

Brooklyn College Emergency Medical Squad Standard Operating Procedures

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A NYS and NYC Operational Procedures

- A.1 The Brooklyn College Emergency Medical Squad operates under the New York State Department of Health Bureau of Emergency Medical Services guidelines. Brooklyn College Emergency Medical Squad is to follow Chapter VI, of Title10, Part 800, of the New York State Department of Health, established under the statutory authority of Article 30 of the New York State Public Health Law.
- A.1.1 Brooklyn College Emergency Medical Squad is registered under the New York State Department of Health, and is issued agency code # 07606 by the agency.
- A.2 The Brooklyn College Emergency Medical Squad also operates under FDNY-EMS and is identified as 93-J (93-John) within MARS (Mutual Ambulance Response System).

A.3 Brooklyn College Emergency Medical Squad utilizes Methodist Hospital for On Line Medical Control. Upon contacting Online Medical Control the crew must identify themselves as members of Brooklyn College EMS.

A.4 Per Federal and State Law BC- EMS operates under a Medical Director who is the supreme authority over all medical policies. The Medical Director must approve all medical regulations and policies.

1 General Regulations

1.1 *No member shall divulge information concerning patients or calls other than the patients name, gender, general impression, and final disposition, to anyone except:*

1.11 Medical personnel involved in patient care.

1.12 Brooklyn College Public Safety Chief, the President of Brooklyn College, Vice Presidents or representatives of Brooklyn College Administration are not entitled to receive personal information regarding a call, but at their request non-sensitive information can be relayed to them.

1.13 A friend or relative as to what facility the patient was transported to and the time of transport.
NOTE: Any other requests must be forwarded to the BC-51, BC-52 or BC-50 for approval.

1.14 The information that is given to the Police, FDNY-EMS, and various administrators on campus should be given by hard copy only, **NOT** via e-mail as per HIPPA regulations. Although the squad is not bound by HIPPA regulations we will follow them all the time.

1.2 If a psychiatric patient is to be transported, a Brooklyn College Public Safety Officer or a police officer shall ride in the back with the patient. The Patient should be transported to the nearest 911 receiving hospital that has the appropriate facilities for the care of the patient.

1.3 While on duty, no member of BCEMS shall be under the influence of any substance, which may impair their mental or physical abilities.

1.4 Members of BCEMS are not permitted to accept gratuities for services. Persons wishing to donate money shall be referred to the Treasurer or the Administrative Director.

1.5 Crew members shall be available for their entire assigned shift unless they have made arrangements with the Scheduling Officer or another squad member of equal or higher duty status to fill in for them.

1.6 ***Smoking is not permitted:***

1.61 In the Ambulance at any time.

1.62 In the office at any time.

1.7 No squad member is to ever give out any information regarding another squad member without the consent of that member or the BC-51, 52, or 50.

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1.71 Brooklyn College Emergency Medical Squad should comply with HIPPA regulations at all times.

2 **House Rules**

2.1 Only members of the Board of Directors are permitted in the Board Office, exceptions to this can only be granted by a board member. All members of the Board of Directors are to receive a copy of the key to the Board office. However, the drawers of the office desk are to be locked at all times, and only BC-50, 51, 52, 50a, and 57 are to have a key.

2.2 Each Crew Chief is responsible for the cleanliness of the main office during his/her tour of duty.

2.21 When a member opens the squad room he/she is responsible for its cleanliness. But as soon as a Crew Chief opens starts their shift, he/she assumes responsibility for the office and is therefore responsible for its cleanliness.

2.22 All crewmembers are required to make sure the squad is clean before and after every shift. No member is exempt from assisting in this cleaning by virtue of his or her position, such as a board member or Crew Chief.

- 2.221 Any member who is not assisting in the clean-up of the squad without a sensible reason can be asked to leave the office by the Crew Chief and signed off shift.
- 2.3 No notices are to be placed on the walls, doors, or other areas within the office without permission from a board member.
- 2.31 The House Officer or Chief of Operations may remove any article that he/she feels is not proper for display, or is not being cared for in a proper manner.
- 2.4 The office will not be a sanctuary for any illegal acts or substances. Any illegal act or substance in the squad must immediately be reported to the Chief of Operations or Deputy Chief of Operations who will then notify Brooklyn College Public Safety and the Administrative Director.
- 2.5 All off-duty members and any visitors are considered to be guests of the on-duty crew. The on-duty Crew Chief may ask anyone other than the BC-51, 52 or 50 to leave the squad room at any time. When the Crew Chief is not in Headquarters, the on-duty Dispatcher is in charge of Headquarters and has the above-mentioned power.
- 2.51 Squad members on official business are exempt from rule 2.5.
- 2.6 No animals are permitted in Headquarters for any extended period of time. Any mess created by the animal must be cleaned by whoever brought it in the squad.

3 Staffing

- 3.1 The minimum crew shall consist of a Driver and a Crew Chief, or a Driver/Crew Chief and an EMT for a transport. To respond to an emergency, only a Crew Chief is needed.
- 3.11 When using the Ambulance for squad business, or getting gas, a Driver and a Crew Chief, or a Driver/Crew Chief and an EMT are required.
- 3.12 Should the above requirements not be met, the Ambulance may be used with an "Out Of Service" sign in the window for official squad business only, and with the consent of the crew chief or the BC-51, 52, or 55.

- 3.2 If there is no Dispatcher signed in, a crewmember will be designated by the Crew Chief to dispatch the call.
- 3.21 If there are no crewmembers or Dispatchers available, Public Safety will be notified that we will operate on their frequency.
- 3.3 No Dispatcher Trainee may sign in without a Dispatcher signed in.
- 3.4 No more than four individuals excluding the patient are permitted to ride on the Ambulance. All crew members and family members are to wear seatbelts when riding in the back of the ambulance.
- 3.5 Crewmembers are required to notify the base or Scheduling Officer when they are unable to make their regular shift and notices shall be posted accordingly.
- 3.51 All crewmembers must make reasonable attempts to find a replacement when missing their shift.
- 3.6 Crew Chiefs and Drivers are required to notify the Scheduling Officer directly when unable to make their shift when a replacement has not been found.

4 Rank Classifications

4.1 Each member’s rank is determined by his/her position in the BC-EMS’ hierarchy, under the Medical Director and The Board of Directors.

4.2	<u>Radio Designation</u>	<u>Name</u>
	BC-50	Administrative Director
	BC-50a	Treasurer
	BC-50b	Secretary
	BC-50c	Public Relations Officer
	BC-51	Chief of Operations
	BC-52	Deputy Chief of Operations
	BC-53	Training Officer
	BC-54	Equipment Officer

BC-55	Safety (Fleet Operations) Officer
BC-56	Communications Officer
BC-56a	Deputy Communications Officer
BC-57	Personnel (Records) Officer
BC-58	House Officer
BC-59	Scheduling Officer
BC-60	Faculty Advisor
Med-1	Crew Chief
Med-2	Crew Chief Trainee/Backup Crew Chief
BC-1	Driver
BC-2	Driver Trainee/Backup Driver
BC-Unit 1	Attendant/ Att (t)/ Att (o)
BC-Unit 2	Attendants/ Att (t)/ Att (o)
BC-Unit 3	Attendants/ Att (t)/ Att (o)\
Operations Officers	51, 52, and 60 (when a medical provider).
Administrative Officers	50, 50a, 50b and 57.

Operational and Administrative officers can issue directives as relates to their job responsibilities pending the approval of the Board of Directors.

5 **Age and Physical Requirements**

- 5.1 All members who wish to ride on the ambulance must be a minimum of 17 years of age.
- 5.2 Under no circumstances will a member be allowed to ride as a crewmember on the ambulance if either the Chief of Operations or the Deputy Chief of Operations feels that they are not physically capable of performing all possible assigned duties.
- 5.3 Medical leaves of absence may be granted by the Personnel Officer after the Chief of Operations, Deputy Chief of Operations, or the Administrative Director recommends it. Medical leaves must be requested in writing, stating your expected length of leave and your medical reason for that leave. When returning from your leave, you may be required to undergo retraining and you may be asked to submit a letter from your physician stating that you are able to return to active duty.

6 **Response Area**

6.1 *Our response area is as follows:*

6.11 Brooklyn College Campus and surrounding communities bounded on the north by Glenwood Road, on the Northeast by Flatbush Avenue, on the East by Nostrand Avenue, on the south by Avenue I, on the West by Ocean Avenue.

6.12 Brooklyn College Campus

6.13 Hillel House

6.14 Student Center (SUBO)

6.15 Midwood High School

6.16 Newman House

6.17 Public School 152 & 315

6.18 The BC President’s House. 115 Westminster Rd (E 12) btw. Albemarle Rd. & Beverly Rd.

6.2 If an out of district call is received, the dispatcher should advise the calling party to call 911 for an ambulance or refer them to the volunteer corps covering their area, if there is one.

6.21 If an out of response area call is received from FDNY-EMS, the call should be turned down unless approved by the 51, 52, or 60 (when a medical provider). This should be relayed to the EMS operator.

