

NORWICH UNIVERSITY EMERGENCY MEDICAL SERVICES

A DIVISION OF NORTHFIELD AMBULANCE SERVICE



STANDING OPERATING GUIDELINES: Guidelines and General Orders

[Revised: 12 SEPTEMBER 2008]

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INTRODUCTION

I. **Purpose:**

The purpose of these Standard Operating Guidelines (SOGs) is to maintain a current standardized set of operational guidelines for the Norwich University Emergency Medical Services in accordance with Vermont State law, Vermont Department of Health Regulations, United States Federal Government Regulations, Norwich University Rules and Regulations and Vermont EMS District Six Rules and Regulations.

II. **Scope:**

These Standard Operating Guidelines shall cover all operational aspects of the Norwich University Emergency Medical Services, including, but not limited to, routine and irregular emergency and non-emergency medical care; maintenance and usage of all equipment, including, but not limited to, buildings, radios, medical bags, vehicles and any medical or non-medical devices; and operations such that a member is acting on behalf of, or representing Norwich University professionally with respect to Emergency Medical Services or other such pre-hospital medical care.

III. **Authority:**

The authority of these Standard Operating Guidelines shall be defined and adopted only from the following sources: the Northfield Ambulance Service, the Norwich University Health Services, Norwich University Rules and Regulations, the State of Vermont Department of Health, Vermont Emergency Medical Services District 6, the State of Vermont. The authority of these organizations shall be defined by any official representatives of the above agencies in accordance with the rules, regulations, policies and statutes of the respective organization, or by the directives of any representative of the above organizations with the authority to issue such a directive. The authority of the Northfield Ambulance Services director finalizes and approves all of these SOGs. The Northfield Ambulance Service shall assume responsibility for maintaining current SOGs in accordance with the directives, rules, policies, regulations and statutes of the above mentioned organizations. If a civil or natural disaster or an extreme emergency situation requires a deviation without authority, the incident must be documented and reviewed immediately.

IV. **Guideline SOG (GL-SOG):**

There are two types of Standard Operating Guidelines. A Guideline SOG or Guideline for Standard Operating Guideline is considered a normal procedure where minor and insignificant variances are acceptable as the situation dictates. It is intended to be a general guideline and/or reference. Informational SOGs are also considered Guideline SOGs and may just simply provide information regarding operational issues. However, it is important to note that there may be specific orders included in Guideline SOGs that must be strictly followed.

V. **General Order SOG (GO-SOG):**

A General Order SOG or General Order for the Standard Operating Guideline is meant to be a strict policy to be executed upon conditional stipulations. Deviations are not an accepted standard without prior obtained authorization as defined under "Authority" above.

VI. Notes About Updates

SOGs are updated to comply with the latest regulations and when found to be necessary. The Title/number of each SOG indicates whether the SOG is primarily a guideline SOG (GL) or strictly a general order SOG (GO). Pages are numbered within every SOG. The Table of Contents is updated with every updated SOG. This Table of Contents indicates the full list of SOGs and the latest updates of each SOG. This is to ease the process of updating only those SOGs necessary one at a time without discarding the entire SOG version.

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I. INTRODUCTION AND USE

The Vice President for Student Affairs (VPSA), University Medical Director, University Safety Committee and the NUEMS Chief and Medical Trainer / Standards Officer have approved this document as Standing Orders (SO) / Patient Treatment Protocols for the Norwich University Emergency Medical Services. Medicine is a practice and is constantly being changed and updated. To keep up with medical advancements, each section should be reviewed and updated as appropriate; at the minimum, change of command or medical director should prompt such a review. Changes and revisions will be issued to NUEMS responders only after approval from the VPSA and University Medical Director.

This document is not intended to be a comprehensive patient care manual. Rather, it specifies standard operating procedures (SOP) and treatment protocols for discreet emergency conditions which should be used as a guideline for NUEMS responders providing care by this organization.

The Introduction and Administrative Section set the standard which medical personnel will follow. All other sections are designed for use with basic providers and advanced providers. While they should be followed, they are no substitute for logical thinking, common sense and professional duty performance by the responders employing them. Under occasional circumstances, mission requirements or a patient's emerging condition may require the responder to deviate from the stated protocol without immediate access to medical direction. Under such circumstances, deviations should be limited to level of training, common sense and the dictum "Primum Non Nocere" ("first, do no harm"). In any case, care rendered will require documentation. Depending on the incident and the outcome of the patient, there may be further questioning and review of each case.

