



Cornell
University
Emergency
Medical
Service

Standard Operating Procedures

Title: **Table of Contents**

Effective Date: **August 30, 2007**

Updated Date: **March 11, 2012**

General

- 1.01 Appendix Table of Contents
- 1.02 Purpose of the Standard Operating Procedures
- 1.03 Mission Statement

General Membership and Expectations

- 2.01 Conduct of Members
- 2.02 Membership Status
- 2.03 Membership Requirement Exceptions
- 2.04 Membership Selection
- 2.05 Meetings
- 2.06 Uniform
- 2.07 Crew Member Responsibilities
- 2.08 Office
- 2.09 Communication of Complaints
- 2.10 EMT Course Requirement
- 2.11 Required Certifications and Documentation
- 2.12 Requirement to be Online with Central New York (CNY)

Administrative and the Executive Board

- 3.01 *Executive Board*
 - 3.01.1 Executive Board and Organizational Structure
 - 3.01.2 Closed Executive Board Meeting
 - 3.01.3 Executive Board Leadership Retreat
- 3.02 Chain of Command
- 3.03 Medical Director
- 3.04 *Director/Director of Operations*
 - 3.04.1 Disciplinary Actions
 - 3.04.2 Contacting the Director and/or Director of Operations
 - 3.04.3 Ride Alongs
 - 3.04.4 Public Information Officer
 - 3.04.5 Continuous Quality Improvement (CQI)
 - 3.04.6 Critical Incident Stress Management
 - 3.04.7 Vaccinations
- 3.05 *Finance Officer*



- 3.05.1 Purchasing
- 3.05.2 EMT Scholarship
- 3.05.3 Accounting Practices
- 3.05.4 Managing the CUEMS Savings Account
- 3.06 *Administrative Officer*
- 3.06.1 Email
- 3.06.2 Records
- 3.07 *Scheduling Officer*
- 3.07.1 Special Events Committee
- 3.08 Interagency Relations

Operations and Response

- 4.01 *Response Procedures*
- 4.01.1 Hours of Services
- 4.01.2 Response to Calls
- 4.01.3 Response Type and Procedures
- 4.01.4 Twenty-Four- Hour Service and Daytime Operations
- 4.01.5 Secondary Truck Operations
- 4.01.6 Bike Unit Operations
- 4.01.7 Supervisory Response
- 4.02 Vehicle Operations
- 4.02.1 Driver Training Process
- 4.03 Communication
- 4.04 Shifts
- 4.05 Shifts Sign-up
- 4.06 Operations Board
- 4.07 Additional Resources
- 4.08 Equipment and Clothing Decontamination
- 4.09 Special Events
- 4.10 Slope Day
- 4.11 *Mass Casualty Incidents*
- 4.11.1 Mass Casualty Incidents and Squad Mobilization
- 4.11.2 Mass Casualty Incident Trailer
- 4.12 *General Operations Protocols*
- 4.12.1 Emergencies While on Shifts
- 4.12.2 Fire/Rescue Standby
- 4.12.3 Mandatory Reporting
- 4.12.4 Hazardous Materials Incidents
- 4.12.5 Patient Access Problems
- 4.12.6 Methamphetamine Precautions
- 4.12.7 Gorge Operations
- 4.12.8 Construction Site Operations
- 4.12.9 Keys/Keycard Access to Buildings



