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Section 1

Introduction

1-1 | Introduction: Purpose and Scope of the Standard Operating Procedures

These Standard Operating Procedures of RIT Ambulance define the expected standards of practice and service as defined by the New York State Department of Health and the RIT Ambulance Constitution. They apply to all persons who are members of the corps or who render any form of medical care on behalf of the service.

RIT Ambulance operates under the most recently published version of the New York State Basic Life Support Patient Treatment Protocols published by the New York State Department of Health in conjunction with the Monroe-Livingston REMAC EMS Protocols. These operating procedures shall not supersede any federal, state, or local law/statute.

RIT Ambulance is a New York State certified ambulance service operating at the EMT-Basic level.

These Standard Operating Procedures must be either revised or resubmitted by the Chief of Operations prior to the date of expiration as stated by the RIT Ambulance Constitution. If no revised Standard Operating Procedures are submitted, the most current SOPs will remain in effect until an updated version is submitted and approved.

All amendments and revisions must be submitted in writing to the Director of the Student Health Center and the RIT Ambulance Executive Board for approval. The Chief of Operations shall post all amendments and revisions in the RIT Ambulance base at least one week before the effective date.

All policy statements issued by the Chief of Operations are considered amendments to the Standard Operating Procedures and as such hold the same authority and scope. Active policy statements may supersede the most current revision of the Standard Operating Procedures.

The Chief of Operations, Director of the Student Health Center, or their designee may temporarily supersede these Standard Operating Procedures at any time, with justifiable cause.

Section 2

Positions

2-1 | Organizational Structure

RIT Ambulance, as a student governed organization, is under the administrative direction of the Executive Board, and operates under the general supervision and daily oversight of the RIT Student Health Center.

Operational management of RIT Ambulance is assigned to the Operations Staff under the leadership of the Chief of Operations. The Chief of Operations serves as the Operations Staff representative on the Executive Board.

The Operations Staff consists of the Operations Officers, the Training Director, and the Equipment Director. The Operations Officers consist of the Chief of Operations and any other Officers appointed by the Chief. Each Operations Officer must be cleared as a Medic, Driver, and Dispatcher. The Chief is required to appoint a Deputy Chief of Operations and Training Director per the RIT Ambulance Constitution, and may appoint no more than three Lieutenants at his/her discretion, subject to final approval by the Director (or designee) of the Student Health Center.

The Chief of Operations is elected by the General Membership, while all operational appointments are subject to majority ratification by the membership. The Chief may delegate duties and responsibilities to Operations Officers. Operations Officers must complete training as indicated by the Chief of Operations, and in keeping with New York State Department of Health mandates, including Incident Command Training through the FEMA National Incident Management System (NIMS), and Child Abuse Reporting.

The Equipment Director is elected by the General Membership, and serves on both the Executive Board and the Operations Staff. The Training and Equipment Directors have operational responsibilities as determined by the Chief of Operations and the SOPs. These responsibilities fall under the direct supervision of the Chief of Operations as authorized by the RIT Ambulance Constitution.

2-2 | Operational Chain of Command

The Operational Chain of Command dictates who is in charge of RIT Ambulance personnel at a given scene, and who may make operational decisions. The Chief of Operations is directly responsible to the Director of the Student Health Center for all operational matters including staffing, equipment, and training issues. The following represents the operational command structure of RIT Ambulance, but does not supersede the medical control chain as defined by NYS Department of Health law, stating the highest medically trained person with a duty to act is responsible for direct patient care.

Chief of Operations
Deputy Chief of Operations
 1st Lieutenant
 2nd Lieutenant
 3rd Lieutenant
Medical Command Officer (MCO)/Incident Commander
 Triage/Treatment Officers (if assigned)
 Crew Chief (Medic on duty)
 Additional responding RIT Ambulance Medics
 Additional responding road-cleared members
 Additional responding EMTs
 Additional responding RIT Ambulance members

All RIT Ambulance members fall under the chain of command while on duty and when representing RIT Ambulance in an official capacity.

2-3 | Medical Command Officers

The Medical Command Officer (MCO) is responsible for ensuring that the Standard Operating Procedures and current EMS protocols are upheld during his/her duty shift and is expected to assume the role of Incident Commander when required.

The MCO may respond to any call for service involving RIT Ambulance, at his/her discretion. The MCO is to begin patient care if he/she arrives prior to the crew. In all other circumstances, the MCO should not become involved in direct patient care unless specifically requested to do so by the Medic or Driver on the ambulance. An MCO responding to a call should notify Public Safety or the RIT Ambulance dispatcher that he/she is responding. When acting as an incident commander, the MCO shall notify EMS of his/her response and actions and shall identify as 6M93 if not otherwise assigned a Monroe County identifier.

The MCO has the right under extreme circumstances to relieve or overrule any RIT Ambulance member at his or her discretion on a scene or during duty crew hours. If this occurs, the MCO must file an Operational Reporting Form and notify the Chief as soon as possible.

The MCO is required to be within five minutes of the RIT campus while on his/her assigned shift.

The MCO is required to respond to all of the following situations:

- More than one ambulance is responding.
- Hazardous Materials incidents.
- Confirmed structure fire on campus.
- Motor vehicle accident with reported people trapped, vehicle overturned, or RIT Ambulance vehicle involved.
- When requested to do so by an on duty RIT Ambulance Member.

The MCO is required to have his/her two-way radio and RIT Ambulance tone pager when scheduled for any duty shift.

The MCO is required to be dressed appropriately as if responding to a call, and in identifiable clothing.

Whenever possible (even when RIT Ambulance is out of service), a Medical Command Officer (MCO) will be on duty. This person will be responsible for any emergency problems that occur that the Crew Chief cannot handle. The Operations Staff will be responsible for all scheduling of MCOs.

MCO shifts are routinely assigned to the Operations Staff. The Chief of Operations may appoint any other RIT Ambulance Medic as a MCO at his/her discretion.

If no MCO is scheduled for a given shift, the Chief of Operations or his/her designee will act in the position.

2-4 | Crew Chiefs

The Crew Chief is the fully-cleared Medic on duty. The Crew Chief is responsible for all aspects and conduct of the duty crew, the scene, and the call, unless superseded by an Incident Commander. This includes, but is not limited to patient care, overseeing all trainees and observers, determining whether a response or transport shall be made and whether it shall be made under emergency or non-emergency conditions, ensuring that all members of the crew are notified for every call, crew health and safety, checking and restocking equipment and overall scene management. The Crew Chief is responsible for the RIT Ambulance base during his/her duty shift, and is required to ensure base cleanliness and monitor the behavior of members at the base. The Crew Chief shall enforce the Standard Operating Procedures during his/her shift.

The Crew Chief is required to perform a medic rig check within the first half of the shift. Aspects of the rig check may be delegated to trainees as deemed appropriate. The Crew Chief is responsible for contacting an MCO or the Equipment Director to replace any needed equipment.

The Crew Chief may relieve any RIT Ambulance trainee of duty for violations of the Standard Operating Procedures. If this occurs, the Crew Chief must submit an Operational Reporting Form detailing the incident.

The Crew Chief may delegate patient care responsibilities to an Apprentice Medic on duty with appropriate supervision.

Additional duties and responsibilities may be assigned to the Crew Chief by the Chief of Operations.

2-5 | Position Descriptions

Crew Chief

The on-duty Medic is referred to as the Crew Chief. Is responsible for crew compliance with all RIT Ambulance policies and procedures. If cleared as a Driver, may delegate patient care to an Apprentice Medic and assume driver role and responsibilities on a call or duty shift.

Medic

May function in the position of Medic in charge of patient care, as a First Responder, or as an MCO with Operations Staff approval. When a member operates as the Medic on the ambulance, he/she functions as the Crew Chief.

Apprentice Medic

May function in the position of Medic in charge of patient care if the driver on the call is also cleared as a Medic. May not jump or first respond to calls, or function as the Crew Chief.

Medic Trainee

With the permission of the Medic, the Medic Trainee may perform all functions of a Medic. It is ultimately the Medic's responsibility for the Medic Trainee's actions at any given scene.

Probationary Medic Trainee

May observe on RIT Ambulance calls and attend RIT Ambulance Medic training sessions. The Probationary Medic Trainee's primary role is to attend training sessions and obtain EMT certification.

Driver

May drive any RIT Ambulance vehicle without supervision of a Driver Trainer while adhering to the vehicle usage requirements of the Standard Operating Procedures.

Apprentice Driver

May function in the role as Driver without a Driver Trainer if the medic on the call is also cleared as a driver. May not jump calls.

Driver Trainee

With the permission of the Driver Trainer and Crew Chief, the Driver Trainee may perform all functions of the Driver. The Driver Trainee must be under the direct supervision of a Driver Trainer at all times.

Probationary Driver Trainee

May observe on RIT Ambulance calls, attend RIT Ambulance Driver training sessions, and drive RIT Ambulance vehicles under the direct supervision of a Driver Trainer in a non-emergency/non-patient capacity. The Probationary Driver Trainee's primary role is to attend training sessions and become comfortable driving RIT Ambulance vehicles in non-emergency modes.

Dispatcher

May function as the liaison between RIT Ambulance units, and other organizations without supervision of a Dispatcher Trainer.

Dispatcher Trainee and Probationary Dispatcher Trainee

With the permission of the Dispatcher, the Dispatcher Trainee and Probationary Dispatcher Trainee may perform all functions of a Dispatcher. The Dispatcher Trainee must be under the direct supervision of a Dispatcher Trainer at all times.

Observer

May only ride and observe and may not make any patient contact. The Chief of Operations and Director of Student Health must approve non-member Observers.