Each treatment protocol was written with the basic life support tasks separate from the advanced life support tasks. This was done to offer the care provider a sensible order to patient treatment. A directional arrow indicates when/where the advanced procedures should begin in the algorithm, and what procedures to perform. In the event where the flight medic responds to an unusual case, where the illness or injury does not fall into a treatment protocol, seek directives from Medical Control if available; otherwise, apply the aforementioned skill, common sense and seek first to do no additional harm by your intervention. Remember, start with the basics and fall back on the basics.

Medical Director Signature of Approval _____

Approval Date _____

Approval/Review Date _____ Medical Director's Initials _____

Approval/Review Date _____ Medical Director's Initials _____

Approval/Review Date _____ Medical Director's Initials _____

II. ADMINISTRATIVE

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ADMINISTRATIVE

1. Standing Orders

A. INDICATIONS:

1. NUEMS personnel operate at their level of certification
2. NUEMS is a diverse group with providers practicing from all over the country, in many capacities.

B. PROCEDURES:

1. EMS providers practicing at the National Registry **First Responder** level, or the Vermont Emergency Care Attendant (ECA) level are authorized to perform all procedures stated by their certification level authorized for VTEMS District 6.
2. EMS providers practicing at the National Registry **Emergency Medical Technician - Basic**, or the Vermont EMT-B level are authorized to perform all procedures stated by their certification level authorized for VTEMS District 6.
3. EMS providers practicing at the National Registry **Emergency Medical Technician - Intermediate**, or the Vermont EMT-I03 level are authorized to perform all procedures stated by their certification level authorized for VTEMS District 6 if they are currently in a crew chief status with the Northfield Ambulance Service.
4. EMS providers practicing at the National Registry **Emergency Medical Technician – Paramedic** level are authorized to perform procedures limited to the Vermont EMT-Intermediate 03 level, if they are currently in a crew chief status with the Northfield Ambulance Service.
5. EMS providers practicing with a military authorized medical field, such as **68W (Healthcare Specialist)** are not authorized to practice at their military training level, unless specifically on active orders and currently working under direction of a medical director, but are not authorized to perform those medical procedures while working under NUEMS unless authorized to do so by the Norwich University Medical Director. Military medics are authorized medical practice at their National or State certification.

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Unit Medical Director's Initials_____

Approval/Review Date_____

ADMINISTRATIVE

2. Automatic Ambulance Dispatch

A. INDICATIONS:

1. Types of Emergencies indicating automatic dispatch or an ambulance
2. Aeromedical transportation

B. PROCEDURES:

1. An “automatic dispatch” is any medical call requiring advanced life support, wherein receiving that care in a timely manner may have a positive effect on the outcome of that respective patient.
 - (a) Types of automatic dispatch calls (however not limited to the following):
 - (i) Unstable vital signs, any vital sign not within normal limits
 - (ii) Non-traumatic chest pain
 - (iii) Altered mental status
 - (iv) Respiratory distress/arrest
 - (v) Cardiac arrest
 - (vi) Uncontrolled hemorrhaging
 - (vii) Severe pain
 - (b) The responder may feel free at any time to call for an ambulance, even before assessing the patient. It is better to call and cancel, then call too late.
2. Aeromedical transportation may be used in certain emergencies and can land on various location of the campus. Whenever aeromedical transportation is requested, an ALS ambulance should be enroute as well. Any emergency that should require a Level 1 Trauma Center should be transported by aeromedical evacuation, these emergencies include, but are not limited to:
 - (a) Falls greater than three times the person height
 - (b) Long bone fractures, compound fractures, multiple bone fractures
 - (c) Amputations
 - (d) Multisystem trauma

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Unit Medical Director's Initials_____

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ADMINISTRATIVE

3. Standard Emergency Response

A. **INDICATIONS:**

1. Response to medical emergencies
2. Dispatch
3. Duty crew
4. Scene operations
5. Officer responsibilities
6. Additional Manpower