- 4.12.10 Emergency Calls Received on Office Phone
- 4.12.11 ICS and NIMS

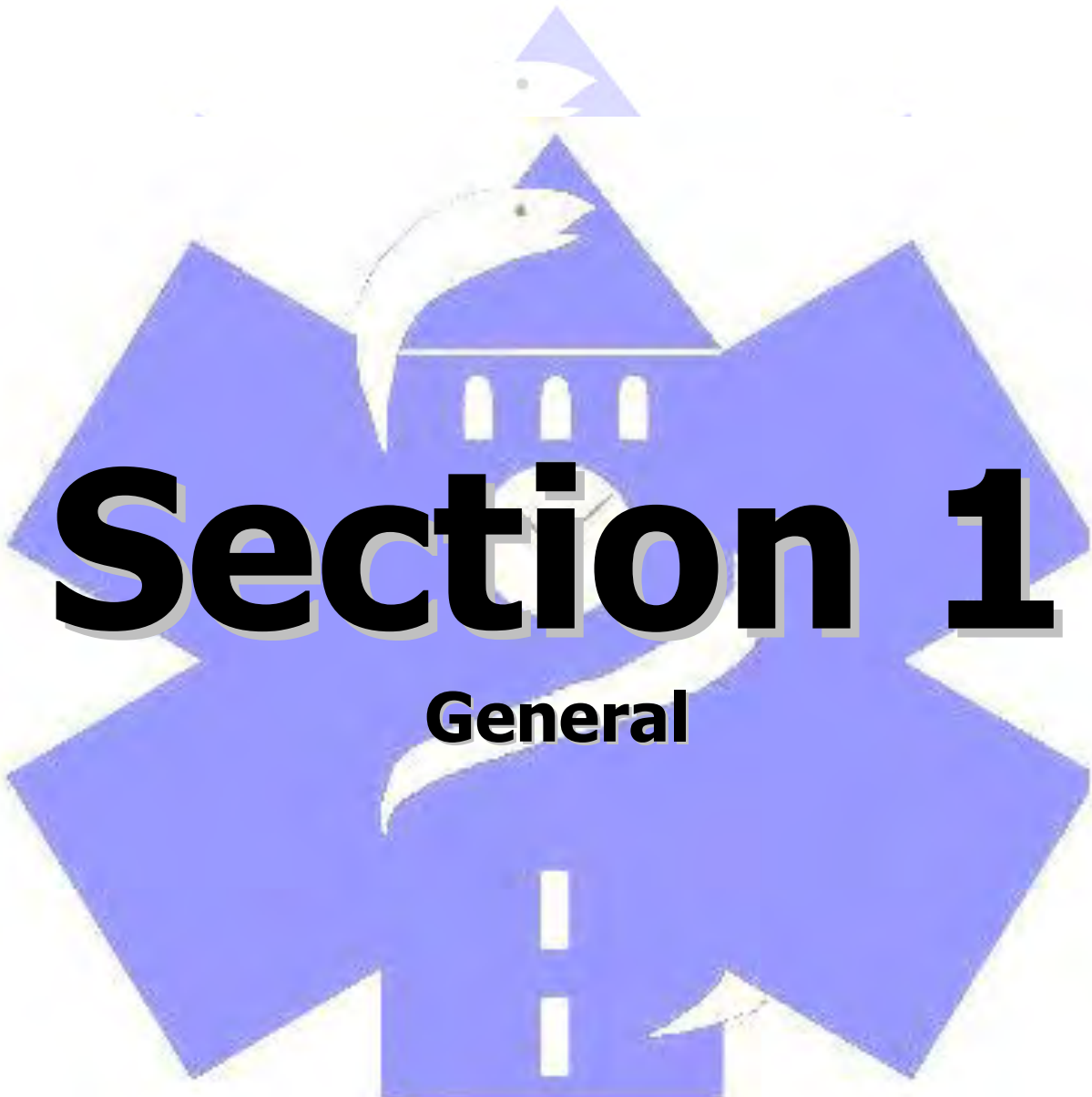
Promotions and Training

- 5.01 *Advancement Process*
 - 5.01.1 Advancement Process
 - 5.01.2 Mock Call Procedures
 - 5.01.3 CCIT Inactive Status
 - 5.01.4 Crew Chief Council
- 5.02 New Member Class
- 5.03 Recertification through Continuing Medical Education
- 5.04 Trainee Refresher Program

Medical Protocols

- 6.01 Treatment (Patient Care) Protocols
- 6.02 Run Procedure
- 6.03 Prehospital Care Reports (PCRs)
- 6.04 Refusing Medical Aid (RMA)
- 6.05 Automated External Defibrillator
- 6.06 Alcohol Poisoning Protocol
- 6.07 Spinal Immobilization Protocol
- 6.08 Treatment of Minors
- 6.09 Unattended Death (DOA)
- 6.10 Do Not Resuscitate (DNR) Orders
- 6.11 BLS Blood Glucometry Testing
- 6.12 Behavioral Emergencies





Section 1

General



1.01 Title: Appendices Table of Contents

Effective Date: **August 30, 2007**

Updated Date: **April 11, 2010**

Appendix A

EMT Scholarship	A-1
CPR Instructor Contract	A-2
New Member Checklist	A-3
Incident Report Form	A-4
Dispatch Incident Report	A-5
CCIT Call Evaluation	A-6
Ride Along/Dispatch Time Form	A-7
Special Events Report Form	A-8
Reference Cards	A-9
Ride Along Form (EMS)	A-10
Ride Along Form (Press)	A-11
Preceptor Evaluation Form	A-12

Appendix B

Exposure Control Plan	B-1
Exposure Control Plan Appendix	B-2
Mass Casualty Incident Plan	B-3
Incident Action Plan Format	B-4
(Pandemic Flu Plan)	B-5
Albuterol Protocol	B-6
Epinephrine Protocol	B-7
Aspirin Protocol	B-8

Appendix C

Continuous Quality Improvement Manual	C-1
Crew Chief Expectation Manual	C-2
Acknowledgement of SOPs & Bylaws Form	C-3

Appendix D

Discipline Guide	D-1
------------------	-----



1.02 Title: Purpose of the Standard Operating Procedures

Effective Date: August 30, 2007	Updated Date: April 11, 2010
--	-------------------------------------

The purpose of the Standard Operating Procedures (SOPs) is to outline the day-to-day activities of the General Membership, the Executive Board, Crew Members, and the Squad as a whole. The SOPs are to be read and followed cohesively with the current standing Bylaws. In all circumstances the Bylaws will supersede any SOP. Any questions or clarifications regarding the SOPs should be brought before the Executive Board.

