT* may *acknowledge and become PIC of the call*.

3. Duty Crew calls will be toned out twice by Campus Rescue Dispatch. All members shall radio en route after the Crew Chief acknowledges the call.
4. All members shall sign the Duty Crew sign in sheet prior to 2200 hours the night of their Duty or else the member shall be considered missing their Duty shift and disciplinary action will be taken.
5. Duty Crews shall consist of one CRS Crew Chief and ***at least*** two active members.
6. A monthly Duty Crew schedule will be posted by the Chief Line Officer.
7. The Crew Chief shall be responsible for bringing the Jump Bag to the call and an active member shall bring the limb immobilization device (Frac Pack, Vacuum Pack, Board Splints) and another member will bring the foldable backboard.
8. If a member was not issued a radio that member shall sign out a radio from the office by 2200hrs and return it to the office by 1500hrs the following day.
9. All members on ***a*** Duty Crew shall ***have their own SUNY Card allow them access to all dormitory buildings. If for whatever reason the card is not activated in time for Duty Crew, a sign out card can be found in University Police. This card must be returned by 1500hrs the following day.***
10. Should a member miss a Duty Crew call an attempt shall be made to contact that person after the completion of the call and a disciplinary action will be taken.

Section IX – Green Light Usage

1. All active CRS members shall be issued a Green Light authorization card by the Chief Line Officer ***upon request.***
2. All members with a Green Light usage card will be allowed to display one green light while en route to a CRS call in accordance with Section 375 of the New York State Vehicle and Traffic Law.
3. Members must drive with due regard for others using the roadways while using the Green Light privilege.
4. Misuse of the Green Light by not following the Vehicle and Traffic Laws or not using due regard, including but not limited to excessive speed, failure to obey posted traffic signs and signals, tailgating, horn honking, attempting to pass vehicles in a non-passing zone, or any other act that could potentially cause harm to the campus community will be dealt with according to the following:
 - a. First Offense: member must meet with the Chief Line Officer to discuss the incident. A written warning shall be placed in that member's file.
 - b. Second Offense: Member will lose green light privileges for a period of up to one semester.
 - c. Any further offenses will result in referral to the investigating committee.

5. The Chief Line Officer reserves the right to revoke green light operating privileges when responding to Campus Rescue calls from a member at any time.
6. Green Light usage is restricted to On-Campus use only, except for members who reside off-campus. These members must receive prior permission from the Chief Line Officer.

Section X – Pre Hospital Care Reports

1. All PCRs are considered legal, confidential documents. No information shall be disseminated to any one other than the agency to which patient care is being transferred.
2. Any requests for PCR information shall be directed to the Chief Line Officer.
3. PCRs will not be available to CRS membership.
4. A PCR shall be completed for every call and standby with which CRS is involved, whether or not patient contact is made.
5. At all times PCRs will be completed fully with the knowledge that it may *be* subpoenaed at a later date by a court of law.
6. All appropriate screens will be completed and submitted with each PCR.
7. Blue Patient Refusal forms must be completed and submitted with each PCR in which a patient has signed-off.

Section XI – Albuterol Administration

1. PPE and N95 mask use is recommended
2. Patients must be between the ages of 1-65 and be experiencing an exacerbation of their previously diagnosed Asthma.
3. Patients should be placed on high flow oxygen via non-re-breather mask prior to Albuterol administration.
4. Assessment includes:
 - a. Vital Signs (before and after medication administration)
 - b. Patient's ability to speak in complete sentences.
 - c. Accessory muscle use
 - d. Auscultation of lung sounds for wheezing (before and after administration)
 - e. Assessment of severity (1-10 scale)
5. The CRS Crew Chief or PIC must dispatch Potsdam Rescue before treatment begins:
 - a. Treatment will consist of Albuterol Sulfate 2.5mg/3.0cc via nebulizer.
 - b. Set oxygen liter flow at 6-8 liters per minute so that the treatment lasts between five (5) to fifteen (15) minutes.
 - c. If symptoms persist, contact medical control.
6. Medical Control must be contacted prior to treatment for any patients with a history of angina, myocardial infarction, arrhythmias or congestive heart failure.
7. An Albuterol Screen sheet must also be completed and placed with the completed PCR.

8. If a patient wishes to sign off after an albuterol treatment has been given, Medical Control must be contacted prior to the sign off being completed.