B. **PROCEDURES:**

1. Responding is defined as “a NUEMS responder enroute to a medical emergency on the campus or grounds of Norwich University”. Responders should not run to scenes, nor should they respond to a location unless requested to. If responding to a rook deck, the responder should alert the cadre members that he is on deck, unless immediate intervention is required. If responding to a potentially violent or harmful situation, the responder will stage at a safe location and also contact the supervisor or an officer. Only on duty responders are authorized to respond unless requested.
2. NUEMS is dispatched in a unique manner. Security may request you if they receive a call, however, 911 may be directly called. If Northfield Ambulance is called to Norwich, the responder should sign on with security, give them the information and respond to that location.
3. Duty crews are scheduled Monday through Thursday 1800-0600 with a minimum of one certified responder. Weekend scheduling is Friday 1800 until Monday at 0600 with a minimum of one certified responder. There is a weekly officer available for all shifts.
4. The responder is ultimately in charge of a medical scene. Their responsibilities are to promote efficiency and professionalism. Responders have the right to limit access to the scene, however, should use discretion and respect. If a scene is getting crowded, the responder should contact security and/or Northfield Police if needed.
5. NUEMS weekly supervisor or officers on scene are responsible for the actions or inactions of responders. They will ensure that responders have the appropriate equipment for their shift and be available to the responder as needed.
6. It may be necessary for additional responders to respond, in which case the responder on scene may request additional NUEMS personnel.

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Unit Medical Director's Initials _____

Approval/Review Date _____

ADMINISTRATIVE

4. Communications

A. INDICATIONS:

1. Proper communications etiquette
2. Communications equipment
3. Call signs and radio channels
4. Communications with online medical control

B. PROCEDURES:

1. Common sense and radio etiquette techniques when using radios for communications. Speak slowly and to the point. Limit transmissions to less than 30 seconds. Gather all pertinent information before beginning transmissions. Never transmit identifying patient information, such as the patient's name, over the radio.
 - a. Example:

Responder: "Norwich Security, NUEMS 1"

Security: "NUEMS 1, this is security"

Responder: "Norwich Security, please call Northfield Ambulance to Plumley Armory for a 22 year old male with difficulty breathing."
2. Responders on call will have an issued radio which should be picked up prior to the start of the shift. These radios must be returned before the start of the next shift. The radios are only to be used for official NUEMS business and should not be a way of day to day communications. Inappropriate use will result in disciplinary actions.
3. Each responder and officer is designated a call sign, or call number. This is designated by position and current certification. This call sign is the only one that will be used, unless specifically changed for an event by an officer. Radio channels are specific to each radio. NUEMS is limited to use of the security frequency and other Norwich approved frequencies. Capital West should not be called by a NUEMS number, therefore security should make the call. You may use Capital West or Northfield Ambulance local channel to relay pertinent information to the responding agency.
4. If online medical control is needed, the responder should contact CVMC's direct emergency line which is (802) 371-4266. Advise the caller who you are and the situation you have.
5. If radio communications are not available, use a campus phone to contact security. If one is not available, or security is unreachable, contact 911 if an ambulance is needed.

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Approval/Review Date _____

ADMINISTRATIVE

5. Other Department Responses and Mutual Aid

A. INDICATIONS:

1. Requesting another agency
2. Mutual Aid
3. Out of Jurisdiction
4. Summary of departments that respond to Norwich

B. PROCEDURES:

1. If a responder needs an ambulance or assistance from another agency, a call to Norwich security should be placed, so that the on duty officer can contact that agency. The request should include which department, what specific needs and a situation report to give the other agency.
2. Mutual Aid
 - a. BLS/ALS Transporting agencies: 1st due: Northfield Ambulance, 2nd due: Barre Town EMS, 3rd due: Montpelier Ambulance.
 - b. Fire Departments: 1st due: Northfield Fire, 2nd due: Berlin Fire
 - c. Aeromedical Evacuation: 1st due: DHART, 2nd due: Albany Lifeflight
 - d. Security/Police: 1st due: Norwich Security, 2nd due: Northfield Police, 3rd due: closest available units
3. If a responder is out of their coverage area (Norwich University property), it is the member's moral, ethical and legal obligation to call 911 and assist where needed. Remain on scene until appropriate authority arrives. Remember at this point you are a citizen, but you have a moral and ethical duty to act.
4. Norwich University Security is required by University Policy to respond to and be on scene at all incidents which occur on the NU Campus or within their jurisdiction. NU Security can and usually will assist you if needed, and can, for the time being, transport simple green, or ambulatory patients to the NU infirmary which rules out the need for an ambulance to do this. However, it is your call as the medical professional to decide whether or not a patient who wants to get checked out by a medical facility and does not care which facility, or is not able to make the decision on his/her own (i.e. minor, altered mental status etc...) should go to the infirmary or a hospital. Norwich Security, although usually professionally trained in CPR/AED/Basic First Aid, are not medical professionals like yourself unless they are certified by the state of Vermont as first responder or higher and as such it is your duty as the medical professional to make treatment calls.
5. Northfield Police is required to respond to all calls when requested to do so by dispatch, NU Security, the Commandant's Office, Residence Life Staff or Northfield Fire or Ambulance. Northfield PD is also required to respond to all alcohol over-doses, narcotic/drug overdoses and any other crime-related or dangerous situation as deemed by Federal/State/Local Law or Norwich University Regulations. Most Northfield PD Officers can assist with basic medical issues if needed.
6. Northfield Ambulance is required to respond to any call dispatched by Capital West or as requested by NU Security or other department with the required authority. Northfield Ambulance will generally not be called from the start by Security unless Security feels the incident may be very serious, requires ALS/BLS transport or if no