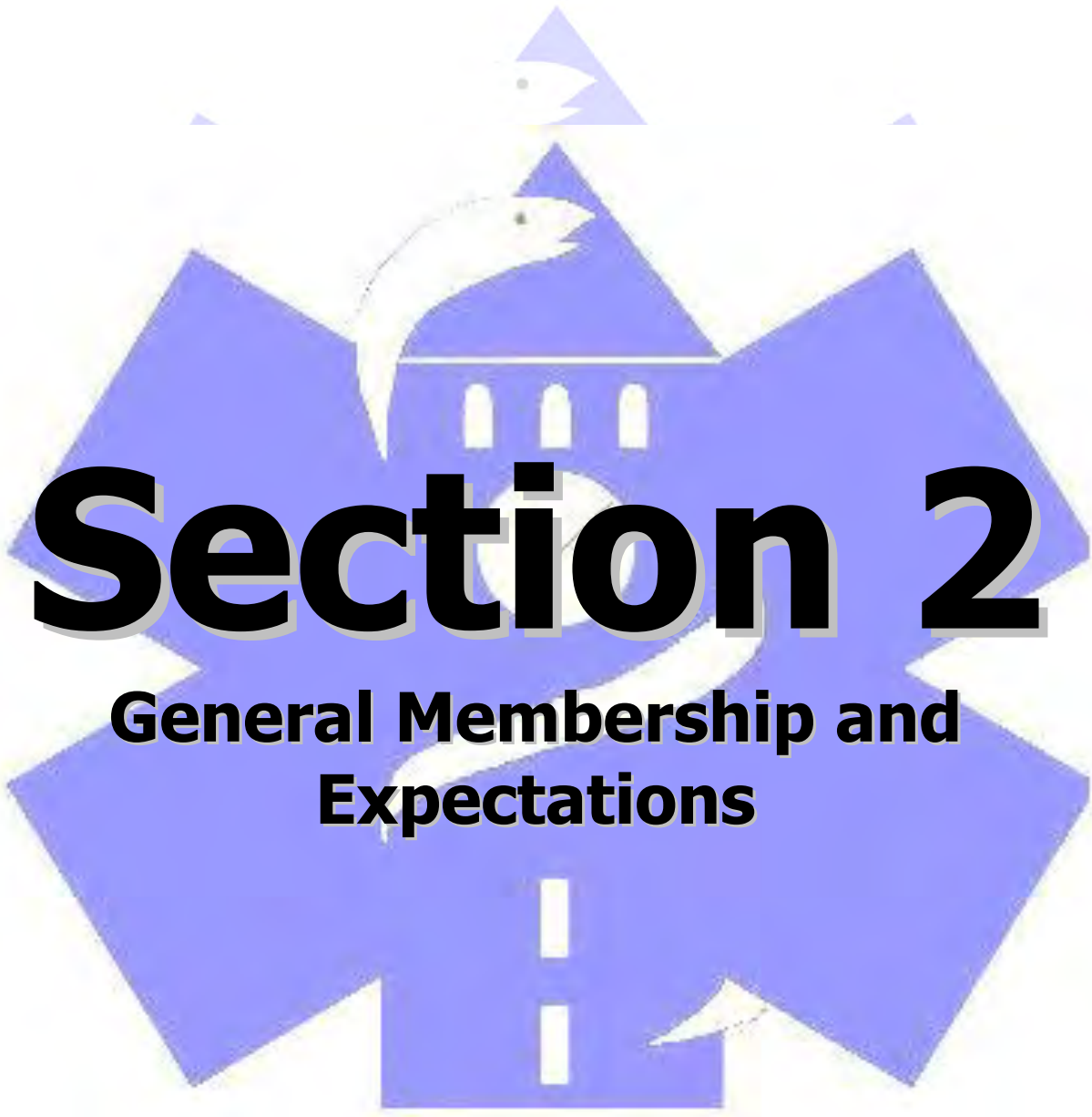


1.03 Title: Mission Statement

Effective Date: August 30, 2007	Updated Date: April 11, 2010
--	-------------------------------------

Cornell University Emergency Medical Service (CUEMS) strives to provide professional, efficient, and effective First Response Basic Life Support care to the entire Cornell Community. Serving Cornell students, graduate students, faculty, staff, visitors, and their children and families, CUEMS responds to all 911 calls for medical assistance and evaluation twenty-four hours per day, seven days per week during the academic year. CUEMS provides extensive, weekly training to all squad members consisting of Basic Emergency Medical Technicians (EMT-B), Intermediate Emergency Medical Technicians (AEMT-I), Critical Care Technicians (AEMT-CC), and Paramedics (AEMT-P). Moreover, CUEMS offers training to the entire Cornell Community in cardio-pulmonary resuscitation (CPR), automated external defibrillation (AED), calling 911, alcohol emergencies, and basic emergency care. Working together with emergency services from all of Cornell and Tompkins County, CUEMS provides a valuable resource available to the Cornell Campus and much of the surrounding Tompkins County community.





Section 2

General Membership and Expectations



2.01 Title: **Conduct of Members**

Effective Date: **August 30, 2007**

Updated Date: **April 11, 2010**

Members of Cornell University Emergency Medical Service must be aware at all times that their actions are a direct reflection on the squad. Members are not permitted to wear Cornell EMS clothing in the presence of drugs or alcohol. Members are not allowed to report for duty while under the influence of alcohol or medications which can impair their duties as an EMT. Members are not permitted to consume alcohol eight hours prior to shift per New York State law. Members are at no time permitted to consume illegal drugs of any kind. Members (with the exception of the Director, Director of Operations, or upon special request due to extraordinary circumstances) may not respond to calls while not on duty and in uniform. Members are to obey all state and federal laws at all times. While representing Cornell EMS all member's actions or behaviors must be consistent with the benefit of the organization.

Members should recognize that any illegal or inappropriate actions and/or violations of the University Code of Conduct are a reflection of this organization whether or not they are specifically representing the squad at the time. The Executive Board reserves the right to evaluate appropriate temporary leave, suspension, expulsion, or other necessary actions to preserve the code of conduct expected of CUEMS membership.

Members are urged to be cautious of wearing CUEMS apparel around campus or off-campus when not certified as EMTs. Conduct while wearing any article bearing the CUEMS name will be evaluated as if the member's actions were while on duty.

Members must also remember that they represent the organization on the Internet. It is prohibited to discuss or conduct squad business over publicly viewed websites, including social networking websites. Furthermore, members will not post inappropriate, immature, defamatory, slanderous, or confidential material on the Internet in the context of Cornell EMS business or operations. This includes, but is not limited to photographs or comments that might breach patient confidentiality, release undisclosed information to the public or media, or are unbecoming of a professional organization. Additionally, members will not post official statements representing Cornell EMS without the expressed consent of the Director.

Members who fail to follow these regulations will be subject to the full extent of the disciplinary procedure, including expulsion from the squad.



2.02 Title: **Membership Status**

Effective Date: **October 30th, 2012**

Updated Date: **October 30th, 2012**

Individual Requirement to Remain in Good Standing

Members will remain in good standing if they:

- Attend 2/3 of the Training Meetings each semester;
- Attend all General Membership Meetings;
- Run at least forty (40) hours of shifts per semester; Twenty (20) of which must be completed by the midpoint of the semester.
- Attend eight (8) mock calls each semester (those attended while on shift DO NOT count). This is subject to change at the discretion of the E-Board depending on how many CCITs are part of the squad.
- Demonstrate the ability to consistently practice at a level commensurate to that of their certification(s) and squad training.

Probationary Members

Probationary members are those members who are either new members (see below) or members in good standing who did not meet any one of the above requirements to remain in good standing. After his/her first semester, a member may not be on probation more than one semester during his/her time on the squad except in the case of members who took a medical leave during a probationary semester. Probationary members must either meet the requirements to become members in good standing the following semester, or are asked to resign. Failure to resign upon request results in expulsion from the squad.

New Members

All new members are probationary for their first semester on Cornell EMS. New members are required to run 28 hours of shifts. New Members must successfully complete the New Member Class. In addition, new members are required to complete a New Member Checklist by a deadline set by the Promotions Officer. Lastly, new members must meet the meeting requirement set by the Executive Board at the beginning of each semester. At the beginning of the following semester, the Membership Officer and Promotions Officer will refer to the Executive Board all new members that did not complete their requirements. Cornell EMS membership will be terminated for any new member who did not complete his/her requirements. If a new member has a conflict with any of the requirements, this member must contact the Director in advance, who in turn, will refer this conflict to the Executive Board.