6.22 These rules are not applicable during a genuine MCI as per MARS.

6.3 No crew is to respond to any house calls, unless they are flagged down.

7 Hospital of Final Destination

7.1 When deciding to transport to a hospital, the Crew Chief will then find, via the dispatcher, the status of that hospital. If the hospital is requesting a diversion the Crew Chief should try and honor the hospital's request unless the Crew Chief feels it is medically necessary to disregard that request. The Crew is to treat diversions as a courtesy, not as a law.

7.11 If a problem arises with E.R. staff, the Crew Chief should request to speak to the E.R. Administrator. BC- 51, 52 or 60 (when a medical provider), should then be contacted ASAP.

7.2 At no time will a derogatory remark be made concerning a hospital to which a patient wishes to go. All hospitals are to be given equal respect.

7.3 Brooklyn College EMS should transport to the nearest appropriate 911 receiving Hospital. As per REMAC protocols the hospitals BCEMS usually goes to are: Brookdale, Community, Coney Island, Kings County, Beth Israel Kings Highway, Maimonides Medical Center, Methodist, Kingsbrook Jewish Medical Center or appropriate Specialty Center (Cornell Medical Center, Staten Island University Hospital (north) etc. as per DOH and REMAC protocols).

7.31 In some cases, and only with the approval of the BC-51, 52 or 60 (when a medical provider), a patient may be transported to hospital not on the list above. If attempts to reach the above-mentioned officers fail, the Crew Chief may use his/her discretion as to the validity of the request, the stability of the patient, as well as any other pertinent information. The attempts to contact the BC-51, 52 or 60 (when a medical provider), should continue, and once reached they should be made aware of the unusual circumstances, and an incident report filed.

7.32 This does not apply to members of BCEMS or their families when in need.

7.33 Brooklyn College EMS does not transport to any facilities other than 911 receiving hospitals.

7.4 *Routine Transports:*

7.41 A crew may not perform a routine transport (non-emergency). The Crew Chief should explain that we are not permitted by our New York State Operating Charter to engage in routine transports and that to do so would mean depriving someone of an emergency ambulance.

7.42 Exceptions to this can only be made by BC 51, 52 or 60 (when a medical provider).

8 Relatives or Friends Accompanying the Patient

8.1 Whenever possible, it is desirable to have a relative or friend accompany a patient to the hospital, in the ambulance. This is particularly important in cases where the patient is a minor, unconscious, female, or an EDP.

8.11 The number of relatives or friends accompanying the patient should not be more than two. But under no circumstances may the number of people in the rear exceed four, excluding the patient.

8.12 Under no circumstances shall the number of people exceed the point where it becomes difficult to administer proper patient care.

8.13 No person will be allowed to ride in the ambulance if that person cannot be secured with a seat belt. If young children cannot be secured with a seat belt Brooklyn College Public Safety or the NYPD must be contacted to take custody or transport them to the hospital.

8.2 Emergency workers involved with patient care will be transported to insure continuity of patient care; family or friends in this case should be limited to no more than one and should be placed in the cab of the ambulance.

8.3 A relative or friend who wishes to take a private auto to the hospital will be instructed not to tailgate the ambulance, and that they must obey all traffic laws.

9 Patient Searches and Personal Property

9.1 The crew is responsible for all the patients' belongings.

9.2 Crewmembers may search the neck, wrist, and ankle areas of the patient for medical alert devices.

- 9.21 Further searches should only be done by a Police Officer or a Public Safety officer when deemed absolutely necessary.
- 9.22 The crew may search for the patients ID if the patient is not alert, but should preferably have a Police Officer do it.
- 9.3 Secondary exams shall be done according to REMAC protocols.
- 9.4 Any squad member suspected of stealing from a patient will be subject to immediate suspension and other possible disciplinary actions, and if appropriate will be referred to the NYPD or Student Affairs.
- 9.5 Any found property recovered by a crewmember is to be brought to the Public Safety office at 0202 Ingersoll to be vouchered by the Public Safety department. A log entry by dispatch must include the officer receiving the found property's name as well as the time and a brief description of the property.

10 Refusal of Medical Aid/Transport

- 10.1 Aid should not be given to a patient who knowingly and willingly refuses it. Every effort should be made to convince the patient and the family of the need for aid if, in the opinion of the Crew Chief, aid is in fact necessary. OLMC is to be consulted as necessary.
- 10.2 Any adult patient or emancipated minor who understands what he/she is doing by refusing care can refuse aid. BCEMS will not administer aid to these persons. A minor may not be RMA'd if the EMT feels they need care. PD and Medical Control must be contacted for transport instructions.
- 10.21 Any patient over the age of 65 years old cannot RMA unless the patient is stable and Alert based on the status of NYS-DOH EMT curriculum. If the patient's condition is more severe (i.e. High BP)OLMC must be contacted for further instructions. When unsure, the Crew Chief should consult with OLMC about the RMA.
- 10.22 If a family member signs for the patient, that individual should indicate his/her relationship to the patient on the RMA form.
- 10.23 The person refusing care must be able to be classified as "Alert" according to NYS-DOH EMT

protocols.

- 10.24 If there is a patient who is **not** “Alert,” according to NYS-DOH EMT protocols, and wants to RMA, the OLMC Physician must be contacted for approval. If OLMC advises against releasing the patient then they should be kept on scene, if possible, without endangering the crew. FDNY-EMS must be contacted.
- 10.3 All RMA signatures should be witnessed by a BC Public Safety Officer, Police Officer, Fire Personnel or EMS Personnel, if at all possible.
- 10.31 All PCR work on RMA’s must be completed in the presence of the patient.
- 10.4 If while refusing medical aid, the patient and family member refuse to sign the RMA form, BC Public Safety or NYPD should be notified.
- 10.41 If the call is off campus, NYPD should be called to witness it.
- 10.5 If care is given and transport is refused, the same procedures as above (10.2-10.41) should be followed.
- 10.6 A minor as defined in Section 11.1 cannot refuse medical attention. If the call is on campus, Brooklyn College Public Safety must be called to respond on scene.
- 10.61 The Principal of a school is permitted to sign an RMA if the Crew Chief and principal determine that the minor in question does not need to be transported to a hospital.
- 10.7 The Crew Chief has at all times, his/her discretion to call FDNY-EMS to assist in the evaluation of the patient if there is a question as to the “Alertness” of such a patient wishing to RMA.
- 10.8 Any patient that received any medications (Albuterol Sulfate, Epinephrine, Aspirin, etc) and wishes to RMA, OLMC must be contacted and On Line Medical Control Physician’s approval **must** be made.
- 10.81 If Epinephrine was administered, Operations **must** be notified.

11 Minor Patients

- 11.1 A minor patient is defined as anyone less than 18 years of age *unless*:
 - 11.11 The minor is emancipated.
 - 11.12 The minor is the parent of a child.
 - 11.13 The minor is enlisted in the armed forces.
 - 11.14 The minor is requesting treatment for STD's drug abuse or child abuse.
- 11.2 A minor patient must be accompanied by a parent or legal guardian when transported to a hospital, except in the case of medical necessity as determined by the Crew Chief.
- 11.3 If no relative is present, a responsible adult should be sought, including Police Officers, Brooklyn College Public Safety Officers or school personnel from the K-12 schools.
- 11.31 The dispatcher will notify BC Public Safety of such emergencies if they occur on campus or the NYPD dispatcher if the call is off campus, should the minor need a legal guardian.
- 11.4 Under no circumstances should removal to a hospital be delayed while trying to find a responsible adult, if medically necessary.

12 Uniform Regulations

- 12.1 Only uniform insignia authorized herein are permitted to be worn by squad members.
- 12.11 The official uniform when on shift:

12.111 The uniform is to be worn by all personnel when on duty during their regularly assigned tour(s) of duty. This includes all individuals who ride as fill-ins or replacements when they have been notified 48 hours in advance. Those members who are called in on short notice for replacement or back-up crews are not required to wear uniform, but these members shall display their ID cards and attempt to borrow a uniform from the storage room.

12.112 The official uniform is a navy polo shirt or white or navy military-type shirt with flap pockets and epaulets.

12.1121 [a] The shirt should have on its right sleeve, a patch denoting your highest medical authority. It should be sewn on 1" below the shoulder seam of your epaulets. On your left arm should be the official Brooklyn College EMS patch sewn neatly 1" below the shoulder seam of your epaulets.

[b] A CPR patch may be worn ½" below one's highest medical authority.

[c] EMT's are permitted to wear rockers denoting their advanced training.

[d] Persons who wish to wear an American Flag patch on their shirt may wear it 1" below the right shoulder seam. Patches denoting your highest medical authority shall be worn ½" below the flag.

12.1122 The navy polo shirt or sweatshirt must have identifying logo of BCEMS.

12.12 *Special Event Uniforms:*

12.121 When on duty during a special event, members must wear a full uniform.

12.122 Full uniform includes: Dark blue uniform pants/skirt, dark shoes (preferably black), dark hose, white uniform shirt and a black belt.

12.3 All uniforms must be kept clean at all times.

13 Paperwork and Documentation

13.1 The Crew Chief is responsible for all documentation on PCRs, incident reports, and unusual occurrence

reports that occur on his/her shift.

13.2 The Dispatcher is responsible for the call log sheets and any documentation in the logbook, crew board and call logbook.