ADMINISTRATIVE – Other Department Responses and Mutual Aid, Page 2

NUEMS responder is on duty or able to respond for some reasons (i.e. second call coverage). All NAS members can assist you in all aspects of a medical incident and should be used appropriately. NAS Rescue will respond to all MVAs when requested by Security or Capital West.

7. Northfield Fire Department will respond to any fire alarm when requested by Security and any fire call dispatched by Capital West or upon request by the appropriate authority. Northfield Fire Members may have medical training but usually not to your level of certification. Use them cautiously as to not interfere with their operations on a fire scene.

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ADMINISTRATIVE

6. Treatment of Minors**A. INDICATIONS:**

1. Any event where you respond to treat a minor patient (under legal age for local jurisdiction) and there is no parent or legal guardian available to present the minor.

B. PROCEDURES:

1. Treatment and transport of any minor requiring immediate care to save life or prevent severe injury will be performed under the doctrine of implied consent for minors.
2. In the event that a responder feels a minor needs medical care but, the patient refuses; Medical Control or a law enforcement agency should be contacted for guidance.
3. If a minor is ill or injured and contact with the child's parents is not possible, Medical Control should be contacted if possible to concur with transport plan.
4. **Always** act in the patient's best interest. Always maintain complete and careful documentation.
5. If the parent or guardian is present, follow these guidelines:
 - a. Allow parent to touch or hold the child, if possible
 - b. Remember to be open and honest to both parents and child about the child's condition and any treatment given. DO NOT diagnose, DO NOT deceive and DO try to comfort the child or parent.
 - c. If parent requests treatment, but not transport, treat the patient to your level of care, contact Medical Control and have the parent sign a refusal of care/transport form.

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ADMINISTRATIVE

7. Refusal of Care or Transport

A. INDICATIONS:

1. Patient refuses treatment or transport, or after responders have arrived on scene
2. Person[s] responsible for a minor refuses treatment or transport, or after responders have arrived on scene

B. PROCEDURES:

1. A primary assessment (to include vital signs) should be completed, if possible. Pay particular attention to patient's mental status.
2. Determine the patient's (parent's) competency to make sound/valid judgment concerning the patient's condition. If there are any doubts from the provider's aspect, Medical Control should be contacted to support your conclusion (in lieu, consider use of police personnel to place patient in protective custody).
3. Ensure that you clearly and repeatedly explain to the patient or responsible parties of the concerns and possible risks involved with refusing medical care; attempt to have a witness in attendance during this counseling, and document their identity and method of contacting them later, if needed.
4. Do not perform, or continue to perform advance life support procedures on a patient who is mental competent or refuse care and does so.
5. Clearly document all findings during patient assessment, any discussions with the patient. Document all statements made pertaining to the risks associated with refusing treatment and transport and obtain a signature from a witness and the patient or parties responsible for the patient as to refusal of care.