2-6 | Training Requirements

Administrative Member

- Must meet requirements to be agreed upon on a case by case basis by the Executive Board and Operations Staff

Observer

- Must be a member in good standing.
- Must have completed the "Introduction to RIT Ambulance" training session.
- Must have begun Hepatitis B vaccination series or signed the declination form.
- Must have received a PPD within the past 12 months.
- Must have completed OSHA BBP training from RIT Ambulance.
- Must have been fitted for an OSHA approved Tuberculosis mask.
- Must have a current CPR card for the Healthcare Provider or Professional Rescuer.
- Must attend an Emergency Operations Orientation.
- Must be approved by the Training Director and the Operations Staff.

Probationary Driver Trainee

- Must satisfy Observer status and be cleared as such.
- Must have completed RIT Ambulance Lifting and Radio tests.
- Must have a valid driver's license and proof of good driving record.
- Must be approved by the Training Director and the Operations Staff.

Driver Trainee

- Must have completed Probationary Driver training.
- Must be approved by the Training Director and the Operations Staff.

Apprentice Driver

- Must have completed Driver training.
- Hold proper driver certification to drive the ambulance, such as:
 - EVOC – Emergency Vehicle Operations Course
 - CEVO – Coaching the Emergency Vehicle Operator
- Must have acted as a Driver Trainee for enough calls to determine adequate competency.
- Must be a Voting Member of RIT Ambulance
- Must be approved by the Training Director and the Operations Staff.

Driver

- Must have acted as an Apprentice Driver for enough calls to determine adequate competency.
- Must have recommendations from at least two dually road-cleared members.
- Must be approved by the Training Director and the Operations Staff.

Driver Trainer

- Must be a cleared Driver for at least 3 months with a minimum of 100 duty hours.
- Additional outside experience is recommended.
- Must be approved by the Training Director and the Operations Staff.

Probationary Medic Trainee

- Must satisfy Observer status and be cleared as such.
- Must have completed RIT Ambulance Lifting and Radio tests.
- Must be approved by the Training Director and the Operations Staff.

Medic Trainee

- Must have completed Probationary Medic training.
- Must possess a NYS EMT-B certification or higher, or have completed at least half of a NYS EMT-B class.
- Must be approved by the Training Director and the Operations Staff.

Apprentice Medic

- Must possess a NYS EMT-B certification or higher.
- Must have completed a MLREMS approved Epi-Pen/Albuterol class.
- Must have completed the RIT Ambulance BG monitoring for BLS in-service.
- Must have acted as a Medic Trainee for enough calls to determine adequate competency.
- Must be a Voting Member of RIT Ambulance
- Must be approved by the Training Director and the Operations Staff.

Medic

- Must have acted as an Apprentice Medic for enough calls to determine adequate competency.
- Must have recommendations from at least two dually road-cleared members.
- Must have completed additional training specified in the Medic Training Packet.
- Must be approved by the Training Director and the Operations Staff.

Medic Trainer

- Must be a cleared Medic for at least 3 months with a minimum of 100 duty hours.
- Additional outside experience is recommended.
- Must be approved by the Training Director and the Operations Staff.

Probationary Dispatcher Trainee

- Must satisfy Observer status and be cleared as such.
- Must have completed the RIT Ambulance Lifting and Radio tests.
- Must be approved by the Training Director and the Operations Staff.

Dispatcher Trainee

- Must have completed Probationary Dispatcher training.
- Must be approved by the Training Director and the Operations Staff.

Dispatcher

- Must have acted as a Dispatcher Trainee for enough calls to determine the adequate competency.
- Must be a Voting Member of RIT Ambulance
- Must be approved by the Training Director and the Operations Staff.

Dispatcher Trainer

- Must be a cleared Dispatcher for enough calls to determine the Dispatcher's ability to act in the role of a Dispatcher Trainer.

- Must be approved by the Training Director and the Operations Staff.

Any RIT Ambulance member who is operationally inactive for more than fifteen weeks must be re-cleared by the above process, for each specific position held. The Operations Staff will consider re-clearance situations on a case-by-case basis.

Report of Chargeable Offenses

- Drivers at all levels must report any chargeable offenses immediately to the Operations Staff and Student Health Center.
- Conviction of same may lead to loss of privileges as an RIT Ambulance driver.

Section 3

General Personnel Requirements

3-1 | Duty Requirements

Members must log a minimum of twelve on-duty or training hours per month to remain active at RIT Ambulance. If a member is cleared in multiple road positions, he/she is required to log a minimum of twenty-four hours per month. In the event a member is currently active (at least twelve hours per month) at another transporting Monroe County EMS agency, his/her minimum hours at RIT Ambulance will be reduced to twelve.

In the event a member does not meet the minimum duty requirements without submitting an excuse to the Chief of Operations prior to the end of the month, he/she shall be made operationally inactive at RIT Ambulance per the RIT Ambulance Constitution. The Chief of Operations may grant exceptions for special circumstances.

All RIT Ambulance personnel must have a valid, current CPR card which covers the current standards for both adults and pediatrics, such as American Red Cross Basic Life Support for Professional Rescuers or American Heart Association BLS Provider. An EMT card is invalid unless a current CPR card from the American Red Cross or American Heart Association accompanies the EMT card.

All RIT Ambulance members should be of sound mind and physically able to perform the duties required of them if they are taking duty or responding to a call. The MCO has the authority to deny or restrict any ambulance member from taking duty or responding to an RIT Ambulance call. RIT Ambulance members shall not consume alcohol less than eight hours before taking duty or responding to any call. RIT Ambulance members shall not consume alcohol while taking duty or while displaying any RIT Ambulance logo or uniform. This same policy applies to drugs, both prescription and illegal. Exceptions for certain drugs used for personal medical problems may be granted only from the Chief of Operations in consultation with the Director of the Student Health Center and the Medical Director.

Any member of RIT Ambulance who donates blood will not take duty or respond to calls within twelve hours after giving blood as per the American Red Cross guidelines.

Per the RIT Ambulance Constitution, no person who is on a Leave of Absence from RIT Ambulance or RIT may act in any RIT Ambulance position. A person who is on co-op may remain active if the person is living/working in the Rochester area and can maintain minimum duty hours. Any member on co-op must also stay up to date on all policies and protocols and complete all necessary in-house training to be active. The Operations Staff will determine if the member on co-op has met these requirements and report his/her status to the Executive Board.

In the event that an RIT Ambulance member becomes injured in the line of duty, regardless of the extent of the injury, it must be reported to the Medical Command Officer immediately who will contact the Health/Safety Officer. The member shall also be taken to the Student Health Center or receiving Emergency Department for evaluation. If Student Health is closed a determination will be made by the injured member and the MCO as to transport. As soon as possible, the Health/Safety Officer shall notify the Chief of Operations and the Director of the Student Health Center of the incident. The appropriate RIT Incident Report must be completed and submitted to the Director of the Student Health Center.

The injured member will, with the assistance of the Chief of Operations and/or MCO, fill out an Operational Reporting Form describing the circumstances surrounding the injury within 24 hours of the incident.

All RIT Ambulance members are strongly encouraged to further their knowledge at RIT Ambulance training sessions, continuing education classes, and EMS related conferences.

3-2 | Scheduling

Only RIT Ambulance members who have been approved by the Operations Staff may ride on an ambulance vehicle, with the exception of the Director of the Student Health Center or their designee.

The Operations Staff will be responsible for the scheduling of crews. A maximum of four RIT Ambulance personnel may comprise an ambulance crew, including a medic, driver, medic trainee, and driver trainee, and approved observers.

Only one trainee may be scheduled for a duty shift, unless both the Medic and Driver are trainers and they give permission for a second trainee to be scheduled for that duty shift.

Additional personnel may be placed on the ambulance for serious calls at the discretion of the highest-ranking RIT Ambulance member on scene.

In addition to the crew on the ambulance, there shall be a Dispatcher scheduled whenever possible, and optionally, a Dispatcher trainee.

RIT Ambulance members have up to forty-eight hours before a scheduled duty shift to sign off their shift. It is the responsibility of the member to find a replacement and to notify the Medical Command Officer at least twelve hours before the shift should there be no replacement.

Two other positions shall also be scheduled, if available:

- Medical Command Officer
- First Responder

Any scheduled shifts with RIT Ambulance should end at least one hour before a scheduled class, with the exception of Dispatcher shifts. No member of RIT Ambulance shall be on duty during a regularly scheduled class unless authorized by the Chief of Operations and the Director of the Student Health Center.

No member of RIT Ambulance shall be on duty as any member of a crew, for more than eighteen hours in any twenty-four hour period, and may not take any more than three overnight shifts per week.

Executive Board members shall not respond to calls, or be scheduled for duty shifts during regularly scheduled Executive Board meetings, unless extenuating circumstances occur. The same policy shall apply to Operations Staff members during Operations Staff meetings.

An Operations Officer must approve any deviations from this standard and all crews are subject to approval by the Chief of Operations.

3-3 | Uniform Standards

All RIT Ambulance personnel shall conform to the following uniform standards:

Shirt - Approved short sleeve white uniform shirt, tucked in. There must be an RIT Ambulance patch on the left sleeve, and may have one patch on the right sleeve designating the member's highest level of current NYS EMT certification. If an EMT patch is worn, a single rocker may be worn to indicate one of the following:

- INTERMEDIATE if a NYS Certified AEMT-Intermediate
- CRITICAL CARE if a NYS Certified AEMT-CC
- PARAMEDIC if a NYS Certified Paramedic

An official RIT Ambulance ID card should be worn over the right pocket.

Cleared members shall wear the provided nameplate and EMS collar brass. The nameplate shall be centered above the right front pocket, not more than 1/8th of an inch above the flap. The collar brass shall be centered on the collar.

Operations Officers shall wear the provided gold nameplate, badge indicating the rank currently held, and the appropriate gold collar brass as follows:

- The Chief of Operations/Deputy Chief of Operations – Stars as dictated by the Chief of Operations
- Lieutenants – Lieutenant bars

The Operations Staff must approve all other badges, pins, patches, or jewelry.

A plain white t-shirt or approved RIT Ambulance t-shirt should be worn under the duty shirt.