Honorary Membership

Honorary membership will be granted to any alumni of Cornell Emergency Medical Services who graduates in good standing. Prior to running on a crew, the honorary member must notify the Director who will notify the Executive Board. All honorary members who were crew chiefs at the time of their graduation must have a valid NYS EMT-B License and be allowed to practice in Central New York if they wish to run in the crew chief position upon return. Honorary members are subject to the same disciplinary procedures as all other members. An Honorary Member who returns to Cornell for a



semester or longer may request of the Executive Board to be reinstated as a full member. They must also meet with the Director of Operations to be updated on SOPs before being reinstated.

Honorary membership will also be granted to members of the faculty or staff who have respectfully served the squad in a beneficial capacity. The Executive Board must vote to grant this honorary membership.



2.03 Title: Membership Requirement Exceptions
--

Effective Date: August 30, 2007	Updated Date: April 11, 2010
--	-------------------------------------

Leave of Absence

A member who wishes to take a leave of absence from the squad may do so after presenting his/her case in writing to the Director. The Director will bring the request to the Executive Board for approval and notify the member if the request was granted. A member may only take a leave of absence if he or she is in good standing prior to taking the leave.

Any member returning from a leave of absence greater than one semester must be addressed in a closed meeting of the Executive Board.

Prior to a return from a leave of absence, the member must show proficiency of skills by meeting with the Director of Operations and the Promotions Officer.

Medical Leave

A member who is ill or injured must notify the Director of Operations of his/her inability to fulfill requirements due to a medical condition. The member will be granted the medical leave and the Director of Operations will notify the Executive Board of the situation. While on medical leave the member is not held to any requirements; however, may attend squad events and meetings as long as it is not contradictory to medical advice. Medical leave is distinct from a leave of absence and can last as long as necessary. Prior to returning to running shifts the member must present a letter of eligibility from a clinician to the Director of Operations. The letter will be filed in the member's personal file.

Medical leave may be granted to any member regardless of membership status including new members. If medical leave was granted to a probationary member, that member must fulfill his/her requirements at the discretion of the Executive Board upon his/her return.

Any member returning from a medical leave greater than one semester must be addressed in a closed meeting of the Executive Board.

Contracts

Members who do not think they can meet the requirements to remain in good standing may request a contract with the Director. The request must be in writing and clearly state what requirement(s) cannot be fulfilled and why. The request must be turned in to the Director by no later than two weeks after the first General Meeting. The request will be brought to the Executive Board for approval if it was submitted past the Director's deadline for contracts. For each general membership meeting missed, the member will be responsible to attend the open session of one executive board meeting and to run 12 hours of shifts in addition to his/her required number. For each training meeting missed, the member will be responsible for 16 hours of shifts in addition to his/her required number. The contract will be signed by the requesting party and the Director. The contract will be filed in the member's personal file as well as in the Director's contract file.



2.04 Title: **Membership Selection**

Effective Date:

Updated Date: **April 11, 2010**

Membership Drives

Each semester Cornell University EMS selects a new class of members from all applicants. Any member of the Cornell Community may apply to be a member of Cornell EMS and every applicant will follow the same membership selection procedure and guidelines. Applicants will not be assessed or chosen based on their age, gender, religion, nationality, ethnicity or sexual orientation. CUEMS will make advertisements available to the entire Cornell Community. At least two information sessions will be held to provide interested community members with details of membership expectations and squad functioning. Each of the interested applicants will receive an application that must be completed and turned in so they have the opportunity to be interviewed.

Membership Selection Committee

The Application and Selection process will be run by a Selection Committee which is comprised of interested members of the squad that are selected by the Membership Officer. These members must have sat on an interview group in a previous semester. The committee is chaired by the Membership Officer. Additional members may be selected to partake in the selections process and will be trained by the Membership Officer to use a standardized points system when reviewing interview performances. The Selection Committee will review all applications that are submitted by the deadline.

Interview for Membership

After reviewing all applications, the Selection Committee will determine which candidates are worthy of a first round interview. Not all applicants will receive an interview depending on the number of total applicants. If selected for an interview, applicants will be interviewed by a team comprised of members of the Selection Committee as well as general members. Interview teams will be designated by the Membership Officer. Interviews will be conducted in a panel format with a standard set of questions and the standardized points system. Once an applicant has completed his first interview, the Selection Committee will narrow down the applicant pool based on scores and feedback from interview teams. Those remaining in the pool will receive a second round interview with a new set of interviewers.

Membership Selection

At the conclusion of all interviews, the Selection Committee and all members involved in the interview process will convene to determine which applicants should be accepted based, but not limited to on the composite point score from both the application and the interviews. Members not involved in the application or interview process will not be permitted to go to the deliberation meeting.

Both applicants who were accepted and those who were not will receive notice in writing, from the Membership Officer, indicating the decision of the Selection Committee.



2.05 Title: **Meetings**

Effective Date:

Updated Date: **April 18, 2010**

The Director schedules all meetings at the beginning of the semester. All members are responsible for knowing the dates and times of the meetings. The dates will be posted in the EMS Calendar every semester and distributed to the squad. Additional meetings and/or changes to the scheduled meetings will be announced through the Cornell EMS listserve.

General Membership Meetings

General Membership Meetings will be held on the first Sunday of every month during the academic year at 7:00pm. All members are required to attend all General Membership meetings unless they have been excused. The format for the meetings will be as follows:

1. Acceptance of Previous Months Minutes (Emailed out prior to meeting)
2. Officer reports
3. Announcements
4. Old Business
5. New Business

The Director shall chair the meeting unless he/she yields this responsibility to another member.

Attendance at CUEMS general meetings is limited to the following parties: all members, honorary members, CUEMS Medical Director, CUEMS Supervisor, and members of Cornell affiliates (with the expressed permission of the Director) may attend. Additionally, guest lecturers may attend with the expressed permission of the Director and Director of Operations.

Training Meetings

During the academic year, on Sundays when there is no General Membership meeting there will be training meetings at 7:00pm. The meetings shall be organized and chaired by the Training Officer.

Attendance at CUEMS training meetings is limited to the following parties: all members, honorary members, CUEMS Medical Director, CUEMS Supervisor, and members of Cornell affiliates (with the expressed permission of the Director) may attend. Additionally, guest lecturers and members of local partner emergency response agencies may attend with the expressed permission of the Director and Training Officer.

Executive Board Meetings

Executive Board Meetings will be held at least every two (2) weeks at 5:00pm. All members are encouraged to attend and give their input during the open session.