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Unit Medical Director's Initials_____

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ADMINISTRATIVE

8. Documentation and Confidentiality

A. INDICATIONS:

1. Patient care documentation of conditions and treatment rendered
2. Confidentiality of patient information
3. Release of patient information
4. Relations with media and the public

B. PROCEDURES:

1. Each patient that is seen, treated or transported will have a patient care report on the designated NUEMS care report and/or the VT EMS run sheet. This report is legally binding and should include:
 - a. Patient's name, date of birth and contact information
 - b. Chief complaint
 - c. Complete vital signs and times
 - d. Treatment provided and times
 - e. Changes in patient's condition, positive and negative
 - f. Contact with Medical Control
 - g. Any deviations from protocols and reasons to justify deviations
2. Refusal documentation should include the above, and:
 - a. Perceived competency of patient
 - b. Patient's level of consciousness, or mental status
 - c. Names and signatures of witness(es)
 - d. Signature of patient, or witnessed refusal of patient to sign
3. Per the Health Insurance Portability and Affordability Act (HIPAA), patient information for a patient over 18 years of age may not be released to anyone, including law enforcement officials, other providers outside the patient care, family and friends, University officials or any other person(s) without an official subpoena from a court of law.
4. Per HIPAA, information pertaining to patients under the age of 18, may be release to immediate family members only (ie: parents, siblings).
5. Patient information will only be viewed by the responder who treated the patient and the officers of NUEMS for quality and training purposes only.
6. Per HIPAA, all patient information will be locked and in a secure location, free from interference by other parties.
7. Patient information can only be released to providers taking over care, directly involved in patient care, or with a doctor's office or hospital/medical center, and any other party whom HIPAA allows for patient medical records to be shared with.
8. Commandant access to patient information is also limited. Commandant and University staff assume the role of legal guardians for students under the age of 18. University staff has full access to information regarding the health and medical treatment of these student. Commandants and University officials may be authorized the name, date of birth, company or dormitory and destination of the patient, if on official University business for students over the age of 18, however no medical information will be disposed.

ADMINISTRATIVE – Documentation and Confidentiality, Page 2

9. In some cases, NUEMS may be contacted by the media or outside persons requesting information about an incident. Responders are required to state “I am not authorized to make a statement or speak on behalf of NUEMS. You may contact the Chief of NUEMS for information”. Do not however, say “No comment” as it’s usually associated with people hiding information and can be interpreted as such.
10. If a problem arises, contact Norwich Security or the Northfield Police department for assistance, and file an incident report.
11. THIS IS A STRICT POLICY AND MUST, UNDER ALL CIRCUMSTANCES BE FOLLOWED. Any deviation can result in monetary fines which will be levied by Federal Court.

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ADMINISTRATIVE

9. Infection Control

A. INDICATIONS:

1. Safety for all patients and providers is the ultimate goal.
2. Reduction of risk of exposure to personnel and patients.

B. PROCEDURES:

1. Standard precautions for blood and body fluid exposure, which include, but are not limited to: urine, feces, cerebrospinal fluid, breast milk, semen, gastric secretions, saliva, sputum, blood and other bodily drainage.
2. Providers will wear latex or nitrile gloves when treating patients and change gloves between patients.
3. Wear gowns and eye protection if there is a significant risk of splash onto clothing.
4. Masks that effectively protect against aerosolization of blood, body fluid or airborne contaminants/infections should be worn.
5. Always wash hands after every patient contact, regardless if gloves were used or not.
6. All contaminated equipment should be cleaned, unless disposable, in which case, equipment should be placed in a red, waterproof, biohazard bag.
7. If a provider is exposed to a hazard, the officer on duty should be notified as soon as possible and the provider should be taken to a medical facility for evaluation.

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ADMINISTRATIVE

10. Non-smoking and Alcohol Policy

A. INDICATIONS:

1. Provide indication when a provider can smoke cigarettes and the organizations policy on alcohol use.

B. PROCEDURES:

1. Responders are not authorized to smoke while at coverage events while standing next to event participants, inside event buildings or where smoking is prohibited by regulations. NUEMS personnel will not smoke within 50 feet of oxygen cylinders or around ambulances or treatment areas. Personnel are not authorized to smoke while on scene or around patients.
2. Alcohol is authorized by off-duty NUEMS personnel of legal age to consume alcohol. If a member consumes alcohol, even a sip, is not permitted to participate in NUEMS operations, to include, but not limited to: emergency calls, stand by events, or training events. If a person consumes alcohol, they have an eight (8) hour window from the time of last consumption until they can assume NUEMS responsibilities, unless the person is still intoxicated, or if an aroma of alcohol is emitted.
3. Alcohol is NOT authorized in the United States by any NUEMS member under the age of 21. Violators will be suspended for at least thirty (30) days from NUEMS activities, but also required to self report themselves to the appropriate University officials.
4. Any violations of these policies will result in disciplinary board hearing and possibly the dismissal of the offender from NUEMS.