Pants - Dark blue uniform pants with pockets, no cuffs and no trim. A plain black belt without ornaments shall be worn. Other blue EMT pants or belts may be worn with approval from the Operations Staff. Pants may not be ripped or torn.

Shoes - Serviceable shoes or boots must be worn that entirely cover the foot and provide protection, preferably black.

Jacket - Official RIT Ambulance jackets are the only jackets that may be worn while on duty. Any other general New York State EMS jacket may be worn if approved by the Operations Staff. The RIT Ambulance turn-out jackets may also be worn while on duty, but should remain on the rig at the end of any duty shift.

Sweatshirt – An RIT Ambulance job-sweat or sweatshirt approved by the Operations Staff may be worn over the white uniform shirt in colder weather.

Other Required Items - A watch with a second hand; black ink ball-point pen; current medical certification cards including EMT or First Aid card; current American Red Cross or American Heart Association CPR card; drivers license or state-issued ID.

Personal Hygiene and Presentation - All aspects of the uniform must be clean, neat and presentable at all times. Jewelry, including long earrings and necklaces, shall not be worn while on duty, for personal and patient safety. Personal hygiene should also be taken into consideration and maintained at all times when on duty. Hair shall be neatly trimmed and combed. Facial hair must be trimmed per OSHA requirements.

Jumped Calls - A jumpsuit (approved by the Operations Staff), clean collared shirt, RIT Ambulance T-shirt, or RIT Ambulance work shirts, with clean long pants (no shorts) may replace the on duty uniform while covering a jump call.

RIT Ambulance Apparel Purchases – RIT Ambulance apparel including t-shirts, polo shirts, job sweats, and work shirts are available for purchase by Full Members. While some RIT Ambulance uniforms, jackets, and logos are the private property of the purchaser, RIT Ambulance reserves the right to take disciplinary action against any member who acts in a manner inconsistent with a professional image while wearing or displaying the RIT Ambulance logos.

Deviations of this uniform standard must be approved by an Operations Officer. The Crew Chief, Medical Command Officer on duty, and Operations Staff are responsible for ensuring compliance with the uniform standard. Any member who fails to comply with the uniform standard may be relieved of duty at the discretion of the Crew Chief or any Operations Officer.

3-4 | Headquarters

RIT Ambulance Headquarters, located on the lower level of Building 23A, shall remain locked at all times when no RIT Ambulance members are present. Non-members shall not be left alone in the RIT Ambulance Headquarters.

The Garage (Bay) may be used for personal vehicle cleaning/repairs under the following guidelines:

- Operationally active RIT Ambulance member
- On duty and after completing necessary vehicle checks, or with approval of the duty crew and the Operations Staff.
- Between the hours of 1800-2300 Mon-Fri. or 1000-2300 Sat-Sun
- Must clean garage when done.
- Personal use of the garage is done at one's own risk for possible injury which therefore, absolves the organization of any responsibility.

Personnel not on the Duty Crew, must have permission from the Duty Crew to stay in quarters or in the office area between 2300 and 0700.

The heat/ventilation located in the garage should be kept at the temperatures stated on the thermostats.

The Crew Chief is responsible for headquarters cleanliness and general maintenance oversight of the headquarters and all related Standard Operating Procedures. The duty crew is responsible for keeping the headquarters clean at all times. The duty crew is responsible for duties including, but not limited to, changing linen, vacuuming, straightening furniture, and picking up trash. The headquarters should be cleaned after every shift to assure that it will stay clean. If the headquarters is found at any time not to be in a clean manner, the last assigned duty crew will be responsible for returning to clean the area. An ORF should be filled out and disciplinary action may occur.

All RIT Ambulance vehicles shall be removed from their parking spaces upon any fire alarm that occurs in building 23A. Vehicles shall be driven clear of the building to allow appropriate fire apparatus to respond, and allow for an exit if a medical emergency occurs.

All occupants of the headquarters/areas must evacuate immediately when required per RIT policy/procedure.

3-5 | Member Responsibilities

Members are required to report for duty as scheduled, arriving fifteen minutes prior to the start of shift, equipped, in proper uniform and ready for duty, unless properly excused. No member may leave a scheduled shift early or arrive to a shift late without permission from the on-duty MCO or an Operations Officer. Should permission be granted, the Crew Chief must be notified.

While on duty with RIT Ambulance, members have a duty to act and must respond to calls for service. Members must render all necessary pre-hospital care and service as dictated by their level of certification, in compliance with the Standard Operating Procedures and the RIT Ambulance training program.

Members shall perform all duties as directed by an Operations Officer, Medical Command Officer on duty, or Crew Chief.

Members shall comply with all applicable rules, regulations, policies, procedures, and protocols and cooperate with RIT Public Safety Officers, Operations Officers, EMS personnel, Fire Department personnel, Law Enforcement Officers, and members of the RIT Student Health Center.

Members shall be courteous, polite, respectful, and professional to fellow members of the service and the public at all times.

Members are responsible for any patient's personal property entrusted to their care and shall deliver said property to the police, public safety, or the appropriate receiving hospital authority.

Members must protect and maintain in proper condition any RIT Ambulance issued equipment and all assigned and entrusted property. The ambulance must be properly equipped at all times, and maintained in a clean condition. Any loss, damage, or impairment of RIT Ambulance property or equipment must be reported to the Equipment Director or an Operations Officer, and an ORF must be filed as soon as possible.

RIT Ambulance members shall not:

- Enter premises serving or selling alcohol while on duty, except for performance of duty. (This does not include restaurants that serve alcohol secondarily to food)
- Consume intoxicants while on duty, while off duty in uniform, or consume alcohol less than eight hours before a duty shift or jump call.
- Report for duty or respond to a call under the influence of intoxicants or illicit drugs, medications, controlled substances, or synthetic narcotics.
- Be mentally or physically incapable of performing assigned duties.
- Photograph any patient or incident for private or commercial use.
- Recommend non-EMS authorized therapy, including over the counter medications, to patients or others encountered in the line of duty.
- Falsify official statements, records, or reports.
- Engage in a criminal activity while on or off duty.
- Disobey an order given by an Operations Officer, on duty Medical Command Officer, or Crew Chief.

3-6 | Member Health Records and Vaccinations

Immunization records, including record of TB testing, will be maintained on all active members by the Training Director.

All active members must be immunized against Hepatitis B and provide documentation of such immunization to the Training Department. Members who refuse this vaccination must sign a waiver that will be kept on file with the Training Department.

Yearly TB skin testing (PPD) is required of all active members. This service is provided free of charge to RIT Ambulance personnel through the RIT Student Health Center. Members who are unable to undergo this testing must sign a waiver that will be kept on file with the Training Department.

The Director of Student Health may set forth additional immunization and testing requirements for active members.

Section 4

Equipment and Vehicles

4-1 | Equipment Distribution

The Medic and the Driver on duty will be issued a portable radio and key ring. The trainee on duty may be issued a pager, portable radio, and key ring with permission of the Crew Chief or Driver. These are to be returned at the end of shift or passed along to the next crew.

The Equipment Director will issue all RIT Ambulance equipment only as indicated in this document and only with the approval of the Chief of Operations. Additional equipment may be issued as deemed necessary with the approval of the Chief of Operations. All members who receive RIT Ambulance equipment must sign for that equipment and must agree to take financial responsibility for such equipment from damage, loss, and/or theft.

Failure to return RIT Ambulance equipment may result in judicial action or billing for equipment as stated by the "RIT Ambulance Issued Equipment Form." All equipment must be returned at the end of each academic year, when the holder of such equipment leaves RIT Ambulance, or when requested by the Equipment Director or an Operations Officer.

Pagers issued by RIT Ambulance will have tones as follows:

- 200** – All RIT Ambulance Pagers
- 900** – Operations Staff and MCOs
- 910** – Equipment Director and Chief of Operations
- 960** – Health/Safety Officer
- 970** – Chief of Operations
- 980** – All cleared Medics and Drivers
- 990** – Trainee on duty

The trainee pager will have 200/980/990 tones.

Portable radios shall be issued to the Operations Staff and MCOs. As availability of equipment permits, portable radios may also be issued to cleared medics and drivers.

Jump bags similar to those on RIT Ambulance vehicles shall be issued to cleared medics as need and availability of equipment dictates.

The Equipment Director is responsible for having a record of all keys issued by RIT Ambulance.

Keys may be issued as follows:

Duty Rings

Shall have keys as approved by the Equipment Director and the Chief of Operations

Individual Members

Crews Quarters/Office

E-Board

Individual Members keys plus:

Administrative cabinet

Training Director

Individual Members keys plus:

Training filing cabinet

Equipment Director

E-Board keys plus:

Equipment closet key

Radio cabinet key

Equipment supply cabinets

All vehicle keys

Medical Command Officers

Individual Members keys plus:

Equipment Closet Key

Operations Officers

Medical Command Officers Keys plus:

Equipment supply cabinets

All Vehicle Keys

ME-key

2F4 key

FAC1 key

Operational Cabinets

Student Health Center / EMS Consultant

All RIT Ambulance keys (kept in key control box at SHC)

4-2 | Rig Checks/Stocking/Cleaning

A complete (Driver and Medic) rig check must be completed at the beginning of a shift. Any missing items must be restocked immediately.

It is ultimately the responsibility of the Medic to insure that the vehicles are cleaned and restocked after each call. If any items are unavailable, the on-duty MCO, Equipment Director, or an Operations Officer should be notified as soon as possible.

When cleaning the vehicles or equipment, assume that all fluids are contaminated. Use gloves and clean all surfaces with 10% hypochlorite solution (1:10 solution of chlorine bleach in water), or another solution approved by the Equipment Director and Health/Safety Officer. If dilution is not possible, use the bleach full strength, however, do not premix and store the diluted solution.

When cleaning items that may be damaged by hypochlorite solution, a cleansing with hydrogen peroxide or germicidal soap solution, followed by isopropyl alcohol (70%) is acceptable. In any case, allow all items to air dry. If you are not sure how to clean any item, contact the Equipment Director or MCO.