The format for the meetings will be as follows:

1. Acceptance of Previous Months Minutes (Emailed out prior to meeting)
2. Officer reports
 - a. During which the Finance Officer will provide a Budget Update
3. Old Business



4. New Business
5. Closed Session (Limited to the Executive Board, Supervisor and Medical Director unless given express consent by the Director)

Attendance at CUEMS executive board meetings is limited to the following parties: all members, honorary members, CUEMS Medical Director, CUEMS Supervisor, and members of Cornell affiliates (with the expressed permission of the Director) may attend. Additionally, officers of local partner emergency response agencies wishing to address the leadership of CUEMS may attend with prior notification of the Director.

Annual Membership Meetings

Annual membership meetings are open only to current members of CUEMS and the Supervisor.

Training Exercises

Mock calls and other public training exercises shall be open to the community. Participation in mock calls by a non-CUEMS member is allowed if permitted or requested by the Crew Chief in Training or Crew Chief in charge of the training exercise.

Squad Initiatives

Non-CUEMS members may participate in or contribute to squad initiatives with the expressed permission of the Director and appropriate Executive Board Officers.

Sick Policy

Members who are sick and unable to attend a meeting must notify the Director before the meeting. The Director may excuse the member from the meeting due to illness. After the fact notification may not be accepted and the member may not be excused from the meeting.



2.06 Title: **Uniform**

Effective Date: **August 30, 2007**

Updated Date: **September 18, 2011**

All members will dress in the proper uniform whenever on shift. The proper uniform includes:

- Blue Polo Uniform Shirt with Cornell EMS Patch (left sleeve) and Applicable New York State EMS Certification Patch (right sleeve)
- Navy-Blue Pants (with a Black Belt)
- Cornell EMS Issued ID tag
- Dark-Colored Shoes (Not Sneakers)
- Watch and Black Pen
- A Cornell EMS Issued Blue Work Shirt may be worn over the Polo Uniform Shirt.

Crew Chiefs are to wear a grey polo shirt to ease identification at an emergency scene. A grey polo shirt will be purchased by the squad when he or she is promoted to Crew Chief. For overnight shifts, a blue Cornell EMS Issued t-shirt may be worn in place of the blue polo uniform shirt.

New Members will wear a blue polo shirt provided by Cornell EMS, and an ID tag displaying their trainee status.

Members who fail to dress in proper uniform will be asked to change into the proper uniform. If after being asked to change into the proper uniform the member refuses, then disciplinary action is warranted via an incident report and the Executive Board.

In addition to the uniform dress, the following equipment will be worn by each crewmember:

Crew Chief

- Crew Chief Keyring (w/ Keypad, Truck Keys, and Lockbox Key), Office Key Card
- 800MHz Pager, Radio and VHF radio

Attendant/CCIT

- VHF Radio, 800 MHz Radio (when requested by the Crew Chief)
- EMS-1 Cell Phone
- EMS-1 Key/Office Key Card

Trainee

- VHF Radio
- EMS-1 Key/Office Key Card

Upon successful completion of the New Member Class and all necessary Probationary Membership Requirements, New Members will receive their own Cornell EMS issued blue uniform shirt.

Members are not permitted to sell, donate, or exchange any clothing that bears the name Cornell EMS, Cornell University EMS, Cornell University Emergency Medical Service, CUEMS, or the logo of the squad to any non-member who is affiliated with or within the vicinity of Cornell University. This includes uniform shirts, hats, t-shirts,



patches, etc. Doing such shall warrant disciplinary action, including expulsion. Members who resign from the squad or members who are expelled from the squad must return any uniform clothing purchased by the squad and may not continue to wear any items bearing any of the above mentioned names and/or logos.



2.07 Title: **Crew Member Responsibilities**

Effective Date: **October 26th, 2012**

Updated Date: **October 26th, 2012**

Crew Chief

Every shift must be staffed by at least a Crew Chief or approved CCIT pair, who must be certified as at least a New York State EMT-B. The Crew Chief is responsible for the operations of the crew and the shift, and he/she makes the final medical decisions regarding patient care provided by Cornell EMS. The Crew Chief makes sure that all equipment is in service and functional before beginning a shift. The Crew Chief is responsible for making sure that all members of the crew are picked up for their shift if they have no means of transportation, assessing the level of comfort in terms of EMS skills of each crew member, and explaining relevant procedures to the crew. The Crew Chief explains what is needed from each crewmember on the way to a call and he/she is in-charge of the scene. When on duty, it is also the Crew Chief's responsibility to support the New Member and Clinical Advancement programs by assuring that all candidates are completing or have completed their appropriate requirements. Crew Chiefs are also responsible to sign up for available shifts for at least two weeks in advance. At the conclusion of each Sunday meeting (whether it be a training or general membership meeting), all Crew Chiefs present are required to stay for a meeting called by the Scheduling Officer to fill open shifts for the upcoming week. Other responsibilities in regards to Crew Chief Council are described in **Crew Chief Council**.

The Crew Chief for EMS-1 will be in charge of tracking all crews including EMS-1, event crews and bike crews that may be in service during a shift unless otherwise designated by the Director and/or Director of Operations.

Driver

A Driver is responsible for driving the Cornell EMS vehicle to and from calls. A Driver is required to be proficient in operating any Cornell EMS vehicle, including the use of Red Lights and Sirens (RLS). A Driver must also have completed all requirements outlined in **Driver Training Process**, including a thorough knowledge of all buildings, streets and locations as outlined by the Equipment Officer.

Crew Chief in Training (CCIT)

A CCIT must be a New York State EMT-B and his/her role is defined by the Promotions Officer and the Clinical Preceptor depending upon the CCIT's experience. A CCIT is in training to be a Crew Chief. Therefore, a CCIT can provide medical care under the direct supervision of a preceptor. As a last resort, and at the discretion of the Director (71), after consultation with the Director of Operations (72) and Promotions Officer, two CCITs may work together on a shift in place of a Crew Chief. Only certain CCIT pairs will be permitted to run these "double CCIT" shifts. These CCIT pairs will both be CCITs with sufficient experience. One CCIT will be designated as the "primary" and the other as the "secondary." The primary CCIT will hold ultimate responsibility for patient care, crew safety, and interagency relations on any call, and the secondary CCIT will work as a consulting member for decisions relating to patient care, crew safety and interagency relations. The primary CCIT will also be responsible for completing all required paperwork and restocking equipment while on shift.