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ADMINISTRATIVE

11. Details and Special Events

A. INDICATIONS:

1. NUEMS is required at most campus events and all events in which alcohol is being served.
2. NUEMS general does standby events for special units, clubs and organizations on campus
3. NUEMS also provides medical coverage at sporting events.

B. PROCEDURES:

1. Campus organizations may ask for NUEMS standby at certain "high risk" events. Requests must be made to NUEMS at least one (1) week prior to the event, to give adequate time for staffing.
2. NUEMS standbys require at least one (1) certified responder. That responder must arrive on time and introduce himself to the appropriate person, coach, etc. The responder will alert security that they will be doing a standby when they arrive and when they leave.
3. Responders are on official duty and such conduct themselves appropriately and professionally. Adjust radio volume as not to interfere with the event.
4. Responders will remain at the event until at least 75% of the attendees have cleared, and only after approval from the point of contact.
5. Responders should not rush out on the court, field or area of the event unless summons by coach, referee, player, etc. NU trainers should be the patient's primary caregiver if a sports injury.
6. If another agency is in attendance, such as Northfield Ambulance, introduce yourself to them and let them know how to get a hold of you and vice versa.
7. If standby is for a Corps or special unit training, do not put yourself in a position where you will distract or interfere with their business.

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ADMINISTRATIVE

12. Vehicle Operations

A. INDICATIONS:

1. NUEMS may sometimes be required to transport or assistance in transport of injured/ill persons to and from the infirmary.
2. Vehicle operations at medical emergencies to not interfere with entrance and egress.

B. PROCEDURES:

1. NUEMS currently does not own any of its own vehicles and has a very limited use of other department vehicles.
 - a. Golf carts are frequently issued to NUEMS for events. The operator of the golf cart is responsible for the safe operation and use of the equipment. Golf carts are only to be use for official business and transportation of essential medical personnel and patients.
 - b. Do not exceed golf cart occupant capacity. Riders must remain seated. Driver assumes all responsibility in case of accident or injury.
2. Norwich Security's pickup truck and/or designated vehicle can be used for transport of patients if security is available. Patients should be placed in the front seat and be properly seat belted in. The responder may ride if the security officer allows this. If the responder has to ride in the bed of the pickup, the person will remain seated, as close to the front as possible. If there is an emergency on the other side of the response area and security is available, the responder may request assistance in getting to that location.
3. Responders are not authorized to respond to calls in personally owned vehicles (POVs). The only exception to this rule is an officer with CEVO or drivers training, and has been cleared to drive through Northfield Ambulance Service. Red lights and sirens are not permitted for NUEMS personnel, only drivers with Vermont light permits are authorized use of red/white lights and sirens.
4. Northfield Ambulance may respond to your emergency scene. If there is limited crew, a responder may ask to accompany the ambulance during transport. In such cases, the responder must let the on duty supervisor know before leaving campus.
5. Other ambulances may be called to campus, and those crew members may not know locations on campus. If a mutual aid ambulance is coming to the campus, attempt to meet them or have security meet them, at an entrance and show them the way in.

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ADMINISTRATIVE

13. Uniforms

A. INDICATIONS:

1. NUEMS responders are required to wear some type of uniform while on duty
2. NUEMS has a dress uniform, duty uniform and field uniform

B. PROCEDURES:

1. NUEMS responders that are on duty are required to wear some type of uniform denoting who they are so that when they arrive on a scene, people can observe who they are.
2. Events will dictate what uniform will be worn, however, personnel may dress up, however, cannot dress down from the uniform for the event.
3. The NUEMS dress uniform consists of a white EMS shirt, Black EMT pants, black boots, appropriate certification badge, black nameplate and the appropriate patches, black belt and special awards(if any). The NUEMS Patch shall be worn on the left sleeve and the American Flag shall be worn on the right sleeve. If a t-shirt is worn underneath the white EMS shirt the t-shirt MUST either be a plain white t-shirt (no v-neck) or the blue NUEMS t-shirt.
4. The NUEMS duty uniform consists of the blue NUEMS t-shirt, black EMT pants, black boots, black belt and an optional NUEMS work shirt.
5. The NUEMS field uniform consists of the blue NUEMS t-shirt, ACU/BDU pants, black or tan boots, black belt and the optional NUEMS work shirt.
6. NUEMS personnel on duty, may not wear a shirt that deceives the public on their actual certification. For example, an EMT-Basic should not wear another department's shirt that says "Paramedic" on the back, during scheduled duty.