Section XII – Epinephrine Administration

1. PPE use is recommended
2. Treatment:
 - a. ABCs – initial assessment – including the administration of high flow oxygen.
 - b. Airway should be closely monitored and treated according to New York State Basic Life Support protocols.
 - c. Dispatch Potsdam Rescue
 - d. Determine patient's past medical history including a history of anaphylaxis, severe allergic reactions and/or recent exposure to an allergen or other inciting agent.
 - i. History of allergies
 - ii. What the patient was exposed to
 - iii. How they were exposed
 - iv. The effects of exposure
 - v. Progression
 - vi. Interventions
 - e. Assess baseline vital signs.
 - f. If **both** the respiratory and cardiac status of the patient is normal, continue the patient interview and prepare the patient for transport by **a transporting agency**.
 - g. if **either** the cardiac or respiratory status of the patient is abnormal, proceed as follows:
 - i. If the patient is having severe respiratory compromise **or** shock **and** the patient has been prescribed and epinephrine auto-injector, we will assist the patient in the administration of the auto-injector. If the patient's auto-injector is not available or has expired we will administer Campus Rescue's Epinephrine auto-injector. This is in accordance with NYS DOH Policy Statement 00-01 and the authorization of our Medical Director.
 - ii. If the patient has not been prescribed an epinephrine auto-injector, contact medical control.
 - iii. In the event that Medical Control can not be reached and the patient is **under the age of 35** we may administer the epinephrine auto-injector as indicated. The incident will be reported to Medical Control and the Medical Director as soon as possible.
 - iv. The adult dose for epinephrine is 0.3 mg (Adult Epi-Pen). For a patient **under nine (9) years of age or weighing less than 30kg (66lbs)** a pediatric Epi-Pen (0.15mg) will be administered.
 - v. The used auto-injectors will be disposed of in the proper sharps containers located in each CRS Jump Bag.

- vi. Any exposure will be reported to the Chief Line Officer.
- vii. If Cardiac Arrest results, CPR and AED use will be used accordingly.
- viii. Record all patient care information including the patient's medical history on a Pre-Hospital Care Report.
- ix. An Epinephrine Screen sheet should also be completed and placed with the completed PCR.

Section XIII – Refusal of Care

1. The CRS Crew Chief or PIC must determine that the patient is competent and has the capacity to sign off. This includes documentation of the patient being alert and oriented to person, place and time.
2. An initial set of vitals should be obtained. If unable to obtain, documentation of reasons why is important.
3. The PIC must explain to the patient the risks of refusing care and explain that the patient may request Campus Rescue at a later time if they wish. Also document this on the PCR.
4. The patient must sign the back of the White copy of the PCR and the separate Sign-Off sheet along with a witness. Whenever possible use a University Police Officer as your witness.

Section XIV – H.I.P.A.A.

1. CRS is currently H.I.P.P.A compliant.
2. A patient can request in writing a copy of the Pre-Hospital Care Report for the incident in which they were involved. He/She must submit this request to the Chief Line Officer.
3. CRS will retain a copy of the written request as well as a copy of the Pre-Hospital Care Report.
4. All Pre-Hospital Care Reports are to be confidential; this includes all information written on the PCR.
5. CRS will conduct training for all members on proper security procedures to protect personal health information and security of documents.
6. Members are prohibited from discussing any patient care issues with members who were not on the scene.
7. All information obtained on scene is confidential. If any person is requesting *any* information, he/she will be informed that it is unavailable and to contact the Chief Line Officer.
8. During Continuing Quality Improvement, when PCRs are being reviewed, all confidentiality will be preserved.
9. Each PCR is to be submitted to the locked PCR box as soon as it is completed.
10. All active members are required to sign a confidentiality agreement which will be placed in their file folders.

Section XV – Radio Usage

1. CRS owned radios and the CRS frequency are to be used for emergency traffic and other squad activities only.
2. CRS shall operate at a frequency of 154.515 MHz.
3. Only the PIC shall communicate with Campus Rescue Dispatch unless otherwise directed.
4. Names will not be used on the radio, only portable numbers. If reference to the patient must be made, he/she will be referred to as “the patient”.
5. Foul language of any sort is strictly prohibited.
6. Radio traffic should be kept as brief and concise as possible.
7. Transmissions will be in the “Hey you, its me” format.
8. Any damage to communications equipment shall be reported to the Asst. Chief Line Officer.
9. University Police shall be referred to as Campus Rescue Dispatch.
10. The radio in the office shall be referred to as Campus Rescue Base.
11. The Chief Line Officer and Asst. Chief Line Officer reserve the right to limit/revoke radio usage rights. On a scene the PIC is afforded this responsibility, limited only to on-scene time.