13.21 The Crew Chief is ultimately responsible for the Dispatcher's paperwork.

13.3 An incident report must be filled out for the following situations:

- [a] The ambulance is involved in any type of MVA.
- [b] The malfunction or disappearance of medical equipment encountered on an emergency.
- [c] The ambulance exhibits a mechanical malfunction during emergency operations.
- [d] A squad member violates the S.O.P.
- [e] All calls regarding a criminal activity/ crime scene including but not limited to:
- [f] Patient/Family complaint regarding a crewmember.
- [g] Crew experiences difficulty with the E.R. staff.
- [h] Crewmember has contact with a possible Infectious Disease.
- [I] Security breach of Headquarters/Ambulance.
- [j] NYS-DOH protocols were violated.
- [k] Any other situation in which the Crew Chief deems it necessary.

In addition, incident reports must be filled out in the following situations:

I. Child abuse/neglect or suspicions thereof.

{“§ 415 of the Social Services Law states that, "Reports of suspected child abuse or maltreatment made pursuant to this title shall be made immediately by telephone or by telephone facsimile machine on a form supplied by the commissioner. Oral reports shall be followed by a report in writing within forty-eight hours after such oral report. Oral reports shall be made to the statewide central register of child abuse and maltreatment unless the appropriate local plan for the provision of child protective services provides that oral reports should be made to the local child protective service." Oral Reports of suspected child abuse or maltreatment shall be made by calling the **NYS Child Abuse and Maltreatment Register at: 800-635-1522}**

II. Violent Crimes

Should the crew come upon a call where a violent crime, sexual assault or rape occurred, on campus, BC Public Safety must be notified and the crew must wait for their arrival. If the same type of emergency should occur off campus, NYPD must be notified and crew must wait for their arrival unless high priority transport is medically necessary. Do not confront or accuse any individuals on scene.

III. Obvious/Pronounced death

13.31 Incident reports or unusual occurrence reports must be submitted to Operations unless grievance is with BC-51, then it is to be given to BC-52 or the next highest Board Member not involved.

13.4 **DOCUMENTATION of On Line Medical Control:**

If at anytime OLMC Physician was contacted, the Crew Chief must identify himself as Brooklyn College EMS. Crew Chief must document on the PCR, the Physician's Name and NYS License number and must fill out appropriate BC-EMS OLMC form.

13.5 Documentation of Exposures

13.51 In the event of an accidental exposure to chemical agents or infectious pathogens, seek medical attention immediately and submit an incident report within 2 working days. The report is to be submitted in a sealed envelope to the attention of the Administrator.

14 Medical Equipment Inspection

14.1 At the beginning of each shift all riding members are to check one bag or the bus.

14.11 Devices such as the traction splints, O2 regulators and tanks, stair chair, scoop, BP cuffs, etc. must be physically tested to assure that all parts are present and in proper working order.

14.12 The Attendants (or the Crew Chief) shall complete all required checklists.

14.121 The checkout sheets must be filled out completely and signed by the Crew Chief.

- 14.2 All irregularities shall be brought to the attention of the Crew Chief who shall in turn contact the Equipment Officer.
- 14.21 If the irregularity is a major factor in keeping the ambulance operational, the Equipment Officer (or in his absence, Operations) shall be contacted immediately.
- 14.3 The Crew Chief is ultimately responsible for ensuring the presence and condition of any Equipment.
- 14.4 It is the responsibility of the driver, at the beginning of his/hers shift, to check out the bus.
- 14.5 After a call, it is the responsibility of the on-duty crew to check and replace all equipment used on the call. Nevertheless, the next crew that signs on is still responsible to check out all the kits whether or not they were used.
- 14.6 *Decontamination of Equipment:*
- 14.61 All equipment is to be kept clean, and, where applicable, sterile.
- 14.611 Any equipment that has come into contact with bodily fluids is NOT to be placed into kits, but is to be held separately to be decontaminated.
- 14.612 All disposable items used on a call are to be thrown out in the proper waste containment units.
- 14.613 All non-disposable equipment is to be brought back and decontaminated as per NYS-DOH protocols.
- 14.6131 If non-disposable equipment is contaminated, then the Crew Chief is to be told and the matter should be brought to the Equipment Officer's attention. In his/hers absence, an Operational Officer must be notified ASAP.
- 14.62 It is the on-duty Crew Chief's responsibility to clean and decontaminate the equipment. No attendant is to clean the equipment without a Crew Chief or operational officer present.

14.63 In the unlikely event that contaminated equipment is put into a kit, the whole kit is to be decontaminated. All equipment is to be dealt with as stated in 14.612-14.613. If decontaminating a kit from blood, spot-checking the kit with peroxide for contact will suffice. If other fluids were present the bag is to be taken out of service and cleaned according to NYS DOH protocols. The kit is to be taken out of service and will remain out of service till placed back into service by the Equipment Officer or in his absence an operational officer.

15 Squad Out Of Service

15.1 If it becomes necessary to put the squad out of service during peak hours due to a lack of a Crew Chief, Operations shall be notified immediately.

15.11 If the squad must be shut down due to a lack of a Crew Chief, a replacement Crew Chief should be contacted immediately.

15.12 An immediate investigation shall be made by Operations in the case of a staffing problem, and disciplinary action is mandatory where warranted.

15.121 If a Crew Chief misses a shift without securing a replacement and therefore the squad must be shut down, this Crew Chief may be reprimanded at the consent of Operations Officers.

15.2 *When closing the squad at the end of the day, the following must be done:*

15.21 All radios will be turned off and returned to their respective chargers.

15.22 The ambulance will be put away.

15.221 The mileage shall be recorded in the logbook and the power supply shall be plugged in.

15.23 The Dispatcher shall notify BC Public Safety of the fact that we are closing, get the name of the Officer, sign off the air, and turn off the base station. All of the preceding actions must be logged in the logbook.

15.24 When locking up, the Crew Chief, or last remaining officer shall make sure all doors and windows are

locked and the alarm is turned on. Additionally, he/she is responsible for making sure the office is clean prior to leaving.

16 Leaving Equipment at the Hospital

- 16.1 Only disposable items should be left at the hospital and, whenever possible, replacement items should be requested from the on-duty nurse.
- 16.2 If unable to retrieve non-disposable equipment during the same tour, the next shift’s Crew Chief shall be requested to attempt to retrieve the equipment.
- 16.21 All non-disposable equipment left at the hospital should be documented in the logbook, and the Equipment Officer shall be notified.
- 16.3 Any equipment left behind which is required under the NYS DOH part 800.21 mandates that the ambulance be placed “OUT OF SERVICE” (with sign visible on dashboard) until the item(s) can be retrieved or replaced, and the BC-51, 52 or 60 (when a medical provider), will be advised of such withdrawal from service no later than the close of the affected shift.

17 Change of Tour

- 17.1 It is the responsibility of the oncoming crew to note any problems with Headquarters, the ambulance or radio equipment in the logbook and to notify the proper officer and the next crew.
- 17.2 If the on-duty crew is on a call when the time comes for the next crew to take over, the on-duty Crew Chief remains the Crew Chief until his/her return to Headquarters.
- 17.21 In the event of a second simultaneous call, the on-duty Crew Chief will be notified and his/her instructions will be followed.

18 Scheduling

- 18.1 *Vacant Positions:*

- 18.11 If two members want the same position on a shift, the member without a steady shift shall have priority over the member who already has a scheduled shift.
- 18.111 If two members hold more than one shift, and are competing for the same shift, the member with fewer shifts shall get the shift.
- 18.12 If two members are competing for the same shift and neither have a shift, then the member with the most time served will get the shift.
- 18.2 *Filled Positions:*
- 18.21 If one member is pulling two or more shifts, that person may be asked to give up one of his/her shifts, so that someone else who has no shift may pull a shift.

19 Officer Responsibilities

- 19.1 *Administrative Director*
- 19.2 The Administrative Director shall oversee the Emergency Medical Squad to assure that it is in compliance with applicable laws, and College policy. If any deficiencies are found he/she is to present them to the Chief of Operations to correct. If the Chief of Operations does not deal with the issue, he/she can take the complaint to the Presidential Advisory Committee or Student Affairs.
- 19.3 Prepare annual budget in consultation with the treasurer of the BC-EMS and present it to the Board of Directors for approval, and then to the Presidential Advisory Committee for review.
- 19.4 Report, advise, and meet with the Presidential Advisory Committee for Emergency Medical Care.
- 19.5 Ensure that the BC-EMS has all applicable licenses and permits for the operation of the ambulance and Emergency Medical Squad.
- 19.6 Develop long term fiscal plan for BC-EMS to make major purchases (eg. Ambulance); Seek alternative

sources of funding (eg., grants.)