Attendant

The Attendant is required to have a minimum certification of CPR for the Professional Rescuer. The Attendant is responsible for helping with patient care to the extent of his/her abilities, beginning the PCR on the way to the call, assisting the Crew Chief with specified duties and beginning to train as a future Crew Chief. Attendants should take advantage of calls to learn about patient assessments as well as EMT skills. The attendant must have completed the requirements outlined in **Clinical Advancement Process**.

Trainee

The Trainee is required to have a minimum certification of CPR for the Professional Rescuer. The trainee is responsible for helping with patient care to the extent of his/her abilities, and assisting the Crew Chief with specified duties.

EMS-1 Duty Crew

Every crew for EMS-1 will be comprised of the following ranks and will follow the guidelines for each rank as outlined above:

- Crew Chief
- Advanced CCIT
- Attendant- Comprised of Attendants and CCITs and is a rank used as an assistant to the Crew Chief, as well as for beginner and moderate level clinical advancement training.
- Trainee

Event Crews

Every event crew will be comprised of the following ranks and will follow the guidelines for each rank as outlined above:

- Crew Chief
- Attendant (Used as a Clinical Advancement training spot)
- Trainee

Event crews should have no more than three members on a crew.



2.08 Title: **Office**

Effective Date:

Updated Date: **August 30, 2007**

Kitchen

The EH&S kitchen in 201 Palm Road is available for CUEMS usage, however it is expected that it will be treated respectfully and will be returned to a clean state once a crew is done using it. The refrigerator in the EH&S kitchen labeled CUEMS is open to use of all members. Members must put their name and the date on anything they put in the refrigerator for more than a shift. Each Sunday the refrigerator will be cleaned out. Unlabeled and spoiled foods will be discarded.

Sheets

Sheets are provided by EMS for members to use on overnight shifts or when taking a nap in the office. Members are responsible for cleaning up their sheets when they are finished. The laundry bin should be emptied and a new bag placed in when it is full. Sheets are to be exchanged at the Appel Commons Service Center every Sunday during the 11AM shift.

Personal Vehicle Parking

Personal vehicles may be parked at the EMS office whenever a member is on shift or is visiting the office. In the event of inclement weather, and EMS on-duty members are unable to drive home, cars may be left at the EMS office, however the keys must be left with EH&S so that they can move the vehicle to allow for plowing.

Computer Use

The computers in the office are for the use of EMS members. Members must refrain from using the computers for any activity that does not follow Cornell's computer use policy. Furthermore, the computer will not be used for viewing of inappropriate materials. Members on shift have first priority with the computer; however, official squad business shall take precedence over idle activities.



2.09 Title: **Communication of Complaints**

Effective Date: **August 30, 2007**

Updated Date: **December 11, 2011**

Notification Procedure

1. The author should submit a Special Report on emsCharts© to document an incident and ensure that the appropriate officer is notified. Specific sub-categories are preset on emsCharts© and should be used with preset automatic notifications. Should an incident involve either the Director or the Director of Operations, the appropriate category should be utilized. While completing the Special Report, the member should include the date, time, crew, unit, base and a narrative of the incident which includes both objective and subjective perspectives of the incident.
2. If an incident requires immediate attention, the author should contact both the Director and Director of Operations promptly via their corresponding CUEMS cell phones. If neither officer is available the CUEMS Supervisor should be contacted. In incidents where the Equipment Officer must be notified, he/she will be notified once the Director and Director of Operations are contacted. The emergency contact list containing these numbers is posted in the CUEMS Office in 201 Palm Road.
3. A Special Report must be written and submitted immediately after the incident.
4. The Director in conjunction with the Director of Operations will initiate the disciplinary process as detailed in **Disciplinary Actions**.

Special Reports

A Special Report will be completed for any incident in which there is a problem involving:

- Interagency relations
- Violation of SOP's or By-laws
- Violation of state, federal, or local laws
- Violation of Cornell University Code of Conduct
- Crime Scene
- Exposure to infectious substance.
- Injury to a crew member
- Equipment Failure, malfunction, or destruction (e.g. truck accident, flat tire, radio failure etc.)
- Critical Incident requiring a Critical Incident Stress Debriefing

When necessary, the Director will contact the author of the Special Report to discuss any action taken. Any Special Reports involving Operations matters such as requiring a response from the insurance company, infection control, service or equipment alterations, and/or call-related material relevant for CQI should be led by the Director of Operations. The Director and Director of Operations will be charged with handling all Special Reports unless they involve either party.

The CUEMS Supervisor should be notified by the Director and/or the Director of Operations anytime an incident occurs that is more substantial than a minor Bylaw or SOP violation.



2.10 Title: **EMT Course Requirement**

Effective Date: **August 30, 2007**

Updated Date: **April 18, 2010**

Every member of Cornell EMS, who is NOT at least an EMT-B, is required to enroll in an EMT-B course within one year of joining Cornell EMS. The course must be completed to satisfaction and the member must hold a New York State EMT-B certification or higher before the end of the fourth semester of membership. If a member has a conflict with this requirement, the Director must be notified in advance, and the conflict will be referred to the Executive Board.

Every member of Cornell EMS, who is an EMT of another state, is required to submit paperwork to the New York State Department of Health Bureau of EMS within one semester of joining Cornell EMS to obtain New York State reciprocity. If a member has a conflict with this requirement, the Director must be notified, and the conflict will be referred to the Executive Board. Proof of submission must be given to the Administrative Officer.

Members may not allow their New York State BLS certification to expire. If a member has a conflict with this requirement, the Director must be notified, and the conflict will be referred to the Executive Board.



2.11 Title: Required Certifications and Documentation
--

Effective Date:	Updated Date: August 30, 2007
-----------------	--------------------------------------

Required certifications for running or signing up for shifts of any kind include demonstrated proficiency in CPR and OSHA, as well as completion of a Hepatitis B and Tuberculosis vaccination forms. Crew Chiefs and Crew Chiefs in Training must also have a valid NY state EMT-B or above as well as completion of training in both epinephrine and albuterol administration. All of these certifications must be filed with the Administrative Officer before signing up for any shifts.