Section XVI – Equipment and Supplies

1. Bag checks should be completed *at least once a month or if any tags are broken.*
2. A supply list will be kept in the supply cabinet and updated when items are taken from the cabinet.
3. All supply cabinets will be locked with access limited to Crew Chiefs *or Probationary Crew Chiefs.*
4. Any items needed for bags should be noted on the bag information white board located in the equipment room and they will be restocked by a Crew Chief.
5. All equipment and supply questions or requests shall be directed to the Asst. Chief.
6. The Chief Line Officer reserves the right to limit access to squad equipment/supplies as security issues dictate.

Section XVII – Office and Equipment Room

1. The office and equipment room shall remain closed and locked when unoccupied.
2. Members shall be assigned to office clean up crews as found necessary by the Chief Line Officer.
3. All members are expected to clean up after themselves while in the office.

4. Any emergency call received in the office shall be redirected to University Police.
5. Lost CRS keys or Sisson Hall keys shall be reported to the Chief Line Officer and President as soon as possible.
6. Members may stay in the office for their assigned Duty night if they live more than 10 minutes from campus. These members must have prior approval from the CLO and the President before being allowed to stay in the office, under these conditions:
 - i. Members may only sleep in the office between 2300hrs and 0700hrs on weekdays, and 2300hrs and 0900hrs on weekends.
 - ii. Members must supply their own linen.
 - iii. Members must pick up the office and leave it in the condition they found it before leaving for the day.
 - iv. Any member who does not follow these rules will be referred to the CLO for disciplinary action.

Section XVIII – Access Cards

1. The Chief Line Officer and/or the President has the responsibility for designating whom ***will have their SUNY Cards activated for dormitory entry*** for the academic year.
2. Sign-out Access Cards will be available at University Police for Duty Crew. Only active members may sign these cards out.
3. ***Misuse of a SUNY Card for entry to a dormitory building for use other than CRS will result in disciplinary action.***

Section XIX - Reporting/Legal Issues

1. A University Police officer should be at every call, if there is none, the PIC may request one through Campus Rescue Dispatch.
2. There are certain types of medical emergencies that should be reported to a police agency. It is the PIC's responsibility to report these to University Police. These situations include, but are not limited to:
 - a. Weapons
 - b. Child Abuse
 - i. All Emergency Medical Technicians are required under Section 415 of the Social Services law to report any case of suspected child abuse they encounter while performing their jobs. Should an EMT suspect child abuse or maltreatment on a call, he/she must advise the Emergency Room staff or transporting agency of their concerns. He/She must document all concerns and findings, including signs and symptoms on the Patient Care Report. Upon completion of the call the PIC must make an oral report of the suspected child abuse or maltreatment to the NYS Child Abuse and Maltreatment Register at: **1-800-635-1522**. This phone

number is for mandated reporting only and should not be provided to the general public. The EMT will follow the oral report with the completion of a written report on the Social Services form #DSS-2221-A. Two copies shall be made:

- a. St. Lawrence County DSS, Harold B. Smith Building, 6 Judson Street, Canton, NY 13617.
- b. 2nd Copy shall be attached to the white copy of the PCR.
- c. Drug Involvement
- d. Criminal Mischief
- e. Suicide/Attempted Suicide
- f. Psychological Emergency
- g. Animal Bite

Section XX – Office Access

1. All active members will be issued a Sisson Hall Key and a CRS Office Key.
2. A set of sign out keys will be available at University Police. A SUNY card must be presented and left at University Police until the keys are returned. Individuals authorized to sign out keys are as follows:
 - a. Active members
 - b. Auxiliary members
 - c. Associate members
 - d. Probationary members
3. The following individuals may not sign out office keys:
 - a. Inactive members
 - b. Advisors
 - c. Non-members
4. Any unauthorized personnel requesting access to the office shall be directed to the Chief Line Officer or Asst. Chief Line Officer.

Section XXI – Sexual Harassment Policy (adopted from Potsdam Rescue and ESIP)

It is the policy of the Campus Rescue Squad to prohibit the harassment of any member by any other member on account of that person's race, national origin, religion, disability, pregnancy, age, military status, sexual orientation or sex. Campus Rescue does not condone and will not tolerate sexual harassment by its members or the sexual harassment of its members by anyone, including officers, members, vendors, or civilians. Every member is expected and required to abide by this policy. Any member who violates this policy will be subject to appropriate disciplinary action.

Definition of Sexual Harassment

There are two categories of unlawful sexual harassment:

1. “This for that” or “quid Pro Quo” Harassment.

Submission to sexual conduct is made either an explicit or an implicit condition of an individual’s membership.