All disposable items such as airway and oxygen supplies, bandages and disposable linen shall be disposed of at the receiving hospital in a container labeled BIOHAZARD or INFECTIOUS DISEASE. These usually have a red liner.

Soiled linen shall be treated as hazardous material from the time it is removed from the patient and must be placed in a soiled linen container at a hospital. If it is an RIT Ambulance blanket, or other linen that cannot be left at the hospital, it should be bagged in the yellow INFECTIOUS LINEN bags on return from the hospital.

4-3 | Vehicle Operations

RIT Ambulance currently owns and operates two emergency vehicles. Ambulance 6359 is a 2006 Road Rescue Type 3 transporting ambulance. Defib 63 is a 2001 Chevy Tahoe used as a non-transporting emergency support and command vehicle.

General Vehicle Requirements

- RIT Ambulance vehicles must remain within the designated boundaries of the mutual aid district.
- No vehicle should be off the shoreline for more than two hours if the temperature is below 50 degrees F, unless it is running.
- Whenever the Driver and Medic are more than one-quarter mile apart, they shall each have a vehicle. If Defib 63 is unavailable or the Medic is not cleared to drive it, then the Medic and the Driver must stay together. The Observer or Trainee on duty must always remain within one-quarter mile of either the Driver's or the Medic's vehicle.
- Vehicles should be driven in a safe manner at all times.
- Food and beverage consumption in 6359 must only occur when there is no patient on board, and only in the front cab with the separating door closed, per OSHA regulations.
- While in or out of service, 6359 may only go off campus to transport a patient, for a dispatched mutual aid call, to refuel the vehicle, or for maintenance reasons.

Types of Operation

- Non-Emergency ("Green") Operation
 - Consists of using neither emergency lights or sirens
 - Vehicle should have headlights on at all times
 - Vehicle does not have any emergency vehicle privileges as provided in the NYS Vehicle and Traffic Laws.
- Emergency ("Red") Operation
 - Consists of using:
 - Headlights (flashing or constant)
 - All emergency lights
 - Sirens as necessary
 - NYS Law states an emergency vehicle is not exempt from any traffic laws unless the emergency lights and sirens are being used simultaneously.

RIT Ambulance drivers shall avoid excessive speed and operate the vehicle in a safe and controlled manner at all times.

- RIT Ambulance drivers may, when operating in emergency mode:
 - Stop, stand or park at any location.
 - Proceed past a steady red signal, a flashing red signal or a stop sign, but only after coming to a complete stop and ensuring safe passage through the intersection.
 - Exceed posted speed limits so long as he/she does not endanger life or property.
 - Disregard the regulations governing directions of movement or turning in specified directions.

Response to Calls**EMD Coded Calls**

RIT Ambulance vehicles may only operate in emergency mode at the discretion of the Crew Chief. If an emergency call is EMD coded, RIT vehicles may respond in emergency mode for Priority 1, 2, and 3 jobs with the exception of agency-initiated jobs (EMSA). Vehicles shall respond non-emergency for Priority 4 jobs, unless the Crew Chief determines that there is a high probability of life-threatening illness or injury and a reduced response time may mitigate the illness or injury.

Agency-initiated Calls/Non-EMD Coded Calls

Upon the receipt of an agency-initiated or non-EMD coded job, the Crew Chief shall determine whether a response shall be made under emergency conditions. Emergency operation shall be limited to any response to a scene which there is perceived to be a high probability of life-threatening injury or illness and a reduced response time may mitigate the illness or injury.

A Driver may suggest a downgrade in operation if he/she deems it is unsafe, although it is the responsibility of the Crew Chief to determine the mode of operation.

RIT Ambulance vehicles shall respond "green" to a scene when requested to do so by an RIT Ambulance first responder, MCO, or ALS provider who is already on scene.

While driving on walkways or in quads, RIT Ambulance vehicles shall operate under emergency conditions, with the emergency lights in primary or secondary (8 red box flashers on) mode. "Air horn" shall be the only siren tone used.

All emergency lights on all RIT Ambulance vehicles shall be shut off at scenes (including walkways/quads) unless the Driver or Crew Chief determines there is a hazard present. High idle should be used if the emergency lights are running on scene.

Defib 63 Usage

- May only be driven when staffed by any of the following:
 - A cleared Medic who is also a cleared Driver.
 - A Medic who is cleared to drive the vehicle by the Chief of Operations.
 - A cleared Driver and a cleared Medic.
- Responds to emergency calls when:
 - The response of 6359 is delayed.
 - A mutual aid ambulance is responding.
 - Additional resources are needed.
 - At the discretion of an MCO.
- Is used by the Medic, should the need arise to be separated from the rest of the crew.
- Shall only leave campus:
 - To transport equipment.
 - For driver training with the on-duty MCO's approval.
 - For other official RIT Ambulance business approved by an Operations Officer.

Driver's Responsibilities

- Review, understand and follow all relevant NYS traffic laws regarding emergency vehicle operations.
- Ensure that all doors on all RIT Ambulance vehicles remain locked at all times except for when:
 - On a scene
 - Parked in the ambulance bay
 - Being attended to by:
 - RIT Ambulance members
 - Public Safety Personnel
 - Other agency responders
- Ensure that all vehicles' fuel tanks remain at least three-quarters full at all times.
- Ensure that all persons in the front seats of any moving RIT Ambulance vehicles wear seat belts
- Avoid backing of any RIT Ambulance vehicle when possible.
- When backing is necessary, use a spotter to ensure vehicle clearances and the safety of any bystanders.
- Keeping the vehicle clean and ready to respond.
- Placement of the vehicle at all times.
- Appropriate usage of emergency lights.
- Appropriate usage of the sirens. (may be delegated to an RIT Ambulance member in the passenger seat)
- Radio usage. (if a Medic is not in the passenger seat)

Mechanical Break Down of RIT Ambulance Vehicles

- The on-duty MCO and Equipment Director shall be notified immediately. If the breakdown is off campus, the driver shall request a tow to building 99 through the Public Safety dispatcher.
- If the breakdown occurs while responding to a call, or with a patient on board, a Mutual Aid ambulance must be requested through the EMS dispatcher.
- It is the responsibility of the MCO to ensure that the Chief of Operations and the Director of Student Health are notified.

Accidents Involving RIT Ambulance Vehicles

- Whenever an accident occurs, no matter how minor, the vehicle shall stop and the Medic shall survey the scene.
- If a critical patient is being transported, the Driver shall quickly survey the scene, and request necessary resources. In this case, transport may resume, and any NYS EMT except the Medic may be left on the scene to assist.
- Appropriate notification (Fire, Police, EMS) shall be made.
- The on-duty MCO must be notified immediately.
- Either a law enforcement or Public Safety officer must take a report.
- The Driver shall **not admit fault** in any accident.
- The Chief of Operations must make a subsequent written report to the Director of Student Health.

Personal Vehicles

- MCOs may display green courtesy lights on their personal vehicles when approved by the Chief of Operations.
- Response with the use of a green light is under non-emergency conditions, and is the sole responsibility of the vehicle operator.

- No other RIT Ambulance members may use any form of emergency or courtesy lighting on their personal vehicles while representing RIT Ambulance.

Vehicle Maintenance

- RIT Ambulance vehicles are maintained by the RIT Facilities Management Department.
- Preventative maintenance will be performed as recommended by the vehicle manufacturer.
- Maintenance records are to be kept with the Facilities staff member responsible for RIT Ambulance vehicles.

Section 5

Communications

5-1 | Radio Operations

The following frequencies are available for RIT Ambulance transmissions:

Channel 1	151.715	RIT Ambulance Dispatch
Channel 2	155.265	RIT Ambulance Operations
Channel 3	151.895	RIT Special Events
Channel 4	155.295	Monroe County EMS Dispatch
Channel 5	155.340	HEAR (Hospital Reports)
Channel 6	155.235	HVA Operations
Channel 7	155.220	Monroe County EMS Interagency
Channel 8	155.175	MCI & Secondary hospital
Channel 9	154.340	Fire 6 (HAZMAT)
Channel 10	154.415	Henrietta Fire
Channel 11	154.130	Fire 1 (city)
Channel 12	154.250	Fire 2
Channel 13	154.385	Fire 3
Channel 14	154.175	Fire 4
Channel 15	154.310	Fire 5 (dispatch)
Channel 16	151.715	RIT Ambulance Dispatch (alerting)

NOTE: Channels 10, 11, and 15 are receiving channels only. All RIT Ambulance radios will have at least channels one through four assigned as above.

RIT Ambulance personnel are assigned the following radio identifiers:

Identifier	Title
6M13	Chief of Operations
6M23	Deputy Chief of Operations
6M33	1 st Lieutenant
6M43	2 nd Lieutenant
6M53	3 rd Lieutenant
6M63	NOT USED
6M73	Training Director
6M83	Equipment Director
6M93	Medical Command Officer On Duty
6359	Ambulance 6359
Defib 63	Defib 63 (First Response Vehicle)
6M390*	Medic trainee on duty
6M391*	Driver trainee on duty
6M392*	Dispatcher trainee on duty
6M3##*	Cleared RIT Ambulance Members

*Note – These identifiers are not recognized by the county and should be used on RIT frequencies only.

All frequencies used by RIT Ambulance are licensed under the FCC. Radio transmissions are to be brief, accurate, and free of non-essential chatter. No vulgarities or inappropriate radio traffic are to be transmitted, and disciplinary action shall be taken on any member not abiding by the FCC guidelines or by these SOPs.

When the entire crew is together only 6359, or the RIT Ambulance dispatcher shall acknowledge a call.

For any response with the ambulance, the following transmissions must be made:

When 6359 is enroute to an incident	"6359 is enroute"
When 6359 arrives at incident	"6359 is on location"
When 6359 transports to hospital	"6359 enroute to <i>hosp name</i> "
When 6359 arrives at the hospital	"6359 arriving <i>hospital name</i> "
When 6359 leaves the hospital	"6359 leaving <i>hospital name</i> "
When 6359 is back in service	"6359 in service"

When operating on .295, 6359 shall identify as "RIT Basic 6359" or, if ALS is onboard, "RIT ALS 6359".