- 19.7 Liaison with BC-EMS Chief of Operations.
- 19.8 Assist in the implementation of the recruitment and training plan for members of the BC-EMS.
- 19.9 Liaison with the Dean of Student Affairs or her designee to assure that expenditures are in accordance with the University's Fiscal Accountability Guidelines and other policies and procedures of the College.
- 19.10 Attend BC-EMS Board meetings and Student Affairs Executive Committee meetings.
- 19.11 Consult with the BC-EMS Faculty Advisor from time to time, as appropriate
- 19.12 The Administrative Director shall report to the Dean of Student Affairs or her designee, and shall submit a monthly activity report to the Dean of Student Affairs, in addition to an annual report.
- 19.13 Coordinate with Facilities/Planning regarding area related issues.
- 19.14 Designated officer under the Ryan White Act. Responsible for seeking medical help for any requesting crew member. Maintain up-to-date BC-EMS infection control plan.
- 19.15 Serve as patient care ombudsman.
- 19.16 Other related duties, as assigned.
- 19.17 Responsible to submit for review upon the request of the BC-51, 50a, or 57, any squad paperwork requested.
- 19.18 Assist in implementing club policies and administrative duties as requested by the Board of Directors or treasurer, as appropriate.

- 19.19 Responsible to submit his/her employment hours and duty log to the Personnel (Records) Officer, who is to forward them to the Office of Student Affairs for review and approval. Failure to submit required hours may result in his/her not being paid
- 19.2 *Chief of Operations*
- 19.21 Serves as President of the club and is responsible for supervising all officers. Responsible for making sure that each officer and member is doing his/her prescribed jobs. Is the ultimate authority on Operational issues, under the Medical Director. Responsible for all disciplinary actions, in conjunction with the BC-57.
- 19.22 Responsible for reviewing PCR's, notifying Crew Chiefs of any deficiencies and notifying the QA/QI committee as necessary.
- 19.23 Reports to the NYS DOH Area Office.
- 19.24 Responsible for the auditing and mailing of PCR's to NYS DOH.
- 19.25 Is the designated liaison to the DOH area office.
- 19.26 Is the Chair of the Board of Directors.
- 19.27 Is to meet periodically with the Dean of Student Affairs/ or her designee to discuss squad operations.
- 19.3 *Deputy Operational Director*
- 19.31 Responsible to the Chief of Operations
- 19.32 Supervisor of all operational and non-operational officers.
- 19.4 *Training Officer:*

- 19.41 Responsible for training of all Attendants and Crew Chiefs and for the certification of all Attendants and Crew Chiefs.
- 19.42 Responsible for keeping the Personnel Officer abreast of all new Crew Chiefs, Crew Chief Trainees, Attendants and Attendant Trainees.
- 19.43 Responsible for arranging CPR, Blood Borne Pathogens, and first aid classes, as needed, and student placement in these classes.
- 19.44 Responsible for the development of a training policy.
- 19.45 Responsible for the development of in-service training for crews.
- 19.46 Responsible for monitoring undesirable medical practices.
- 19.47 Responsible for use and maintenance of training mannequins.
- 19.5 *Equipment Officer:*
- 19.51 Responsible for inventory of all medical equipment and supplies.
- 19.52 Responsible for replenishing of equipment and supplies including necessary purchases and repairs.
- 19.6 *Safety (Fleet Operations) Officer:*
- 19.61 Responsible for the training and certification of all drivers.
- 19.62 Responsible for maintenance of the ambulance, including the supervision of all repairs, preventive maintenance and daily inspections.

- 19.63 Responsible for supervision of all drivers and all unsafe driving practices.
- 19.64 Responsible for the development of a safety policy.
- 19.65 Responsible for all paperwork regarding all ambulance operations.
- 19.7 *Communications Officer:*
- 19.71 Responsible for maintenance of all communications equipment, including all radios, beepers and phones.
- 19.72 Responsible for all dispatcher training and for the certification of all dispatchers.
- 19.73 Responsible for the development of a communications policy.
- 19.74 Responsible for the supervision of all dispatchers.
- 19.75 Responsible for the maintenance of all Dispatcher/Communication supplies.
- 19.76 Responsible for the proper logging of all calls in the database.
- 19.77 Deputy Communications Officer
- 19.78 Supervisor of all Dispatchers.
- 19.79 Responsible for administrating the dispatcher exam.
- 19.791 Responsible to the Communications Officer.

- 19.8

Personnel (Records) Officer:
- 19.81

Responsible for processing all new members.
- 19.82

Responsible for keeping a file on every member. This file will include, but is not limited to, member’s application, picture, and changes in status, certifications, licenses, and disciplinary notices. A medical file of required information will be kept by the 57, with only the 51, 57, and 50 having access.
- 19.83

Responsible for sending notices relating to squad functions and meetings.
- 19.84

Responsible for seeking and maintaining all members’ positional qualifications.
- 19.85

Responsible for keeping a record of all the employment hours of the BC-50 and forwarding them to the Office of Student Affairs.
- 19.86

Responsible for all the paperwork of the squad. Is to consult with the treasurer in maintaining financial records.
- 19.87

Is the Chair of the Disciplinary Committee.
- 19.9

House Officer:
- 19.91

Responsible for maintenance of Headquarters, including cleanliness, furniture, bulletin notices and repairs.
- 19.92

Responsible for ordering new uniforms and office supplies for the squad.
- 19.100

Scheduling Officer:
- 19.101

Responsible for filling openings in shifts.

- 19.102 Responsible for seeking and maintaining all members’ availability for shift.
- 19.103 Responsible for setting policy regarding scheduling and keeping a record for SERVA, when requested.
- 19.200 *Public Relations Officer:*
- 19.201 Responsible for arranging blood pressure and membership drives.
- 19.202 Responsible for setting up crews for special events and first aid demonstrations to public schools.
- 19.203 Responsible for maintaining a good public relations policy in order to insure the good name of BCEMS.
- 19.204 Responsible for press releases relating to regular squad activities. Press releases relating to issues that may need to involve the college administration and/or be a public interest must be coordinated with the college’s Public Relations Office.
- 19.205 Before issuing any press releases, the Public Relations Officer will consult the Chief of Operations **and** the Administrative Director, and if appropriate the college’s Public Relations Office.
- 19.206 Liaison between the Board of Directors and the General Membership.
- 19.207 Function as the advocate for the General Membership
- 19.208 Help create recruitment plans.
- 19.300 *Treasurer*
- 19.301 Responsible for the custody of all squad funds in conjunction with the Administrative Director And Chief of Operations, and compliance with the rules governing Brooklyn College Club Fees as mandated by the CUNY fiscal guidelines.

- 19.302 Responsible to receive all monies due to the squad and deposit in the name of the squad in the Central Depository.
- 19.303 Responsible to keep a detailed and accurate record of all funds received and disbursed by line.
- 19.304 Responsible to produce upon request of the Administrative Director, Chief of Operations, Presidential Advisory Committee, or Board of Directors a complete report of the financial condition of the squad, and present the report at the specified Board, Advisory or General Membership meeting.
- 19.305 Consult with the Administrative Director in the preparation of the annual budget, which will then be submitted to the Board of Directors and Presidential Advisory Committee for approval.
- 19.306 Responsible for implementing payment to the Administrative Director as per his/her contract with the squad.
- 19.307 No payment orders may be signed in advance and left to be filled in at a later date. Payment Orders must be filled out only when they're due.
- 19.400 *Secretary:*
- 19.401 To take minutes of all General Membership and Board meetings.
- 19.402 To have such minutes written and available by the next such said meeting.
- 19.403 To take care of all the clerical work and all correspondence.

20 **QA/ QI Committee**

1. The committee shall be composed of the 51 or 52, 53, 60 (when a medical provider), Agency Medical Director, and a non-member who is at least an EMT-B, who will be chosen by the 51. The committee's duties are as follows:

(a) To review the care rendered by the service, as documented in pre-hospital care reports and other materials. The committee shall have the authority to use such information to review and to recommend to the governing body changes in administrative policies and procedures, as may be necessary, and shall notify the governing body of significant deficiencies;

(b) To periodically review the credentials and performance of all persons providing emergency medical care on behalf of the service;

(c) To periodically review information concerning compliance with standard of care procedures and protocols, grievances filed with the service by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients. A quality improvement program shall also include participation in the department's pre-hospital care reporting system and the provision of continuing education programs to address areas in which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols. Continuing education programs may be provided by the service itself or by other organizations; and

(d) to present data to the regional medical advisory committee and to participate in system-wide evaluation.

2. The information required to be collected and maintained, including information from the pre-hospital care reporting system which identifies an individual, shall be kept confidential and shall not be released except to the department.

3. Notwithstanding any other provisions of law, none of the records, documentation, or committee actions or records required pursuant to this section shall be subject to disclosure under article six of the public officers law or article thirty-one of the civil practice law and rules, except as hereinafter provided or as provided in any other provision of law. No person in attendance at a meeting of any such committee shall be required to testify as to what transpired thereat. The prohibition related to disclosure of testimony shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject of which was reviewed at the meeting. The prohibition of disclosure of information from the pre-hospital care reporting system shall not apply to information which does not identify a particular ambulance service or individual.

21 Intra-Squad Communications

21.1 The following officers/members shall be required to transmit the following information to the officers/members listed:

21.11 Training Officer

21.111 Transmit to the Scheduling Officer names of members who need to be scheduled for Crew Chief and Attendant training shifts.