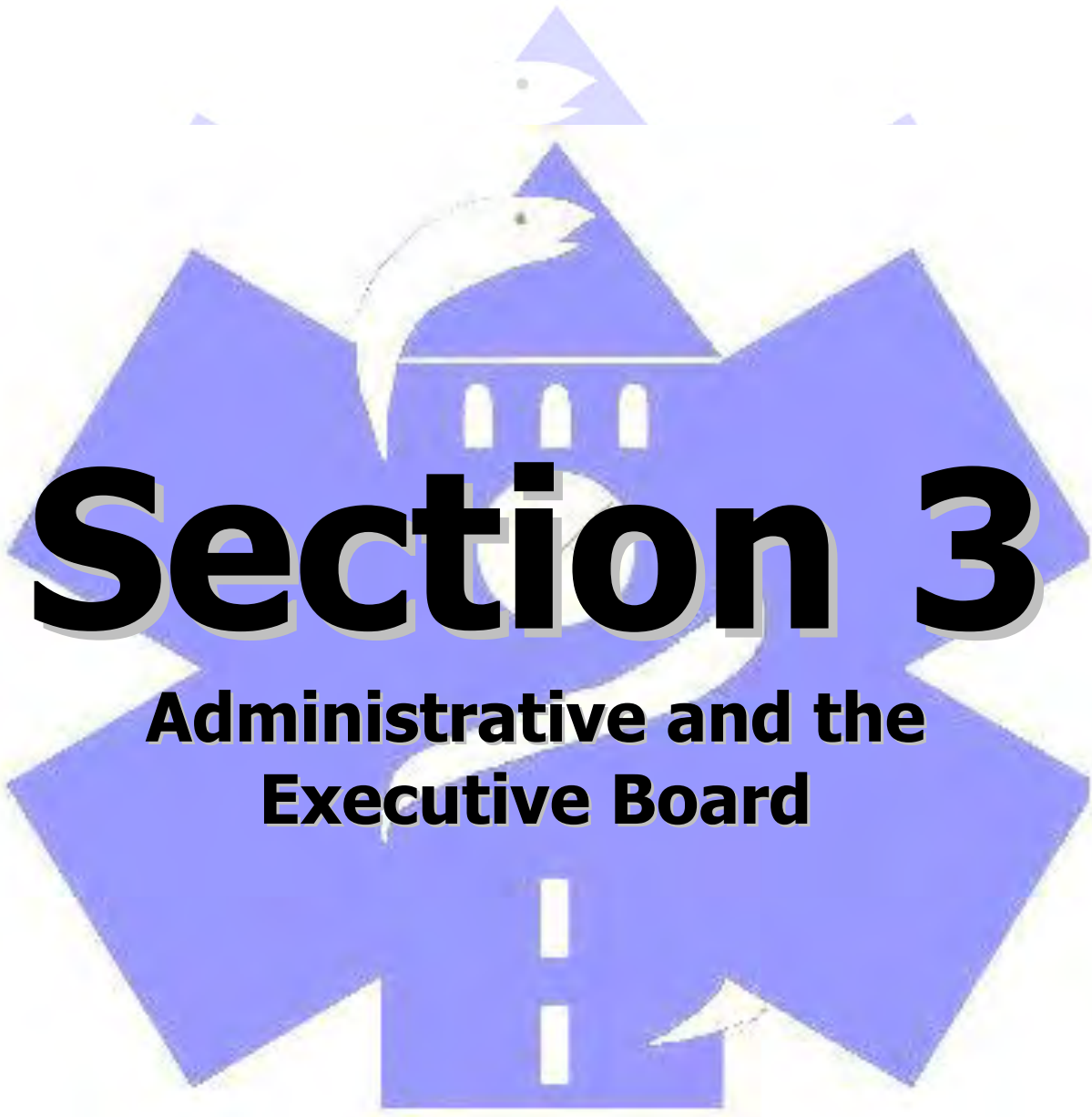


2.12 Title: Requirement to be Online with Central New York (CNY)

Effective Date:	Updated Date: August 30, 2007
-----------------	--------------------------------------

Each member who is a New York State EMT of any level is responsible for maintaining online status with the Central New York region. Cornell EMS will ensure that all members are online at the basic level, however, cannot ensure that those of higher levels are online. All basic NYS EMTs must complete a defibrillation scenario, REMAC topic, epinephrine, and albuterol training annually provided by the squad. The year runs from November 1 to October 31. Registration and maintenance of online status may be completed at the Central NY EMS website at www.cnyems.org.





Section 3

Administrative and the Executive Board



Article 3.01

Executive Board

3.01.1 Title: Executive Board and Organizational Structure

Effective Date: **April 18, 2010**

Updated Date: **March 11, 2012**

The purpose of this procedure is to outline the organizational structure of the administrative hierarchy of Cornell EMS. A diagram of this organizational structure is included at the end of this procedure.

The organizational hierarchy of Cornell EMS is as follows:

1. **Executive Board-** As a whole, the ten elected members of the Executive Board govern Cornell EMS. For further details on the individual officers of the Executive Board and their jobs, see **Executive Board**.
2. **EMS Supervisor-** The EMS Supervisor is appointed by the Department of Environmental Health and Safety (EH&S) and provides oversight and guidance to the Executive Board. The EMS Supervisor also provides a connection to the rest of EH&S as well as the Vice President of Human Resources.
3. **Director/Director of Operations-** The Director and Director of Operations are the highest ranking members of the Executive Board and they report directly to the EMS Supervisor. The Director oversees the Finance, Membership, Community Education and Administrative Officers. The Director of Operations oversees the Promotions, Training, Equipment, and Scheduling Officers. The Director of Operations is the main point of contact between the Medical Director (and Gannett Health Center) and the rest of Cornell EMS. For further information regarding the Director and Director of Operations' roles and responsibilities see **Executive Board**.
4. The remaining members of the Executive Board report to the Director. For further information regarding any of these officers' roles and responsibilities see **Executive Board**.

Committees/Chairs

Each of Officer of Cornell EMS is strongly encouraged to maintain a committee or chair who will work with the Officer on a continuous basis assisting them in completing different responsibilities. Each committee is listed below and outlined visually in Structure diagram below. Each officer will determine what the roles and responsibility of their individual committee/chair are. The Executive Board should be kept up to date by each officer on the work done by each committee/chair.