All transmissions shall be in plain English, no codes need to be used with the exception of the following:

10-78	Mentally unstable patient
10-83	Rape or Sexual Assault
10-100	Officer or Crew in need of assistance (Emergency Only)
Code 13	Request for police (Emergency Only - .295 only)

The above codes are used to both protect the privacy of the patient and the crew.

5-2 | Dispatch Procedures

When 6359 is **In Service** the following message shall be transmitted: 980 tones **"RIT Ambulance, need a crew to respond to"**

- Location of Call
- Nature of injury/illness
- Age/sex of patient
- Whether or not ALS has been dispatched

If there is no response to the first transmitted 980 tones, it will be assumed that there is no scheduled duty crew. The RIT Public Safety Dispatcher will re-page to secure a Medic and a Driver for 6359. Any available Medic or Driver must notify Public Safety by radio or phone in order to alert the dispatcher of their availability. If a full crew is not obtained within two minutes after repeated pages, the out of service procedures will be followed.

When 6359 is **Out of Service or on another call** the following message shall be transmitted: 980 tones **"RIT Ambulance, need a First Responder to respond"**

- Location of Call
- Nature of injury/illness
- Age/sex of patient
- What ambulance has been dispatched

If 6359 is out of service, unavailable to take calls, or requests additional units, Henrietta Ambulance should be the second due agency. The third due agency should be Rural Metro Ambulance, and fourth due Monroe Ambulance.

Any other ambulance may be dispatched as deemed appropriate by the EMS dispatcher or the Operations Staff.

200 tones (announcement) shall be used if requested by an RIT Ambulance crew or Operations Officer. A 200 tone shall indicate a non-emergency announcement, frequently used to notify RIT Ambulance personnel about calls that were not dispatched by 980 tones and already have sufficient personnel responding. This may be tested at 1700 hours and is used to advise all RIT Ambulance members of any open shifts and who the MCOs will be for the following 24 hours. 980 tones may be requested by an RIT Ambulance Medic for the purpose of securing additional personnel if needed for CPR, fire stand-by, MCI, or other appropriate situations.

RIT Ambulance may also be dispatched for a call on the RIT property through the EMS dispatcher. Public Safety, the RIT Ambulance Dispatcher, or an RIT Ambulance vehicle will acknowledge the call for service as if it were a mutual aid call. RIT Ambulance will then be dispatched by Public Safety dropping 980 tones, stating the call originated from 911, and giving out the call information. After the duty crew has verified the call with the Public Safety dispatcher, the crew will then switch to the EMS Frequency (Channel 4) and advise the EMS dispatcher they have received the call and are responding.

Anytime that RIT Ambulance 6359 is on a call, the duty crew shall notify the EMS dispatcher of the call type, location of the call, and whether ALS or any additional outside personnel are needed. The duty

crew will also notify the EMS dispatcher when the ambulance is enroute to the hospital (and destination), arriving at the hospital, and when in service from the call.

Personal or group pages during class hours should be kept to a minimum and occur at ten minutes before the hour. Any pages before 1700 hours must be approved by the MCO on duty.

5-3 | Cellular Phone

Cellular phones are in all RIT Ambulance vehicles. The phones should be used only in the following circumstances when a landline is unavailable, or privacy is required.

- Communication with Medical Control
- Communication difficulty on .340 with the hospital
- All transports to Student Health
- Communication with Public Safety, RIT Ambulance, or EMS dispatchers
- At the discretion of the Operations Staff
- To speak with an MCO

Personal cell phones should not be used unless the vehicle cell phone is not available. Cell phones shall not be used for any type of documentation, including but not limited to digital photographs or video.

Personal calls or text messages shall not be taken during a call.

Section 6

General Call Guidelines

6-1 | Response to Calls

It is the responsibility of the Crew Chief to make sure the Medical Command Officer is dispatched to any of the calls defined in the Medical Command Officer section of this document.

The following RIT Ambulance personnel may respond to the scene of a call are the duty crew, additional RIT Ambulance Medics, and Medical Command Officers. Any RIT Ambulance member who is at a scene when the injury/illness occurs should remain on the scene until an ambulance arrives.

When responding on foot to the ambulance or the incident directly, RIT Ambulance members shall walk briskly, but not run.

Any cleared RIT Ambulance Medic may enter a scene prior to the arrival of the ambulance, if he/she is responding as a First Responder or MCO. No other RIT Ambulance personnel shall enter any scene before an RIT Ambulance Medic enters the scene, unless permission is given by an MCO. Upon arrival of the ambulance the First Responder(s) shall turn patient care over to the Medic and if they are not needed they shall clear from the scene.

For all calls, the jump bag, suction, and defibrillator shall be brought to the scene with the Medic. Should the injury/illness be over one minute away from the ambulance vehicle, a patient transfer device must be brought to the scene.

RIT Ambulance shall respond to the original call as dispatched per NYS Department of Health protocols. RIT Ambulance can only be cancelled by a New York State EMT, or by a police agency (including RIT Public Safety). A police agency can cancel the ambulance if no injuries were found at a specific incident, or if the call was a false alarm. The response should be continued on a non-emergency basis if the possibility still exists that an injury/illness occurred.

6-2 | Mutual Aid

Under the mutual aid agreement between RIT Ambulance and Henrietta Volunteer Ambulance (HVA) it is agreed that when there is request from HVA to cover an ambulance call in their primary response territory, RIT Ambulance will respond as a second due ambulance. RIT Ambulance is bound by the mutual aid agreement and by the terms set forth by both RIT and HVA to provide BLS care at the EMT-B level as defined by the New York State law. Mutual aid calls for HVA will consist of direct emergency medical care, ambulance transport, and completion of records and reports as required.

RIT Ambulance is responsible for providing periodic mutual aid coverage for the limited response area of the community of Henrietta. This response area consists of the following geographical region:

- North** - From Jefferson Road across to Brighton-Henrietta Townline Road to West Henrietta Road
- South** - Along the NYS Thruway, but excluding Thruway responses
- East** - West Henrietta Road from Brighton-Henrietta Townline Road south to the NYS Thruway, including all addresses on the west side of West Henrietta Road
- West** - Along the Genesee River from Jefferson Road south to the NYS Thruway

In the event that RIT Ambulance cannot respond to a mutual aid call for any reason, RIT Public Safety will notify HVA or the EMS Dispatcher that RIT Ambulance is out of service or unavailable. In this case, HVA will be responsible for dispatching another ambulance to respond to the call. Mutual aid with HVA will also be suspended when there are official academic breaks, holidays recognized by RIT in which the university is closed, or cases in which there are emergency school closings. HVA will be advised of these days by either RIT Public Safety, by the RIT Ambulance Medical Command Officer on duty, and/or by an RIT Events Calendar.

When HVA cannot respond to a call in the designated geographical area defined in the mutual aid agreement, HVA will contact the Monroe County EMS dispatcher on 155.295 MHz. When the EMS dispatcher contacts RIT, either the RIT Ambulance dispatcher, or the Public Safety dispatcher will acknowledge the call, and, if necessary, the Public Safety dispatcher will page for RIT Ambulance to respond to the call. The RIT Ambulance dispatcher or RIT Public Safety dispatcher must be advised of the following information from the EMS dispatcher when receiving a mutual aid call:

- Location of Call
- Nature of injury/illness
- If ALS has or has not been dispatched

When RIT Ambulance secures a full crew for a mutual aid call, RIT Ambulance will advise the Public Safety dispatcher. The RIT Ambulance crew will then contact the EMS dispatcher on the Monroe County EMS Channel (155.295). The Ambulance will continue all radio traffic pertinent to the call on the Monroe County EMS Channel. Once the call is terminated, RIT Ambulance will return to its primary dispatch channel.

6-3 | Advanced Life Support

An Advanced Life Support unit is automatically requested whenever the nature of the call indicates the potential for needing Advanced Life Support. See the Monroe Livingston Regional EMS Protocols for the most current list of ALS criteria calls.

For any ALS request, the RIT Ambulance or Public Safety Dispatcher will contact the County EMS dispatcher and have ALS respond. The County EMS dispatcher should be advised of the following:

- The nature of the call (including patient age/sex).
- The exact location of the call and the location for the Public Safety escort to the scene.
- If 6359 is responding or if another Ambulance is needed.

The RIT Ambulance or Public Safety Dispatcher and duty crew must monitor 155.295 MHz (Channel 4) to make sure that an ALS unit is being dispatched and is responding. If Henrietta does not have an ALS unit available, Rural Metro Ambulance should be dispatched as the second due ALS unit. If Rural Metro does not have an ALS unit available, Monroe Ambulance should be dispatched as the third due ALS unit. The dispatcher will notify 6359 whether an ALS unit will, or will not be responding, and if so, which agency. Any other ALS unit may be dispatched as deemed appropriate by the EMS dispatcher or an Operations Officer.

The dispatcher does not have the authority to decide that an ALS unit should not respond if required per protocol or by crew request.

The RIT Public Safety Dispatcher should be notified that an ALS unit is responding, and a request for an RIT Public Safety escort should be made. For HVA, the primary escort location is at John St. / Wiltsie Dr. For all other responding units, the primary escort location is at Jefferson Rd. / Lowenthal Rd.

Once the ALS unit is on the scene with RIT Ambulance, both the Public Safety and EMS dispatchers shall be notified of the status of the ALS unit when 6359 begins transport to a hospital.

6-4 | Destination Decisions

Critical or unstable patients must be transported to the closest 911-receiving hospital emergency department. From the RIT campus, Strong Memorial Hospital is the closest receiving hospital.