21.12 Safety (Fleet Operations) Officer

- 21.121 Transmit to the Scheduling Officer names of members who need to be scheduled for driving shifts.
- 21.13 Communications Officer
- 21.131 Transmit to the Scheduling Officer names of members who need to be scheduled for dispatcher training shifts.
- 21.14 Personnel Officer
- 21.141 Transmit the names, addresses, and phone numbers of all members to all appropriate officers.
- 21.15 General Membership
- 21.151 Transmit to the Training, Safety (Fleet Operations), and Personnel Officers copies of updated certifications, driver's licenses, and at the beginning of every school semester, their class schedule to the Scheduling Officer.
- 21.152 Transmit to the Scheduling Officer at the beginning of each semester the times of availability, their qualifications, e.g. Driver/Dispatcher, and the shift they would like to have.
- 21.153 Transmit to the Personnel Officer requests for leaves of absence or medical leaves.

22 Public Relations

- 22.1 All members are invited to participate in Public Relations events.
- 22.2 All members who are on shift during a Public Relations event are expected to participate in such events unless needed on an emergency call.
- 22.3 All members are to assist Public Relation Officer with his/hers responsibility.

23 **Crew Responsibilities**

No Crewmember will be allowed on the ambulance without being an ATT(t) and having completed a Blood Bourne pathogens class, as per OSHA guidelines.

23.1 *Crew Chiefs:*

- 23.11 The Crew Chief is responsible for making sure that kit and bus checkouts are done at the beginning of every shift and after every call.

- 23.12 The Crew Chief has overall responsibility for the actions of the squad members assigned to his/her shift, and for all squad property.

- 23.13 The on-duty Crew Chief is ultimately responsible for all paperwork involved on a call.

- 23.14 The Crew Chief is responsible for the level of training of the crew, including the use of equipment in accordance with the restrictions as to the crew’s credentials, and insuring that they are aware of all squad procedures.

- 23.15 The on-duty Crew Chief shall have the ultimate responsibility for the actions and whereabouts of all squad members at the scene on an emergency call.

- 23.16 Crew Chiefs are responsible for thorough knowledge of all posted notices, memoranda, and directives and for their compliance. They are also responsible for making sure the crew is knowledgeable of the Constitution, SOP, directives and temporary operating procedures and for their compliance.

- 23.17 Crew Chiefs are responsible for the ongoing training of their crews and for the training of probationary members assigned to their shift.

- 23.171 Crew Chiefs are to submit to the Training Officer written reports on the progress and acceptability of Crew Chief and Attendant trainees.

23.2 *Drivers:(MVO)*

23.21 The Driver must have thorough knowledge of the ambulance, hospital locations and routes to the hospitals.

23.22 At the start of each shift the Driver shall fill out a driver checkout sheet for the ambulance. It is driver's responsibility to ensure all equipment pertaining to the operations of the vehicle is in working order. If any irregularities are to occur the bus must be put "out of service". Crew Chief must be notified and, if necessary, the Safety (Fleet Operations) Officer and Equipment Officer must be notified ASAP.

23.23 The Driver has the ultimate responsibility of the ambulance.

23.24 The Driver will not leave the vehicle unless it is parked in a safe location and, when unattended, all the doors and compartments are locked.

23.25 The Driver has the ultimate responsibility for deciding upon the use of the siren, horn and other audible devices, keeping in mind also the desires of the Crew Chief. If the Driver feels the use of the audible warning device is necessary for the safety of the patient, crew, or ambulance he/she may override the Crew Chief's decision. All warning lights are to be used in responding to a call, and whenever there is a critical patient in the ambulance. Otherwise, use of some lights may be omitted and the Drivers are to follow regular driving guidelines.

23.26 The Driver will assist the Crew Chief in any way possible when asked by the Crew Chief to do so, provided it doesn't interfere with the Driver's duty as Driver.

23.3 *Attendants:*

23.31 At the beginning of each shift, the Attendant must check equipment in the portable kits and on the ambulance.

23.32 Attendants are absolutely responsible to their Crew Chiefs.

23.33 Attendants will never respond to a call before a Crew Chief unless expressly told to do so by the Crew Chief.

23.4 Any member who starts riding on the ambulance will have the status of att(t) until his/hers knowledge becomes sufficient to be an attendant.

24 Dispatcher Responsibilities and Radio Procedures

24.1 The Dispatcher shall be responsible for giving all radio transmissions from the Headquarters. He/She shall be the only person using the Headquarters' radio for that shift, except if the Dispatcher is occupied with other squad business.

24.2 The Dispatcher, at the beginning of each shift, will verify that all keys and radios are present or accounted for. He/She will notify the Crew Chief if anything is missing or damaged, or if any irregularities exist.

24.3 Dispatchers are responsible for recording messages for crewmembers and officers. This message should include, but is not limited to, the time, date, and name of the person who received the message

24.4 The Dispatcher will answer all telephone calls, unless he/she is otherwise occupied except for emergency calls that must be answered when a crew is available.

24.41 The phones will be answered: "Emergency Medical, may I help you?" for calls to 5859 and 5850 line calls and "Emergency Medical, what is your emergency?" on the 5858 line. (A reasonable facsimile of the above may be used as well.)

24.5 The Driver will ensure that the Mobile Radio is on at all times while the ambulance is in use.

24.6 Radio transmissions will be as brief as possible. No personal messages are permitted on the radio.

24.61 Under no circumstances are obscene or questionable remarks, phrases or language to be used on the radio.

24.62 No first names are to be used on the radio at any time.

24.63 The only exception to 24.62 is identifying member's first and last name initials.

- 24.7 Difficulties or malfunctions of radios or other communications equipment, including telephones, will be immediately reported to the Communications Officer. If he/she is unavailable, Operations will be notified.
- 24.8 Whenever the ambulance responds with a transmission of 10-98 or 10-99, the Dispatcher will respond: “10-4 Med-1, you are 10-98/10-99 at (time) , this is station KMB-268 Dispatcher (Dispatcher’s number) .”
- 24.9 When numbers are transmitted, they are to be spoken as individual digits.
- 24.10 Dispatchers must acknowledge any 10-code message other than 10-4 by acknowledging it with a 10-4, and then repeating the 10-code followed by the current time.
- 24.11 Only crewmembers currently on shift may sign out a portable radio, unless an Operational Officer gives permission.
- 24.12 Board Members are excluded from 24.11

Brooklyn College EMS 10-codes

10-02	Report to Base
10-03	Call the Base
10-04	Acknowledged Message
10-05	Repeat Last Message
10-06	Stand By
10-07	Verify Call Location
10-10	Requesting Police at Scene
10-11	Requesting Fire Dept at Scene
10-12	Give Report from Scene
10-13	Emergency Assistance Needed (specify)

10-20	Location
10-28	Going off Campus on Squad Business (specify)
10-39	Any Messages?
10-51	Request Medical Standby at Hospital (specify)
10-52	Request Trauma Standby at Hospital (specify)
10-53	Motor Vehicle Accident
10-58	Additional Ambulance Crew Needed at Scene
10-59	Fire
10-62	Out of Service (specify)
10-63	Units Responding to Call
10-81	Unit Arriving with Patient to Hospital (specify)
10-82	Unit Leaving with Patient to Hospital (specify)
10-83	D.O.A.
10-85	Rendezvous with another Unit
10-87	Cancel
10-88	Unit Arrived on Scene
10-90	Unfounded
10-93	Refused Medical Attention, Signed Release
10-94	Patient Treated by this Agency, Removed by Another
10-96	Patient Gone on Arrival of Crew
10-98	Unit Available by Radio
10-99	Unit Available by Phone / Pager

25 Driving Regulations

- 25.1

The Ambulance shall not be on the road or in service without a Driver and a Crew Chief, or a Crew Chief/Driver and an EMT, without the permission of an Operations Officer or the Safety (Fleet Operations) Officer.
- 25.2

All accidents shall be reported to the Safety (Fleet Operations) Officer, Chief of Operations, Brooklyn

College Public Safety office and the Administrative Director immediately. The CUNY driver manual should be followed at all times.

25.21 The Driver involved must exchange all information with the other driver or driver's of the other vehicles involved.

25.22 Upon return, the Driver will fill out an accident report (NYSMV 104) and a BCEMS incident report as indicated in Section 14.4.

25.3 No Driver shall operate the ambulance if he/she feels it to be unsafe. The Safety (Fleet Operations) Officer will be notified immediately.

25.4 The Driver will not let the gas/diesel tank get below $\frac{1}{2}$ full.

25.41 If the Driver permits the gas/diesel tank to get below $\frac{1}{4}$ full, then that Driver may be suspended as Driver for one week.

25.5 Diesel will be obtained on campus by the heating facilities in cooperation with the Administrative Director and BC Public Safety.

25.6 No one shall operate the ambulance unless approval is acquired from the Safety (Fleet Operations) Officer.

25.7 Crews are responsible for the cleanliness of the interior of the ambulance. If a Crew Chief notices that the ambulance was left unclean from the previous shift, he/she will note it on the check-out sheet and also leave a note for the Safety (Fleet Operations) Officer.

25.71 Although Drivers are responsible for the operation of the ambulance, the Crew Chief will report any problem with a Driver to the Safety (Fleet Operations) Officer.