Submission to or rejection of sexual conduct is used as a basis for a membership decision which might either positively or adversely affect the member within Campus Rescue, including assignments and other membership conditions.

2. “Hostile Work Environment” Harassment:

The harassment is severe or pervasive enough to unreasonably interfere with a member’s work performance or to create an intimidating, hostile, or offensive workplace.

Sexual harassment can be communicated in any fashion. Examples include; unwanted physical contact, foul language, sexually oriented propositions, jokes or remarks, obscene gestures or the display of sexually explicit pictures, cartoons or other material may create one of two types of sexual harassment.

Responsibility of Officers:

All officers are responsible to reasonably supervise the members that report to them. They are not expected to be “mind readers,” but must take steps to prevent sexual harassment by being aware of the behavior and work conditions that take place under their supervision.

Some Examples of Sexually Harassing Behavior:

1. Visual harassment, such as posters, magazines, calendars, or cartoons.
2. Verbal harassment, such as repeated requests for dates, lewd comments, or sexually explicit jokes.
3. Written harassment, such as love letters, poems, or graffiti.
4. Non-verbal harassment, such as obscene or suggestive gestures or motions.
5. Subtle pressure or sexual activity.
6. Unnecessary touching, patting, pinching, rubbing, or kissing.
7. Leering or ogling. For example, men who look only at a woman’s breast or women who only look at a man’s buttocks.
8. Frequent intentional brushing up against another person’s body.
9. Promise of a promotion or favorable assignment in return for a sexual favor.
10. Physical assaults or attempted assaults of a sexual nature or for a sexual purpose.

Complaint Procedure:

Any member who feels that he or she has been sexually harassed should immediately report the matter to the President. Similarly, any member who believes that he or she has witnessed sexual harassment or who has reason to believe that sexual harassment has taken place should do likewise. If the President is unavailable to receive the complaint or if the member believes that it would be inappropriate to contact that person, then the member should immediately contact the Chief Line Officer.

The Executive Board of Campus Rescue will handle all allegations of sexual harassment. As a matter of routine, Campus Rescue reserves the right to reject anonymous complaints based on the individual situation. Such investigations will be conducted as discreetly and as confidentially as circumstances allow. Informal discussion and resolution will be the preferred method of handling complaints. In any event, Campus Rescue will not permit any person to be adversely affected in membership with Campus Rescue as a result of his or her having brought a complaint of sexual harassment so long as such a complaint was made in good faith.

Standard for Evaluating Harassment:

Determining the existence of “This for That” or “Quid Pro Quo” harassment is not particularly difficult. However, determining whether unwelcome sexual conduct raises the level of the second category or unlawful harassment “a hostile work environment” harassment is more difficult. To determine “a hostile work environment” harassment has occurred Campus Rescue may consider the following factors:

1. Whether the conduct was verbal or physical, or both;
2. How frequently it was repeated;
3. Whether the conduct was hostile and patently offensive;
4. The rank and authority of the alleged harasser;
5. Whether others joined in perpetrating the alleged harassment; and
6. Whether the alleged harassment was directed at more than one individual.

After considering the above factors, Campus Rescue will decide whether the conduct “unreasonably interferes with an individual’s work performance” or creates “an intimidating, hostile or offensive work environment.” In determining whether the harassment is sufficiently severe or pervasive to create a hostile work environment, the harasser’s conduct will be evaluated from the perspective of a “reasonable person” of the same gender as the member who has brought the complaint.

The “reasonable person” standard will consider the victim’s perspective and not what may or may not have been acceptable in the past. For example, the Equal Employment

Opportunities Commission believes that a workplace in which sexual slurs, displays of “girlie” pictures and other offensive conduct abound can constitute a hostile work environment even if many members believe it to be insignificant or harmless.

Isolated sexual conduct or remarks generally do not create an unlawful environment. Campus Rescue may still choose to intervene before unlawful harassment occurs. A hostile work environment claim generally will require a showing of a pattern of offensive conduct. A single, unusually severe incident or harassment, however, may be sufficient to constitute a Title VII violation; the more severe the harassment, the less needed to show repetitive series of incidents. This is particularly true when the harassment is physical.

Discipline for Sexual Harassment Cases

In the event that Campus Rescue investigation determines that a member has committed sexual harassment that individual may be subject to reprimand, demotion, suspension, or dismissal depending upon the magnitude and seriousness of the offense, as well as previous offenses, if any. The Advisory Board will be kept abreast of all details of the case. Depending on the severity of the reported incident, it may be necessary to file a complaint with SUNY Potsdam.