The following are criteria which require transport to the closest 911-receiving hospital unless otherwise determined by medical control or the primary care provider on the ambulance:

- Cardiac or respiratory arrest
- Unmanageable or obstructed airway
- Continuous or recurring seizures
- Major trauma
- Amputations
- Burn patients
- Imminent birth
- Suspected myocardial infarction in any patient over age 40 with severe chest pain

Stable patients may be transported to the hospital of their choice. Hospital color codes should be considered when determining destination decision.

RIT Ambulance only transports to the following hospitals:

- Strong Memorial Hospital
- Highland Hospital
- Park Ridge (Unity) Hospital
- Rochester General Hospital
- St. Mary's Hospital

If a patient requests to be transported to a hospital other than those designated above, a mutual aid or commercial ambulance service must be dispatched.

All hemophiliacs will be transported to Rochester General Hospital, unless otherwise authorized by Medical Control.

RIT Ambulance will not transport anyone from a hospital, unless approved by the Director of Student Health.

RIT Ambulance is under no obligation to transport any patient to a facility other than an Article 28 licensed Emergency Department. A patient who requests to be transported to the RIT Student Health Center must be affiliated with RIT, be located on campus, and meet all of the following criteria before transport to a facility other than a 911-receiving hospital is authorized:

- Patient's condition does not contra-indicate transport to SHC or the medic in charge has received approval from a medical control physician to transport the patient to the SHC
- Patient refuses transport to a 911-receiving hospital

The following is a non-inclusive list of contraindications of transport to the RIT Student Health Center:

- Major trauma
- Mental Hygiene Arrest (MHA)

- Suspected CVA/stroke
- Any patient meeting ALS criteria
- Any patient who's condition exceeds the medical capabilities of the SHC
- Any patient in need of emergency medical care or treatment

It is the responsibility of the medic in charge to properly assess the patient before making a transport decision. Medics should be familiar with the services the SHC can and cannot provide to patients. In the case of an emergency call where a patient requests transport to the RIT Student Health Center, the medic must document and obtain a refusal of transport signature on the PCR and document the transport to the Student Health Center.

All patients other than those described above must be transported to a 911-receiving hospital.

6-5 | Patient Transport to Hospital

The provider in charge of patient care shall determine the mode of vehicle operation during transport to a hospital. Emergency operation shall only be used if it is determined that there is a life-threatening illness or injury that may benefit from emergency operation to the hospital. (Usually C or U on the CUPS scale)

The only people allowed to be on any RIT Ambulance vehicle while it is motion are the following:

- RIT Ambulance members or personnel assisting RIT Ambulance EMTs with direct patient care.
- No more than two patients.
- One passenger (maximum) seated in the cab.
- An ALS Technician and any assistants of such ALS Technician.
- A law enforcement or Public Safety Officer.
- Parent of a pediatric patient allowing for increase in patient care in rear of vehicle.

At no time shall there be more than four people, excluding the patients in the back of the ambulance while transporting the patient(s). The highest-ranking RIT Ambulance member at the scene shall determine which RIT Ambulance personnel belong in the back of the ambulance.

At no time may RIT Ambulance transport more than one passenger associated with the patient. The passenger must ride in the cab passenger seat of the ambulance. This decision is at the discretion of the Medic.

6-6 | Notifying the Emergency Department

The following criteria warrant notification of the receiving Emergency Department prior to arrival:

1. Cardiac arrest
2. Respiratory arrest
3. Major Trauma
4. Suspected CVA/stroke
5. Amputations
6. Suspected MI in patients over 40 years of age
7. Unmanaged/ongoing seizures
8. Imminent birth
9. Severe burns
10. Any other criteria as determined appropriate by the care provider

A member of the crew, usually the Crew Chief, shall contact the receiving facility by .340 report, or by calling the Emergency Department or Medical Control. Notification shall include the patient's condition, age, current treatment and level of care, vital signs, and estimated time of arrival.

Unity Hospital and Highland Hospital require .340 reports for all patients, regardless of the above criteria.

Under certain emergency circumstances such as cardiac arrest, the EMS dispatcher may be requested to notify the receiving hospital.

Notification should be documented on the PCR.

6-7 | Returning from the Hospital

When returning from Strong or Highland Hospital without ALS on board, the Crew Chief may choose to call the vehicle back in service. However, should another ambulance call be dispatched while returning, it is the responsibility of the Crew Chief to ensure that the closest ambulance responds to the call. If returning from Unity, Rochester General, or St. Mary's hospital the ambulance should be called in service when within the four minute response range.

When returning from a hospital with ALS on board, the following procedure shall be used:

- When leaving the hospital, notify the RIT dispatcher that 6359 is returning to campus with ALS on board.
- When the vehicle is able to take another emergency call, it should be placed back in service.
- If a call on campus occurs that may require ALS, then the ambulance will respond with ALS as normal.
- If a call on campus occurs that doesn't require ALS, the Medic may decide to either:
 - Drop the ALS Technician off at his/her vehicle, and then proceed to the scene.
 - Respond to the scene and have Public Safety bring the ALS Technician to his/her vehicle.
 - Request Mutual Aid through the Public Safety or RIT Ambulance Dispatcher.

If the ALS unit receives another call and is requested to respond in his/her district, the Medic may decide to either:

- Respond to the ALS Technician's vehicle.
- Respond directly to the scene out of RIT Ambulance jurisdiction. 6359 will transport the ALS technician to that call and, after leaving the technician at the scene, will return to the campus.

Both RIT and EMS Dispatchers will be advised of either situation.

6-8 | Refusal of Care

RIT Ambulance medics will comply with the latest version of the Monroe-Livingston EMS Region Refusal of Treatment/Transport policy. This policy outlines the minimum evaluation that must be performed on every patient, determination of medical decision making capacity, contacting medical control, and documentation requirements.

A Monroe-Livingston EMS Region Refusal of Treatment/Transport Form must be completed for any patient refusing treatment or transport.

All refusals must be documented appropriately on the PCR, with the completed refusal form attached.

6-9 | Out of Service

6359 may be out of service for any of the following reasons:

- Maintenance.
- At the discretion of the Equipment Director or Medical Command Officer.
- The institute is officially closed.

When out of service, 6359 will not respond to any incident. When 6359 is out of service, a First Responder program will be utilized given sufficient staffing as determined by the Operations Staff and the Director of the Student Health Center. When out of service the EMS dispatcher and the Public Safety dispatcher shall be notified by phone that 6359 is out of service and whether a First Responder program will be utilized.

Any time 6359 is out of service for a prolonged period of time, the Student Health Center, HVA, and County EMS dispatcher will be notified. A 200 tone will be dropped to notify all RIT Ambulance members that the ambulance is out of service.

When 6359 is available to be placed in service, the Public Safety dispatcher, the Student Health Center, HVA, and the County EMS dispatcher shall again be notified by phone that 6359 is in service. A 200 tone will be dropped to notify all RIT Ambulance members that the ambulance is back in service.

6-10 | First Responder Program

In order to provide care to patients as quickly as possible, RIT Ambulance operates a First Responder Program. Fully cleared RIT Ambulance Medics may act as First Responders as determined by the Operations Staff.

RIT Ambulance First Responders may respond to any call to which RIT Ambulance or RIT First Responders are dispatched. The first arriving Medic shall be the patient care provider until an ambulance arrives. If the patient is transported, orderly patient transfer should occur, and if the transporting ambulance is not RIT, a PCR shall be started with demographics of the patient

An RIT Ambulance Medic or Medic trainee may respond with the on duty Crew Chief to assist in patient care. An observer or trainee may not enter a scene until a cleared Medic is present on scene. If the call requires CPR, clearance may be given to the trainee by the Medic to provide immediate patient care.

The RIT Ambulance Emergency Support Vehicle (Defib 63) should respond whenever possible if staffed as outlined in the Vehicle Usage section of this document.

RIT Ambulance First Responders must carry either the minimum amount of equipment as outlined by the Operations Staff, or respond with an RIT Ambulance jump bag. The equipment will be issued to all Medics with replacement equipment given after any call by the Equipment Director.

Section 7

Special Circumstances

7-1 | Treatment/Transport of Minors

A minor is defined as a person under the age of 18 years who is not emancipated or mature. Emancipated or mature minors may consent to treatment on their own behalf.

If a parent or legal guardian is available to consent to treatment on the minor's behalf, the minor and the parent may be transported to the medical facility should the patient's condition permit.

If a parent or legal guardian refuses treatment and if the medical problem or injury is life threatening and any delay of care will jeopardize the life of the minor, RIT Ambulance may transport the patient without the consent of the parent or guardian if authorized by a Monroe County Sheriff, New York State Police Officer, or Medical Control. The circumstances shall be documented in the PCR, and an Operations Reporting Form shall be filed immediately following the call. The Chief of Operations should be contacted during or after the call. The parent or guardian shall be notified of the destination decision.

If a parent or legal guardian refuses treatment and if the medical problem or injury is not life threatening, the crew shall make an appropriate effort to attempt to convince the parent or guardian to consent. The policy for refusing medical assistance shall be followed.

If a parent or guardian is not available on a scene to provide consent for a minor, emergency medical care may be rendered. The minor shall be transported to the appropriate receiving facility. Public Safety shall be notified of the destination decision. Crew members shall not delay patient care or transport if a parent or guardian is unavailable.

7-2 | Emotionally Disturbed Patients

The Crew Chief is responsible for determining scene safety. The Crew Chief may choose to stage the ambulance away from the scene until law enforcement has secured the area.

If an emotionally disturbed patient voluntarily requests transport to a psychiatric facility, RIT Ambulance may transport without law enforcement or patient restraint if the Crew Chief deems it to be safe.

If an emotionally disturbed patient refuses treatment or transport, a sworn law enforcement officer should be dispatched and Medical Control may be contacted to determine the patient's ability to decline treatment. Only a sworn law enforcement officer may perform a mental hygiene arrest (MHA) as a means of requiring a patient be transported.