25.72 If the Crew Chief finds the Driver to be operating the ambulance in an unsafe manner, the Crew Chief may ask the Driver to pull over to the curb. The Crew Chief may then instruct the Driver to operate the ambulance safely or immediately return to base. If this occurs during an emergency call, the Driver will be notified at the end of the call, and the Safety (Fleet Operations) Officer will be contacted by the Crew Chief.

- 25.8 Drivers shall not exceed 35 M.P.H. on city streets and posted limits on highways.
- 25.9 When the ambulance is in motion, seatbelts will be worn by all persons on the ambulance, with the exception of crewmembers only if wearing the seat belt impairs patient care.
- 25.91 All patients will be secured under NYS-DOH regulations.

26 Training for Ambulance Riding Personnel

- 26.1 *The Attendant trainee:*
 - 26.111 Must be a Dispatcher.
 - 26.112 Must have a minimum certification in American Red Cross, ASHI or American Heart Association CPR and First Aid, vital signs and Blood Bourne pathogens.
 - 26.114 Must be at least 17 years of age.
 - 26.115 Attendant trainees are required to undergo a period of training, the end of which is to be determined by the Training Officer when he/she feels the trainee is capable of carrying out the role as Attendant.
- 26.12 Maintenance of Attendant trainee Status
 - 26.121 Attendant Trainees are required to ride on a weekly basis, on a scheduled shift, as well as pull a Dispatcher shift.
- 26.2 *Attendant*
 - 26.21 Must be an Attendant Trainee

- 26.22 Must have a minimum certification of NYS EMT-Basic
- 26.23 Must be at least 18 years of age.
- 26.24 Attendants are determined by the Training Officer after completing a sufficient amount of training.
- 26.3 *The Driver Trainee:*
 - 26.311 Must be an Attendant trainee.
 - 26.312 Must be at least 18 years of age.
 - 26.313 Must have a valid Driver's License (class D) with a clean driving record.
 - 26.3131 Must be off probation.
 - 26.3132 Must be actively driving for at least six months.
 - 26.3133 Must get at least an 80% on the CEVO Ambulance Driving Course
- 26.4 *The Driver*
 - 26.41 Must be a Driver Trainee
 - 26.42 Must demonstrate a thorough knowledge of the routes to the Hospitals and show an ability to reach them in a safe way.
 - 26.421 Must demonstrate knowledge of when to use lights and sirens in an appropriate manner.

- 26.422 Must be familiar with the contents of the ambulance and be able to retrieve it during an emergency.
- 26.43 Is certified by the Safety (Fleet Operation) Officer when he/she shows the above skills.
- 26.5 *The Crew Chief:*
- 26.511 Must be an Attendant.
- 26.512 Must be a New York State EMT or higher, and carry the certification card on them at all times while on shift as do all EMTs.
- 26.513 Must have a valid American Red Cross, ASHI, NSC or American Heart Association CPR/BLS card.
- 26.514 Must be approved by the Training Officer
- 26.6 *The Crew Chief in Training:*
- 26.611 Must possess a current New York State EMT certification or higher, and carry such certification on them while on shift.
- 26.612 Must have a valid American Red Cross, ASHI, NSC or American Heart Association CPR/BLS card, and carry such certification on them while on shift.
- 26.613 Must take an oral/practical session and a written exam. The Training Officer should administer these exams.
- 26.6131 Section 26.613 may be waived by the Training Officer.
- 26.62 Under the supervision of a non-probationary Crew Chief (a Crew Chief more than 12 weeks), a Crew Chief Trainee is to act and perform in all the aspects of a Crew Chief.

- 26.7 A Crew Chief Trainee may keep a tour open without a Crew Chief provided that:
- 26.71 Crew Chief has another EMT Attendant on shift
- 26.72 The Crew Chief trainee has obtained prior permission from the Training Officer or in absence of Training Officer, Operations may grant the permission but Training Officer **MUST** be notified immediately.
- 26.8 *A Crew Chief Trainee may transport a patient to the hospital, provided that all the following criteria are met:*
- 26.81 FDNY-EMS has an extended or unknown ETA.
- 26.82 There is a certified Driver available.
- 26.821 The patient is classified as unstable according to NYS-DOH protocol.
- 26.822 A Crew Chief in training who is also a Driver is NOT to function in both capacities on a call, as may a Crew Chief, even if there is another EMT to provide patient care in the back.

27 Responding to Calls

- 27.1 Under no circumstances will a squad member, when not on shift, follow the ambulance to the scene of a call, nor will they interfere with the crew at the scene of a call with the exception of Operations Officers.
- 27.2 *Second Calls and all Subsequent Calls:*
- 27.211 If no backup crew is available, the Dispatcher will notify the Crew Chief of the type of call and its location while the caller is on hold.

- 27.212 The Crew Chief will then advise the Dispatcher to call FDNY-EMS.
- 27.22 If backup crew is available, the Dispatcher will notify the primary Crew Chief of the type of call and its location and that there is a backup crew available.
- 27.23 If the primary crew has an additional Crew Chief, he/she, if currently 10-63 or 10-88, will respond to the backup call or have the backup crew respond at the discretion of the primary Crew Chief.
- 27.3 No scanner calls are to be taken outside of the primary area.
- 27.4 A Crew Chief has the authority to turn down a call if he/she feels that the safety of the crew is endangered.
- 27.41 If the Crew Chief feels the safety of the crew is endangered after arriving at the scene of a call, the crew will retreat to a position of safety and await the proper authorities.
- 27.42 If a call is ever turned down, "911" will be notified, as well as the Chief of Operations or Deputy Chief of Operations.
- 27.5 The ambulance must stop to help when flagged down for an emergency call.
- 27.51 If the ambulance is flagged while responding to an emergency call, the ambulance must stop and treat the patient. The Crew Chief will then notify the Dispatcher that they have been flagged, and to request that a backup crew or FDNY-EMS respond to the original emergency.
- 27.52 If the ambulance is flagged while transporting a patient to the hospital:
- 27.521 If the patient is stable according to NYS-DOH protocols, the crew must stop and treat the patient. The Crew Chief will then decide whether to transport both patients to the same hospital, or to have FDNY-EMS respond.
- 27.522 If the patient is unstable according to NYS-DOH protocols, the ambulance will stop and explain to the person(s) flagging down the ambulance that they have a critical patient on board and must proceed to the hospital. The Driver will then notify the person(s) that he will request FDNY-EMS to respond, and

will do so via the Dispatcher.

27.6 FDNY-EMS will be notified when more than two patients need transport or when the ambulance is out of service and the patient requests transport.

27.7 Hazardous Materials Response

27.71 Calls where hazardous materials may be present are beyond the training and capabilities of Brooklyn College EMS. These calls fall within the operational authority of the FDNY.

27.72 The on-duty crew is to report to the designated “Cold Zone” for staging.

27.73 2 full face and 2 half face respirators are available on board the ambulance to riding members who have been fit-tested and trained in their use.

28 Actions at the Scene of a Call

28.1 The doors to the ambulance will be locked whenever it becomes necessary to leave the ambulance unattended.

28.2 If any difficulties are encountered with any other agency, an incident report will be written and an Operations Officer will be notified.

28.3 Squad members will be careful of their comments at the scene of a call. As for example, not to criticize other city agencies, hospitals, or comment on patient condition within hearing distance of patient’s family, bystanders, media, or the patient.

28.4 If entry cannot be gained to the scene of an incident on campus, Brooklyn College Public Safety will be notified. If entry cannot be gained off campus, NYPD or FDNY-EMS will be notified.

28.5 If a patient cannot be found, the crew is to remain on scene and confirm the location with medical dispatch. Upon verifying the location of the call, every attempt to contact a patient should be made (interview bystanders, etc). Should no patient contact be established, dispatch is to be notified and a PCR will be filed to reflect the lack of contact.

29 Multiple Casualty Incidents

29.1 In the event of an MCI, FDNY-EMS will be notified immediately.

MCI's are generally defined as five or more patients with the potential need for extraordinary resources.

29.2 All available medical personnel will be notified to respond as needed.

29.3 In the event that BCEMS is first to arrive on scene of an MCI, the driver will act as the communications officer with the Dispatcher, and the Crew Chief will act as the triage officer.

29.4 On all MCI's, BCEMS will function as FDNY-EMS 93-J and act accordingly under supervision of FDNY-EMS orders, authority, and discretion.

29.5 If called by FDNY-EMS to respond to an MCI that is out of our response area, and requests that we respond to the MCI or to expand our response area, no action will be taken without the approval of BC-51, 52 or 60 (when a medical provider).

30 Relationship with Other Emergency Agencies

30.1 If BCEMS arrives at the scene after FDNY-EMS is present, we will assist FDNY-EMS in patient care if needed.

30.11 Whenever another medical unit is on scene with BCEMS, the following information will be related to the Dispatcher and noted on the PCR:

[a] Agency

[b] Vehicle ID

[c] Technician(s) ID(s)

[d] Disposition

30.2 If FDNY-EMS arrives on scene while we are already treating the patient, and a Driver is available, then

at the Crew Chief's discretion, he/she will advise them that we can take care of the patient.

30.21 If the patient has a medical problem where Advanced Life Support is necessary, ALS will be requested but patient care/transport is not to be compromised while waiting for ALS to arrive.