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ADMINISTRATIVE

14. In-service and Out-of-Service

A. INDICATIONS:

1. NUEMS is available to respond constitutes NUEMS being in service.
2. If NUEMS is unavailable for response, they are out of service.

B. PROCEDURES:

1. NUEMS currently operates Monday through Friday 1800-0600, and 24 hours on weekends. It also operates at Norwich events and at the request of the VPSA.
2. NUEMS shall be considered in-service if there is a certified, active member of NUEMS who meets all qualifications and is available for response to emergencies.
3. NUEMS is considered out-of-service when there is no certified member for response, or if staffing is so limited as to not be effective. The Chief, Deputy Chief or LT of Operations may designate NUEMS as out-of-service. This includes offline OOS when dorms/barracks are closed, school breaks and summer sessions.
4. If NUEMS is designated out-of-service, all emergency medical calls should be directly turned over to 911 for dispatching.

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ADMINISTRATIVE

15. Campus Emergencies

A. INDICATIONS:

1. A campus emergency is any incident that places other students, staff or citizens at risk. This includes, but is not limited to: mass casualty incidents, structural problems, terrorist attacks, active shooters, fires, dangerous persons on property, hazardous materials incidents, bomb threat, etc.

B. PROCEDURES:

1. In the event of a campus emergency, Norwich Security, the on-duty Commandant or Commandants Office should be notified as soon as possible. If NUEMS is called by either of the above for assistance, all available personnel will respond to a designated area and stand by for instructions.
2. Mass Casualty Incident
 - a. If NUEMS is first on scene for an MCI, the responder will declare a MCI and call for assistance of other NUEMS personnel.
 - b. First arriving officer will assume medical command, UNTIL, the first arriving Northfield Ambulance Service officer arrives. Once NAS arrives, an officer from NAS will assume command after all pertinent information is transmitted between the two people.
 - c. NUEMS is to assist in triaging, treating and transportation of patients as directed by Medical Command.
3. Structural problems/collapse. NUEMS is an emergency medical service organization. At no time will NUEMS personnel enter an unsafe building. NUEMS personnel should establish a treatment area and assist in helping patients to that area as needed.
4. Terrorist Attacks, Active Shooters, Dangerous Persons on Campus
 - a. If a threat for violence is on campus, NUEMS personnel should remain in buildings, away from windows and doors and wait for police to neutralize the situation. Once the incident is neutralized, NUEMS personnel should assist with emergency medicine as directed.
5. Fires, Hazardous Materials
 - a. NUEMS personnel shall assist in emergency medical services capacity as needed, however, should remain clear of the incident and assist with moving students to safe areas. Remember to remain upwind of fire and HAZMAT.

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ADMINISTRATIVE

16. Non-certified Personnel

A. INDICATIONS:

1. NUEMS allows for all students to be a part of its organizations.
2. NUEMS is a teaching EMS organization, and promotes continuing education and gaining further knowledge.
3. All NUEMS personnel are required to be CPR and AED certified through the American Heart Association.

B. PROCEDURES:

1. Non-certified “trainees” may ride-along with area EMS agencies with the permission of the agencies leadership as long as they meet the agencies requirements. NUEMS does not assume any liability for these trainings and can only be conducted with the authorization of the agency and the NUEMS Chief.
 - a. NUEMS personnel should conduct themselves appropriately while training with outside departments. If a problem exists, the disciplinary board will handle the situation on a case to case basis.
2. NUEMS observers may sign-up to be on the schedule with a certified responder but CANNOT participate in the actual treatment of a patient. All HIPPA regulations apply to these observers as they are members of an emergency organization. All observers are required to attend 85% of all training meetings each semester and show some sign of working to higher their certification level.
3. NUEMS members are required to be CPR/AED certified if not already. If a member is NOT certified, they will be required to take the next available CPR/AED training provided by NUEMS.