If a patient displays violent tendencies or violence towards crew members, bystanders, or other personnel on scene, the crew shall retreat, if able, and stage until the scene is secured. Restraints may be deployed per MLREMS protocol under the following conditions:

- The patient has indicated a high potential for violence
- A law enforcement officer has placed the patient under MHA or on-line orders have been given

Use of restraints shall follow the applicable NYS and MLREMS protocols.

7-3 | Unattended Death

If the patient is not declared a DOA or death has not been pronounced at the scene of the call, all resuscitative measures shall be taken in accordance with local and state protocol.

If death is pronounced on scene, all actions of the crew prior to the declaration of death shall be recorded on the PCR. The Medical Examiner shall be notified as soon as possible through the EMS dispatcher. Law enforcement officers shall be requested to respond if not already on scene.

RIT Ambulance members shall not disturb the body of a deceased person and law enforcement should secure the scene upon their arrival. EMS personnel shall remain on scene until released by a law enforcement supervisor or by the Medical Examiner. If possible, a copy of the PCR shall be left with the Medical Examiner.

The only exceptions to this policy shall be authorized by the Medical Examiner.

7-4 | Patient or Location Not Found/Unable to Gain Entry

Upon arrival on a scene, it is the responsibility of the Crew Chief to attempt to locate the patient. If the patient/location is not immediately found, the Crew Chief must contact Public Safety or the EMS Dispatcher to attempt to determine a better location. A search of the immediate area should be performed. If no further information can be discerned, a Patient Care Report must be filled out, and any significant findings must be documented.

If the crew is unable to gain entry to a scene on the RIT Campus, the Crew Chief shall contact Public Safety for key or swipe card access. If Public Safety is unable to gain access, or the location is off campus, the Crew Chief may contact the Fire Department for forced entry. If entry cannot be gained, the Crew Chief shall document the circumstances in the Patient Care Report, and notify the EMS and Public Safety dispatchers.

7-5 | Crime Scene Operations

A scene shall be considered a crime scene if evidence of a crime or suspected crime is found, including but not limited to:

- Homicide
- Suicide
- Rape
- MVA involving serious injury or death
- Assault
- Drug paraphernalia

Upon the discovery of a crime scene, law enforcement shall be contacted if not already present, and only personnel necessary to the treatment of the patient shall enter the scene.

On a crime scene, EMS personnel shall work in close communication with law enforcement while performing up to their standard of care. Care shall be taken to preserve evidence on the scene if possible while providing patient care. The scene and all actions taken by EMS shall be thoroughly documented in the PCR. Preservation of evidence shall not take priority over patient care.

Once patient care has been completed, or if the scene is deemed unsafe, law enforcement personnel assume command of the scene.

RIT Ambulance personnel shall not reveal details about a crime scene to any other RIT Ambulance members except the Chief of Operations and the Director of Student Health.

7-6 | Mass Casualty Incidents (MCI)

For the operational purposes of the RIT Ambulance, a Mass Casualty Incident shall be defined as a scene potentially requiring extraordinary resources. A Medic or MCO may declare an MCI if additional resources are required that exceed the capability of the RIT Ambulance. This does not include single patient situations requiring an ALS provider.

Upon declaration of an MCI, the first RIT Ambulance personnel on scene shall set up an Incident Command System (ICS), as defined by the National Incident Management System. The first arriving medic is responsible for initial triage and the request of additional resources, including, but not limited to a command officer.

The Incident Commander or designated Communications Officer may request the use of a dedicated radio frequency through the EMS dispatcher. RIT Channel 3 may also be used for internal radio traffic.

Upon arrival, an RIT Ambulance MCO may take over Incident Command and shall continue to maintain an ICS until the incident has been managed. All aspects of incident management shall follow the guidelines set through the FEMA National Incident Management System.

7-7 | Fire/Hazardous Materials (HAZMAT) Calls

The ambulance will automatically be dispatched to all confirmed working fires on campus, with special emphasis on structural fires or any situations where injury or entrapment may occur. RIT Ambulance will also automatically be dispatched to all hazardous material situations for which the fire department is dispatched.

The duty crew for a Fire or Hazmat stand by, shall remain on the scene, out of service, until released by the Senior Fire Officer in command as per state law.

Upon arrival at any major incident where Command has previously been established, the Medic must report to the command post and advise the Senior Officers (Fire and/or police agencies) of the location of the ambulance in case EMS assistance is needed. The Driver is responsible for the staging of the ambulance, keeping lanes clear for additional Fire Apparatus and allowing exit for all emergency vehicles. The Medic shall have 200 or 980 tones paged, requesting First Responders to be on alert or to respond to the scene, as necessary, and must make sure that the MCO has been notified of the incident.

The Fire Department will automatically be dispatched to all calls for Motor Vehicle Accidents with a confirmation that people are trapped. Additional Fire Department response may be used at the discretion of the Medic (stability of a vehicle involved in MVA, possible Hazmat, CPR assistance, forced entry, etc)

Section 8

Documentation

8-1 | Pre-hospital Care Reports

The instruction manual for Pre-hospital Care Reports that is published by the New York State Department of Health is considered an integral part of this document and is available in the RIT Ambulance dispatch office.

Every time RIT Ambulance is dispatched, and/or every time a patient is evaluated or treated, the Medic or Medic trainee must complete a New York State Pre-hospital Care Report. If there is more than one patient at any call, one PCR must be completed for each patient. The exception to this rule is an MCI situation or Part 18 event as defined by New York State.

Before a PCR is submitted to the hospital, all times and a Run Number must be entered.

Run numbers will be assigned with the first two digits of the current year, and the remaining four digits will be sequential, beginning on January 1st of every calendar year. For example, the 300th call of the year on August 30, 2002 had a run number of 020300.

The RIT Ambulance or the Public Safety dispatcher shall keep track of times for RIT Ambulance based upon radio transmissions made. They will keep track of the time of call, time enroute to call, time of arrival at scene, time enroute to hospital, time of arrival at hospital, and the back in service time. If possible, the RIT Ambulance dispatcher will page the times to the crew when they arrive at the hospital. The crew may also contact the Public Safety dispatcher by phone (not by radio) and request the times. The RIT Ambulance or Public Safety dispatcher is also responsible for keeping track of first responder times.

It is the responsibility of the Medic to ensure the above guidelines are followed. The PCR and other protected health information must be placed in the PCR lock box, located in the office, and all of the appropriate information placed in the official RIT Ambulance call log within two hours after a call. If an electronic PCR is used, the chart must be locked and faxed to the appropriate hospital within two hours of call completion.

Electronic PCRs must be completed and locked within two hours of leaving a patient at the hospital. If, under extreme circumstances it is impossible to complete and lock the PCR within two hours, the Chief must be immediately notified and an Operations Reporting Form must be completed. Under no circumstances may a PCR be completed any later than four hours after transferring care. Any serious or unusual call should be reported to the MCO or the Chief of Operations. The following must be done on every PCR:

- As part of the QA/QI process, the Medical Command Officers, or Chief of Operation's designee(s), will review 100% of PCRs to ensure compliance with appropriate standards.
- Paper PCRs shall be stored in the RIT Ambulance cabinet for a period not less than seven years.
- Electronic PCRs shall be stored by the ePCR vendor for the time period(s) required by New York State law.
- The RIT SHC Medical Director will review all PCRs.

8-2 | Confidentiality and Release of Information

RIT Ambulance members must, at all times, maintain the confidentiality of information about the names, treatment, and conditions of patients treated as described in NYS Public Health Law. Members are prohibited from disclosing information about a patient to other members except in a general sense.

This policy does not apply to the disclosure of patient information to emergency services, law enforcement, or Emergency Department staff during a call.

RIT Ambulance crewmembers may release the following information regarding an ambulance call to Public Safety, other Law Enforcement Officers, and the Director of Student Health:

- Name
- Address
- Phone Number
- Social Security Number
- Date of Birth
- RIT/NTID/Other status
- Transport destination
- Chief Complaint as documented in the PCR

All other requests for information, including subpoenas, should be directed to an Operations Officer who will contact the Director of the Student Health Center.

No member of RIT Ambulance, except the Director of the Student Health Center in consultation with the Chief of Operations, may release any specific information regarding a call, crew, patient care, or patient information, except as outlined above.

Failure to maintain confidentiality will result in immediate termination of Corps membership and other disciplinary action as appropriate.

8-3 | Suspected Child, Patient, Domestic, or Elder Abuse

In any case of suspected child abuse or maltreatment, the Crew Chief shall immediately contact the NYS Child Abuse and Maltreatment Register at 1-800-635-1522. The Crew Chief shall also inform the ED staff, and fully document the incident on his/her PCR. The Crew Chief shall contact an MCO immediately after completing the aforementioned tasks. The MCO will assist the Crew Chief with completing and submitting the Form DSS-2221-A, "Report of Suspected Child Abuse or Maltreatment" within 24 hours of the incident. In no case may this process take longer than 48 hours, as mandated by the NYS DOH. An operational reporting form must be submitted with a copy of the completed DSS form. This policy is in accordance with NYS DOH Policy Statement 02-01, and Sections 413 and 415 of the NYS Social Services Law.

Note: All NYS EMTs are required to report any suspected cases of child abuse. If not reported, they can be charged with a class A misdemeanor in accordance with Section 420 of the NYS Social Services Law.

In any case of suspected domestic violence, patient abuse, or possible criminal acts, where Law Enforcement Personnel are not on scene, an MCO must be contacted. He/she will assist the crew in taking necessary measures to follow up with the appropriate Law Enforcement Agency. Law Enforcement Personnel may be requested to respond to the scene if deemed necessary by the Crew Chief.

8-4 | Quality Assurance/Quality Improvement

All documentation of patient care is reviewed through a Quality Assurance/Quality Improvement (QA/QI) process for the purpose of ensuring a high standard of patient care and resolving identified problems.

The Operations Staff and Medical Command Officers review 100% of Patient Care Reports and submit online feedback to medics. The Operations Staff may choose to interview crew members if it is determined that there are unanswered questions or follow up is needed based upon the documentation of a call.