31 **Notifications and Standbys at Emergency Departments**

31.1 The Crew Chief will call for a hospital standby whenever he/she feels the condition of the patient is serious enough to warrant the notification of hospital personnel to have on standby specialized equipment and/or personnel.

31.2 The Crew Chief will call for a hospital notification whenever he/she feels the condition of the patient is serious enough to warrant a courtesy call.

31.3 The Crew Chief will notify the Dispatcher of pertinent medical information, including, but not limited to, age, sex, presenting problem, reason for standby, level of consciousness, vital signs and ETA.

32 **Unconscious Patients or Patients Requiring ALS care**

32.1 Upon determining that a patient requires ALS care, the Crew Chief will request that the Dispatcher contact our ALS provider as per 33.34 for immediate ALS backup. REMAC protocols will be followed for every patient requiring ALS.

32.2 When transporting unconscious patients, every effort should be made to have a relative, friend, police officer, or Brooklyn College Public Safety Officer accompany the patient.

32.21 At no time should patient care be compromised or delayed while waiting for such person mentioned in Section 32.1 - 32.2

32.3 ***Emotionally Disturbed Patients***

32.31 If the patient is determined to be an EDP, Brooklyn College Public Safety or NYPD must be notified that “we have a possible EDP.”

32.32 At no time are we to transport an EDP w/o BC Public Safety or NYPD present in the ambulance unless the patient is not violent and has a high priority medical condition and BC Public Safety or NYPD officer are unavailable.

32.32 If the patient requires restraining, it will only be done by BC Public Safety or NYPD. When necessary FDNY should be contacted to transport.

32.321 At no time should patient care be compromised or delayed while waiting for such person mentioned in Section 32.31-32.32

32.322 If the Crew Chief is unsure if the patient is an EDP or is AMS, ALS should be requested.

32.4 ***Drug Overdoses***

32.41 If patient is determined to be an OD patient, BC Public Safety or NYPD is to be notified.

32.411 ALS must be requested for all possible OD patients and the dispatcher must request their ETA.

32.42 At no time are we to transport an OD patient w/o NYPD or BC Public Safety. If the Crew Chief feels that the safety of the crew will be compromised

32.43 Every effort should be made to identify the drugs taken before proceeding to the hospital.

32.44 At no time should patient care be compromised or delayed while waiting for such persons mentioned in Section 32.41 - 32.42

33 Dangerous Conditions at the Scene of a Call

33.1 If the crew encounters a hostile individual or crowd, the Crew Chief shall notify Brooklyn College Public Safety if on campus, via BC Public Safety frequency (#7), or the Police Department via the Dispatcher. If the officer is not acting properly, a supervisor is to be requested and an incident report filed.

33.2 The Crew Chief shall make every effort to explain their duties, but under no conditions place themselves or their crew in danger.

33.21 Crews shall not enter areas or buildings where dangerous conditions exist.

33.3 **REMAC PROTOCOLS**

33.31 **All Members are to follow REMAC BLS Protocols at ALL times.**

ALL SECTIONS OF THIS SOP INVOLVING MEDICAL TREATMENTS MUST FOLLOW STATE AND REMAC PROTOCOLS. WHEN THE PROTOCOLS CHANGE, IT IS AS IF THIS SOP WAS AMENDED TO REFLECT THOSE CHANGES. THE Chief of Operations AND SECRETARY WILL SIMPLY AMEND THE SOP TO BE COMPLIANT WITH THE PROTOCOL CHANGES AND INFORM THE BOARD. THESE CHANGES DO NOT HAVE TO BE APPROVED EACH TIME THE STATE OR REMAC CHANGES THE PROTOCOL.

33.32 A copy of the current REMAC BLS Protocols must be available in a prominent place in the main squad room at all times.

33.33 Anytime mandated by REMAC protocols ALS must be requested, as well as in any case the Crew Chief feels is necessary.

33.34 When ALS is requested the Dispatcher must first attempt to contact the BC-60 (when an ALS provider), by radio or phone, and then contact MARS if he is unreachable or unavailable, after one attempt is made to reach him.

34 Cardiac Arrest, Anaphylaxis, Drug Administration, Suspected Poisoning & Asthma

34.1 *Cardiac Arrest*

34.11 Immediately upon recognition of a cardiac arrest, the Crew Chief will request ALS through the Dispatcher and their ETA.

34.12 The Crew Chief shall not delay transport to an emergency department if the ALS has an extended ETA.

34.13 The Crew Chief should expedite transport by preparing the patient for transport and getting to the ambulance.

34.14 Public Safety or NYPD should be notified to respond but crew must not delay transport for them.

34.15 Every effort should be made that BCEMS should not transport D.O.A.'s; Crew Chief should request that the FDNY-EMS unit on scene arrange for transport.

34.16 Upon completion of the call, Operations shall be notified by the Crew Chief.

34.2 *Adult Allergic Reaction/Anaphylactic*

34.21 Immediately upon recognition of an anaphylactic reaction, the Crew Chief will request through the Dispatcher ALS and their ETA.

34.22 If the patient is having severe respiratory distress **or** shock **and** has been prescribed an Epinephrine auto-injector, assist the patient in administering the Epinephrine (0.3 mg via an auto-injector). If the patient's auto-injector is not available or expired, and the EMS agency carries an Epinephrine auto-injector, administer the Epinephrine (0.3 mg via an auto-injector) as authorized by the agency's Medical Director.

1. If the patient has not been prescribed an Epinephrine auto-injector, begin transport and contact On-Line Medical Control for authorization to administer 0.3 mg Epinephrine via an auto-injector, if available.
2. In the event that you are unable to make contact with OLMC and patient is under 35 years of age, you may administer 0.3mg Epinephrine (one dose only) via an auto-injector if indicated. The incident must be reported to OLMC and your agency medical director as soon as possible.

34.23 The Crew may contact OLMC for permission to administer a second dose 0.3 mg Epinephrine by auto injector if needed

34.24 *Pediatric Allergic Reaction/Anaphylactic*

34.25 Immediately upon recognition of an anaphylactic reaction, the Crew Chief will request through the Dispatcher ALS and their ETA

34.26	If the patient is having severe respiratory distress or shock and has been prescribed a Pediatric (0.15 mg) Epinephrine auto-injector, assist the patient in administering the Epinephrine (0.15 mg via an auto-injector). If the patient's auto-injector is not available or expired, and the EMS agency carries a Pediatric Epinephrine auto-injector, administer the Epinephrine (0.15 mg via an auto-injector) as authorized by the agency's Medical Director. 1. If the patient has not been prescribed an Epinephrine auto-injector, begin transport and contact On-Line Medical Control for authorization to administer 0.15 mg Epinephrine via an auto-injector, if available. 2. In the event that you are unable to make contact with OLMC and patient is under 9 years of age, you may administer 0.15 mg Epinephrine (one dose only) via an auto-injector if indicated. The incident must be reported to OLMC and your agency medical director as soon as possible.
34.27	The Crew may contact OLMC for permission to administer a second Pediatric dose 0.15 mg Epinephrine by auto injector if needed.
34.3	Automatic External Defibrillator
34.31	In a case where AED/Ped AED are used, as per REMAC (4030 BC-51 and the Medical Director must be notified for QA/QI purposes.
34.4	Non-Traumatic Chest pain
34.41	As per NYS DOH and REMAC # 403-404 administration of Baby Aspirin is permitted.
34.42	If the patient is 35 years of age or older, or a patient of any age who has a cardiac history, administer two (2) Chewable Baby Aspirins, 162 mg, by mouth, unless the patient has any of the following contraindications: i. Known Aspirin allergy or hypersensitivity ii. Recent gastrointestinal bleeding iii. Bleeding disorder iv. Is taking Warfarin (Coumadin).
34.5	<i>Suspected Poisoning</i>
34.51	In a case of suspected poisoning OLMC must be contacted for instructions.

34.6 *Asthma*

- 34.61 In case where administration of Albuterol is required for patient care, it is permitted as per REMAC # 407.
- Administer Albuterol Sulfate 0.083%, one unit dose or 3 cc via nebulizer at flow rate that will deliver the solution over 5 to 15 minutes. Do not delay transport to complete medication administration.
- If symptoms persist, treatment may be repeated once for a total of two doses

35 **Crimes**

- 35.1 **All Crimes** on campus should be referred to BC Public Safety.
- 35.2 **All Crimes** committed off campus will be referred to the New York City Police Department.
- 35.3 A crime scene should be protected as best as possible. However, under no circumstances, shall patient care be compromised to protect the crime scene.
- 35.4 If the Crew Chief believes that it is impossible to safeguard a piece of evidence at the scene of a crime until police or Public Safety arrive, he/she shall bring such evidence to the hospital with the patient, disturbing it as little as possible, and wait for PD to arrive at the hospital.

36 **Required notifications to the Chief of Operations**

- 36.1 The BC-51 will be notified immediately for any event in which:
- 36.11 A patient dies or is injured or harmed due to the commission or omission by amember of Brooklyn College EMS
- 36.12 The Brooklyn College Ambulance is involved in a motor vehicle accident where a patient, crewmember or other person is killed, hospitalized or seen by a physician.