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ADMINISTRATIVE

17. Emergency Access

A. **INDICATIONS:**

1. Gate operations and gate keys
2. Dorm and Barracks key and magnetic lock override
3. Obstructed access routes
4. Access to locked buildings
5. Traffic control and direction

B. **PROCEDURES:**

1. NU Security, NU FAC/OPS, Northfield PD are the only departments with gate keys and are able to operate (open/close) the gates to the Upper Parade Ground, Sabine Field and the Wire Gate to Shapiro Field House. If, for some reason you need these opened, call Security and advise them of this. NUEMS members should not be responding in personal vehicles and this is not an approved reason to have the gate opened unless prior authorization has been given.
2. NU Security has master keys to override all dormitory and campus building doors and can do so upon request with proper reason to do so. You must provide a proper reason to have this done and Security reserves the right to deny your request. Whether or not your request is denied or approved, document the Security Officer present and the reason you requested the door be opened and whether it was approved or denied and if it was denied, why?
3. If an emergency access route is blocked for some reason, find the next closest access route and advise security of your movement as well as any other department responding. Document how the primary access route was blocked.
4. Only Security can give you access to locked campus buildings. All the protocol rules in number 2, above in this protocol apply.
5. NU Security, Northfield Fire or Northfield PD shall be the only departments directing traffic on a scene unless you are specifically tasked to do so by the proper NUEMS authority. DO NOT just start directing traffic; your primary responsibility is the health of any patients involved in the incident, nothing else.

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ADMINISTRATIVE

18. Special Response Considerations

C. INDICATIONS:

1. Crime Scene Operations
2. Suicide/Suicide Attempt
3. Hazardous Material Incident
4. NUEMS or Area Department Member Involved
5. Response to Athletic Field or Buildings
6. Response to Fire Alarm or Bomb Threat
7. Sexual or Physical Assault

D. PROCEDURES:

1. In the event NUEMS is dispatched to a emergency medical incident where the University or local/state police are involved with a potential investigation, NUEMS will take due care to not disturb the scene as much as possible. In the event of such a situation, NUEMS should be focused on the needs of the patient(s) as a priority, but should make every effort to accommodate the objectives of the police units involved.
2. In the event that you are called to a suicide or possible suicide, responders should not make a situation noticeable by running or yelling. Responders should be as discrete as possible. Also, if a weapon may be present, contact security and DO NOT enter a room alone with a patient and without security or police present. If no life threatening injuries exist and the patient does not want to be transported to the hospital, have security contact either the commandant's office or residence life staff.
3. In the event of a hazardous materials (HAZMAT) incident, specialized technicians trained in HAZMAT operations may be needed. NUEMS does not provide this training, therefore NUEMS personnel must stay clear of the scene. NUEMS should stage in a "safe-zone." NUEMS should contact security about the incident if it is not known to them already and have the appropriate departments respond. Refer to the latest DOT Emergency Response Guidebook for any associated dangers or hazards for specific incidents. Contact the infirmary and let them know an incident of this nature has taken place.
4. If a NUEMS or other area public safety (security, police, EMS, fire, etc...) member is involved in a medical incident, notify an officer of the patient's respective department immediately. If the patient is on duty and an officer was unreachable, contact the patient's department and notify them without disclosing confidential information.
5. For medical emergencies on athletic fields, Kreitzberg Arena, Andrews Hall or Plumley Armory, report to the coach of the team, identify who you are and what you are doing. Do not just run out on the court or field. Allow the coach to give instructions on where to handle the situation IF the situation is non-life-threatening.
6. NUEMS does not respond to fire alarms or bomb threats unless otherwise requested by Security, the Commandant's Office, Northfield Fire or Ambulance or police. If requested, NUEMS will stage as far away from the potential threat as

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possible. The Northfield Fire Department and Police Department are the primary contact for bomb threats. Norwich Security will handle fire alarms.

7. Sexual/Physical Assault

- a. Encourage the patient to be treated at a medical care facility. Sexual assault is a medical emergency.
- b. Seek only that information that is required to adequately treat the patient. Do not ask unnecessary questions concerning the incident.
- c. A secondary exam must be performed to identify additional injuries
- d. Injuries of a non-sexual nature may have occurred and should also be treated.
- e. Be careful to preserve evidence where possible. Do not remove any clothing unless necessary to treat the patient. DO NOT wash the patient.
- f. It may be helpful to have a crewmember of the same sex as the patient to provide the most contact. If one is not available, have a friend of the patient accompany him/her.
- g. Your involvement in this patient's care may later become part of the legal process; good documentation of all the findings is essential as always.

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Other sections to be added at next revision.

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