The agency Medical Director is provided with patient care reports through the Director of Student Health or designee, and has the ability to review patient care reports for QA/QI purposes. The Medical Director shall contact the Chief of Operations with any discrepancies in patient care or documentation.

Patient care reports are sent to the Office of Pre-hospital Care for regional and state-level QA/QI. Any concerns resulting from regional and state-level QA/QI are directed to the Chief of Operations.

8-5 | Incident Reports

The Operational Reporting form is available to all members on the RIT Ambulance website. This form sends a report to all Operational Officers.

Any unusual occurrence or event that may affect or has affected ambulance operations or patient care should be documented using the Operational Reporting Form. Violations of the SOPs should also be documented through this form. It is the responsibility of the Chief of Operations or his designee to assign and investigate reports.

Operational Reporting Forms are kept confidential except as described in sections of this document.

Reports may also be submitted in writing directly to the Chief of Operations.

Administrative reports may be submitted through the Operational Reporting Form and will be forwarded to the Executive Board as appropriate.

Section 9

Health and Safety

9-1 | Body Substance Isolation

All patients are to be treated with universal precautions. Personal protective gear is to be worn whenever patient contact is being made. RIT Ambulance crew members must bandage any open personal wounds prior to responding to any ambulance call. Bandages for personal injuries must not be soiled or wet. RIT Ambulance provides necessary personal protective gear pertaining to the tasks that members will perform.

For resuscitation, masks and bag valve devices should be used. For all calls, gloves should be worn and anyone involved in primary patient care must wash their hands after every call. Goggles, gloves, face shields, aprons, and TB fitted face masks are available and are to be used whenever deemed necessary.

EMS turnout coats, helmets and gloves are located in the Ambulance vehicle in a variety of sizes for any RIT Ambulance member to wear should the situation require. This gear should be worn, as needed, for extreme weather conditions, hazardous material incidents, or MVAs. The turnout coats are not fire rated and should not be used for protection from fire, but do provide necessary protection from glass or metal shards. The above stated equipment should not be worn unless needed so as to preserve the equipment's life span.

9-2 | Body Fluid Exposure

If any RIT Ambulance personnel suspects that they have been exposed to blood or body fluids by accidental needle stick or fluid contact with open cuts or mucous membranes (including, but not limited to, hangnails, conjunctiva, etc.) then the following procedure must be followed:

Document the situation on the Pre-hospital Care Report, report the situation to the receiving hospital Emergency Room, and also to the Medical Command Officer immediately, and have the ALS Technician, if any, document the incident.

The Medical Command Officer will immediately notify the Health/Safety Officer.

The Medical Command Officer will take the person involved to the Student Health Center or an emergency department for immediate care.

The injured member must, with the assistance of the MCO, fill out an Operational Reporting Form describing the circumstances surrounding the exposure as well as an Exposure Reporting Form. The Health/Safety Officer will make sure that this is completed within 24 hours of the incident.

The Health/Safety Officer is responsible for ensuring that the Chief of Operations and the Director of the Student Health Center are notified as soon as possible.

The Health/Safety Officer will serve as the Designated Officer for notification of exposure to infectious diseases. If there is no Health/Safety Officer at the time, the Chief of Operations will serve as the Designated Officer.

9-3 | Critical Incident Stress Management

The Critical Incident Stress Management (CISM) team and the Director of the Student Health Center shall be contacted by the Chief of Operations through the EMS Dispatcher and by cell phone during or after any Critical Incident involving RIT Ambulance members. A Critical Incident is a highly stressful event that may cause responders to experience unusually strong emotional involvement.

Critical Incidents may include, but are not limited to:

- Death or serious injury of an RIT Ambulance member
- Death, violence, or serious trauma to a child
- Mass Casualty Incidents
- Serious death or injury resulting from EMS operations
- Death of a patient after prolonged resuscitation efforts
- Any incident charged with profound emotion

A defusing and/or debriefing shall be offered to all personnel involved in the Critical Incident. These stress management options, although optional, are highly encouraged.

RIT Ambulance personnel may also choose to speak one-on-one with a member of the CISM team.

The RIT Counseling Center Staff may offer additional defusing/debriefing opportunities during Critical Incidents.

Section 10

Medications

10-1 | Albuterol and Epinephrine

RIT Ambulance carries Albuterol and Epi-Pens on all RIT Ambulance vehicles.

Only NYS EMT-B's (or higher) who have completed the MLREMS Albuterol/Epi-Pen training and given appropriate record of this to the training director may administer either of these medications.

Storage of Medications:

- The Albuterol and Epi-Pens will be stored in a bag marked BLS Medications with a breakaway seal and tag showing medication expirations dates.
- On the ambulance, this bag will be stored in the locked cabinet.
- On Defib 63, this bag will be kept in the back of the vehicle, which is locked whenever not in use.

Supply of Medications:

- Each medication bag will contain:
 - Four (4) doses of Albuterol Sulfate 2.5 mg each
 - Two (2) Nebulizers
 - One (1) Adult Epi-Pen 0.3 mg
 - One (1) Epi-Pen Jr. 0.15 mg

Re-Supply of Medications:

- Additional supplies of medications will be available from Henrietta Volunteer Ambulance (HVA).
- To obtain additional supplies of the medications, page an Operations Officer.
- HVA will bill RIT Ambulance for any medications.
- The Operations Staff must notify HVA's Deputy Chief of ALS at least one (1) month prior to expiration of any Albuterol or Epi-Pens.

If any medications should be used or lost, the crew responsible must page the on-duty MCO immediately, and file an Operational Reporting Form within 6 hours of the incident.

Anytime 6359 or Defib 63 responds to a call for any type of trouble breathing or allergic reaction, the BLS Medications bag must be brought to the scene with the Medic.

Treatment:

- All treatment will be in accordance with the NYS & MLREMS Standards of Care.

10-2 | Blood Glucose Monitoring

Only providers (cleared medics or medic trainees) who have successfully completed a RIT Ambulance Glucometry training session may test a patient's blood glucose. The training session must consist of both a lecture and a skills test. The Operations Staff in conjunction with the Medical Director shall approve all training materials.

All treatment will be in accordance with MLREMS and NYS BLS protocols. Blood glucose testing should be done following the "Blood Glucometry Procedure Manual." This manual is attached to the SOPs and is kept on file with the Student Health Center.

Providers should assume that any patient's blood is contaminated. Test strips and lancets are to be used only once and must be properly disposed of. Sharps will only be disposed of in a container approved and marked for such use.

Following the initial training, providers are re-tested once within the same year. Providers are tested annually thereafter. Quality assurance (QA) will consist of both PCR auditing and MCO observation of providers performing blood glucose tests on calls. Calls where a blood glucose test is performed will be flagged during PCR review by QA auditors, reviewed by the Operations Staff, and forwarded to the Medical Director.

Section 11

Disciplinary Action

11-1 | Operational Disciplinary Action

The Operations Officers, with agreement of the Chief of Operations, may discipline any member for operational infractions by means of immediate and/or delayed action. Immediate safety action should be implemented and then brought to the Chief of Operations for review as soon as possible after the incident. Disciplinary procedures for operational issues will consist of the following process:

- Violation observed or brought to the attention of the Operations Staff
- Operational Reporting Form filed
- Meeting with the alleged violator to discuss the situation and obtain their view on the matter
- Investigation by designated Operations Staff
- Decision made by the Chief of Operations and Operations Staff
- Report made to the Director of the Student Health Center if warranted

Violations may fall within the following categories:

- Driver Misconduct Minor – *a minor offense resulting in unsafe or unlawful operation of a vehicle.*
- Driver Misconduct Major – *a major offense that could have, or did result in the injury of response personnel, patients, or bystanders.*
- Medical Misconduct Minor – *a minor violation of the standards of care that did not, or could not have caused serious harm to the patient.*
- Medical Misconduct Major – *a major violation of the standards of care that could or did cause serious harm. This includes the inability to perform standard BLS procedures (ex. vital signs).*
- Conduct unbecoming of a member – *Any offense other than those outlined above as determined by the Operations Staff to be a poor representation of the corps.*

Sanctions are determined by the type of violation and include, but are not limited to:

- For Minor Operational Violations:
 - Dropping of issue
 - Verbal or written warning
 - Remediation of applicable skills
 - Suspension of membership/operational privileges for up to 2 weeks
- For Major Operational Violations
 - Verbal or written warning
 - Remediation of applicable skills
 - Suspension of membership privileges for up to 2 weeks
 - Suspension or termination of operational privileges
 - Issue turned over to RIT Judicial Affairs
 - Issue to be reviewed with Director of Student Health or designee
- For Unbecoming Conduct
 - Dropping of issue

- Verbal or written warning
- Suspension of membership privileges for up to 2 weeks
- Suspension or termination of operational privileges
- Issue referred to the Executive Board
- Issue turned over to RIT Judicial Affairs
- Issue to be reviewed with Director of Student Health or designee

Suspensions may limit certain functions or responsibilities of any member receiving sanctions or may suspend all operational rights and privileges. The RIT Ambulance Executive Board shall be notified of any infraction where the anticipated sanctions are expected to exceed a two week suspension of membership. When presented to the Executive Board, applicable Operational Reporting Forms must be submitted. Any appeal of the sanctions must be submitted via the RIT Ambulance disciplinary procedures as outlined in the RIT Ambulance Constitution.

Disciplinary sanctions will be based on the severity of the violation, the number of previous violations, and the severity of previous violations. The Chief of Operations will keep a record of any and all disciplinary actions against members, and will forward copies of these records to the Executive Board and the Director of the Student Health Center as warranted.

Appeals will be handled as outlined in the RIT Ambulance Constitution.

The Director of the Student Health Center and the RIT Ambulance Executive Board will be notified of any pending disciplinary action resulting in the suspension of a member. The Director of the Student Health Center reserves the right to take disciplinary action immediately for infractions related to quality patient care and/or professional conduct.