- 36.13 A member of Brooklyn College EMS is killed, hospitalized or seen by a physician while on duty.
- 36.14 A patient is killed or harmed by the failure of any patient care equipment.
- 36.15 A member of Brooklyn College EMS is alleged to have responded to an incident or initiated patient care while under the influence of alcohol or drugs.
- 36.2 The Chief of Operations will then report any special notification conditions either to the Administrative Director, BC Department Of Public Safety, BC Division of Student Affairs or the New York State Department of Health Area Office, depending on the situation, as soon as possible.
- 36.21 By phone no later than the following working day.
- 36.22 In writing within 5 working days.
- 37 Emergency Driving Operations**
- 37.1 Emergency warning lights are to be used when responding to all emergency calls and whenever a patient is in the vehicle
- 37.2 Sirens are to be used when responding to all emergencies (except when a Crew Chief is on scene and advises otherwise), and when proceeding through an intersection controlled by a red light or stop sign.
- 37.3 When transporting a patient to the hospital, siren use should be minimized so as not to upset the patient and aggravate his/her condition.
- 37.4 The ambulance must come to **a full stop at all red lights and stop signs.**
- 37.41 If arriving at the intersection at the same time as another emergency vehicle, the right of way will be given to the other emergency vehicle.
- 37.5 The Driver shall ask the Crew Chief if he is ready to proceed to the hospital before moving the

ambulance. This will ensure that the Crew Chief is finished treating the patient and that all crewmembers are on board and have seat belts on.

37.51 The Driver is responsible for seeing that all persons are wearing seat belts and that all doors are closed and locked.

37.52 No Driver shall violate any New York State Vehicle and Traffic Laws while operating the ambulance unless responding to the scene of an emergency, transporting a sick or injured patient to the hospital, or operating at the scene of an emergency.

38 D.O.A.'s

38.1 Should a patient meet one of the signs of obvious death: obvious mortal injury (i.e. decapitation); dependant lividity; tissue decomposition or rigor mortis, New York State certified EMT may pronounce death but it is preferable for FDNY-EMS to do so. OLMC should be consulted before declaring.

38.2 The Crew Chief must await NYPD or BC Public Safety personnel before leaving the scene and give them all the necessary information for the police report.

38.3 An authorized city agency (i.e the Office of The Chief Medical Examiner) is responsible for removing the body from public domain.

38.4 FDNY-EMS must be notified in accordance with Section 35.4 of BCEMS S.O.P.

39 Disciplinary Action

39.1 Any person found guilty of stealing or willfully destroying squad property shall be put on probation and shall be reported to Student Affairs for further disciplinary actions.

39.11 The Board of Directors may also decide to notify civil authorities and press criminal charges.

39.2 *People must be expelled from the squad for a minimum period of one year before that person may be reconsidered for membership for:*

- 39.21 Lying to an officer or the Board of Directors during the course of an official investigation.
- 39.22 Willfully submitting false PCR's call sheets, official squad paperwork, or submitting false signed statements.
- 39.23 Expulsions must be done through Student Affairs.
- 39.3 Filing Procedures
- 39.31 *Written Warning:*
- 39.311 Written warnings shall be used when the operational officer or the Board of Directors deems the offense as not serious enough to warrant written reprimand.
- 39.312 If a member receives a second written warning within a period of one year that shall be considered the equivalent of one written reprimand. If a one-year period has passed and only one written warning is one the record, the written warning will be removed from the person's file.
- 39.32 *Written Reprimand:*
- 39.321 Written reprimands will be used by an operations officer or the Board of Directors when it is believed the offense is not serious enough to warrant suspension, and when it is believed that the offense warrants a greater penalty than a warning.
- 39.322 If a member gets a second written reprimand within a period of six months then that member shall be automatically subject to suspension.
- 39.3221 The period of suspension shall be determined in the same manner that it is determined when the member is first suspended (Section 39.34).
- 39.33 *Restitution:*

- 39.331 Shall be defined as "Reimbursement for damage to or misappropriation of property. Reimbursement may take the form of appropriate service to repair or otherwise compensate for damages."

- 39.3311 Restitution can only be used as a substitute to suspension with the permission of the Board of Directors.

- 39.3312 Restitution must always be accompanied by a written reprimand.

- 39.34 Suspension

- 39.341 *In order to suspend any member for violation of the S.O.P.:*

- 39.3411 An Operations Officer may suspend any member pending notification of the Personnel Officer.

- 39.34111 (a) The Personnel Officer must be notified of the member's suspension within 24 hours and must then notify BC-50, 51, and 52.

- (b) In the event the Personnel Officer cannot be notified within 24 hours, BC-50, BC-51, and BC-52 shall be notified.

- (c) The Personnel Officer will then review the case to see if a solution can be drawn up between the officers and the member concerned. Should the Personnel Officer be subject to the disciplinary action then the next person up the line of hierarchy will review the case.

- (d) If a solution cannot be drawn up, then a hearing will be held by the Personnel Officer. The Chief of Operations and the Deputy Chief of Operations will decide the charges and penalty, if any, except in the event that one of these officers is subject to disciplinary actions, then bringing of the charges goes down the hierarchical line.

- (e) An agreement need only come between two of the three officers to be binding.

- (f) Immediately following the decision, both the officers and the member shall be notified by the Personnel Officer of the decision.

- (g) Either the suspending officers, or the member, may appeal the decision to the Board of Directors to give a final decision.

39.342 *In order to suspend a Board Member:*

39.3421 Two Operations Officers (BC-51, 52, 50a, 57) may suspend a Board Member pending notification of the Personnel Officer, and BC-51.

39.3422 (a) The Personnel Officer must be notified of the member's suspension within 24 hours, and must then notify BC-51 and BC-52.

(b) In the event the Personnel Officer cannot be notified within 24 hours, BC-51 and BC-52 will then be notified.

(c) The Personnel Officer will then review the case to see if a solution can be drawn up between the officers and the member concerned. Should the Personnel Officer be subject to disciplinary action, then the next person up the line of hierarchy will review the case.

39.35 The official BC-EMS disciplinary committee is the BC-51, 52, and 57. They have the authority to suspend any member of the squad. If one of the members is the subject of the disciplinary action then the remaining two officers will choose a third officer to sit as a temporary operations officer on the committee.

39.36 All disciplinary penalties can be appealed to the full board. After they have reached a decision the only person who can overrule them is the Presidential Advisory Committee on EMS or the Medical Director.

39.37 **Expulsion**

39.38 Only Student Affairs can expel a member, through their disciplinary system.

40 Grievance

- 40.1 Members wishing to file grievance against another member for infraction of this S.O.P., constitution, officer directives, Board directives, executive directives, etc., shall notify the Personnel Officer.

- 40.11 The Personnel Officer may then decide to begin disciplinary procedure as defined in section 39 of this S.O.P.

- 40.12 If the member wishing to file the grievance doesn't feel resolved after speaking with the Personnel Officer, then that member may notify the Chief of Operations.

- 40.13 If the member wishing to file the grievance doesn't feel resolved after speaking to the Chief of Operations, then that member may then notify the Board of Directors.

41 The Presidential Advisory Committee for Emergency Medical Care

- 41.1 Subject to the general authority of the President of the college, the Committee is to receive reports from the Emergency Medical Squad and from others interested in emergency medical care; to review and develop policies relating to this subject; to receive and review proposed budgets and personnel actions by the Emergency Medical Squad; and otherwise to exercise a general overview of this activity as it delivers medical services on the campus. The Committee will consider also the relationship between the Emergency Medical Squad and other campus medical services, and shall make recommendations to the President in this regard.

- 41.2 The Committee shall consist of eight [nine] members; two of whom will be designated by the Dean for Student Affairs , the director of the Office of Campus and Community Safety Services, and the advisor of the Emergency Medical Squad. The remaining membership shall consist of four [five] students. Two of these students shall be executive officers of the Emergency Medical Squad, the president of the CLAS Student Government or his/her designee and the president of SGS Student Government or his/her designee and the president of GSO Student Government or his/her designee.

- 41.21 The Administrative Director of the Emergency Medical Squad shall serve as an ex-officio member of the committee with voice but no vote.

- 41.2 The Chairman of the Committee shall be the Dean for Student Affairs or his/her designee.

- 41.3 In the event the Committee is deadlocked on a particular issue or action for two consecutive meetings, the Chairperson shall so report to the President. The President shall then cast an additional ballot to break the tie.

41.4 The President shall review the size and nature of the membership of the Committee from time to time.

41.5 Preparation of the budget for the Emergency Medical Squad shall be the responsibility of the Administrative Director of the Emergency Medical Squad in consultation with the treasurer of the Emergency Medical Squad, subject to customary and standard business procedures as required by the City University of New York in its Fiscal Handbook for Control and Accountability of Student Activity Fees 1992 and Brooklyn College Student Organizations Fiscal Guidelines 2001. The completed budget shall be presented for review to the Presidential Advisory Committee for Emergency Medical Care. Subsequent to this review, the Administrative Director of the Emergency Medical Squad shall forward the budget to the Brooklyn College Association for approval. This act shall assure that the budget is administrated according to the Fiscal Guidelines and in a manner that is consistent with the administration of other student activity fees.