- **Special Operations Committee**
- **Continuous Quality Improvement Committee**
- **Promotions Committee**
- **Training Teaching Assistants**



- **Equipment Committee**
- **Fundraising Chair**
- **Membership Selection Committee**
- **Membership Committee**
- **Alumni Relations Chair**
- **CPR Instructors**
- **Community Outreach Committee**
- **Administrative Chair**
- **Special Events Committee**

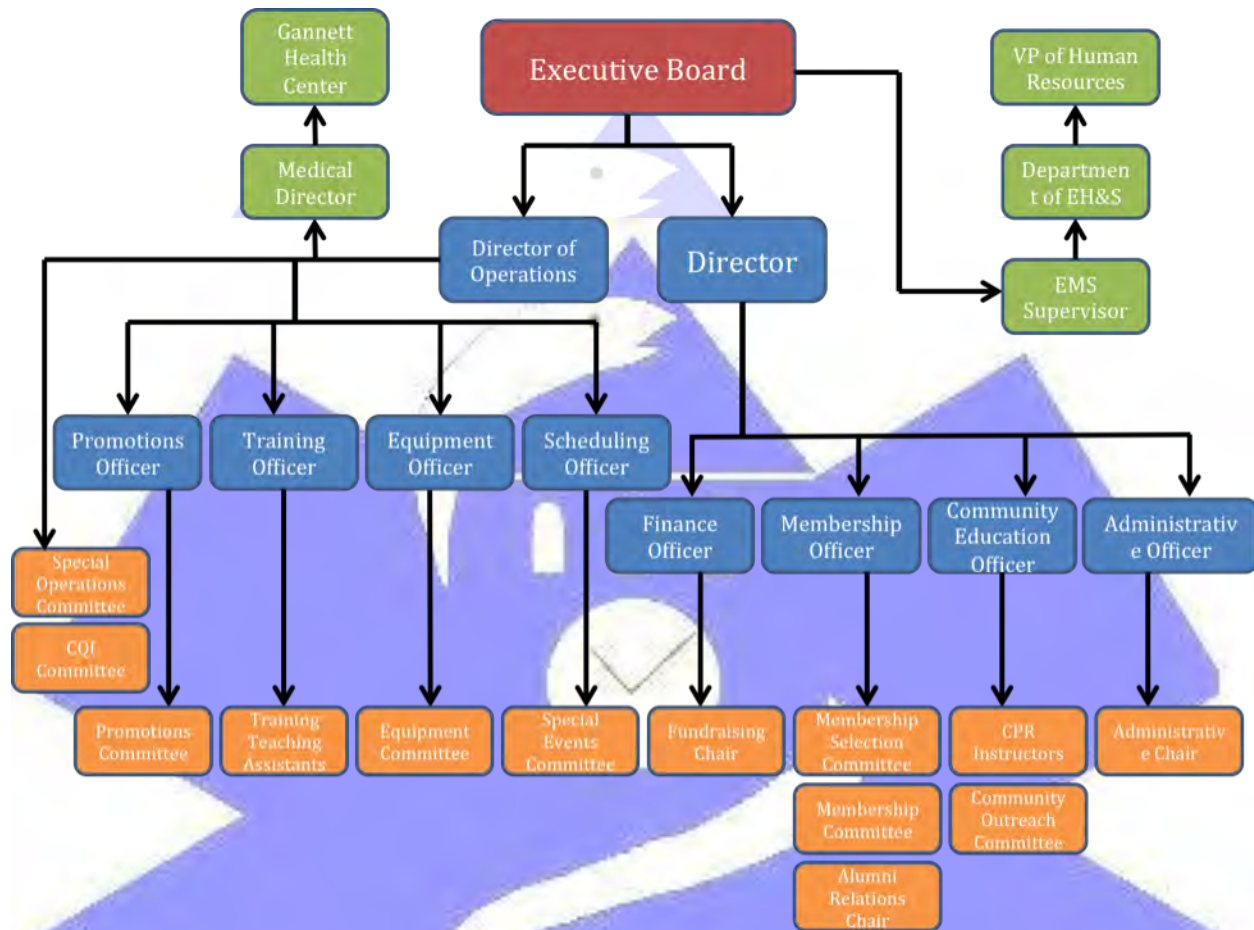
Selection of Committees/Chairs

At the last official meeting of the Spring semester, the Director will announce the committees/chair positions available to members for the year. Immediately following the meeting, members will have the ability to apply for specific committees/chair positions. *Members are not restricted in the number of committees/chairs they may apply for.* Once the General Membership has been given sufficient time to submit committee/chair applications, the Director will present the applicants to the Executive Board. The Executive Board will vote on which members are selected to each committee/chair position. This vote will be completed by a simple majority, however the Executive Board should keep in mind the opinion of the individual officer whose committee is being voted on. When all committee/chair positions have been selected the Director will announce the results to the General Membership at the next meeting, either Training or General Meeting.

The Director will not have a specific committee/chair as they will work with each officer of the Executive Board.

Any changes that an Officer would like to make to a committee after the initial vote, must be presented to the Executive Board via a majority vote.





The Executive Board is comprised of ten (10) members. Each member is responsible for the duties within his/her office as well as preserving the Chain of Command and acting as a voting member of the governing Executive Board. The following duties are in addition to those listed in the Bylaws. The Board positions are as follows:

Director (71)

- The Director will serve as the representative of the squad when dealing with matters involving Cornell University.
- The Director and Director of Operations, in consultation with the Supervisor, shall meet with representatives of any other agency on a regular basis and if needed to resolve any problems that occurred during the operations of the squad.
- The Director, in consultation with the Supervisor, is to serve as the primary point of contact for communication with any other agency including: mail, email, phone, inperson, fax.



- The Director is responsible for signing contracts (see Contracts) with any member of Cornell EMS, which includes leaves of absences.
- The Director is responsible for carrying out disciplinary actions (after the executive board makes a decision) unless an incident involves the Director.
- At every Executive Board meeting, the Director is responsible for providing an agenda for each Executive Board member. The Director is also to send out the Executive Board Agenda to the Cornell EMS Listserve before each meeting and send out a copy of the open minutes following each meeting.
- The Director is responsible for preparing the Annual Report.
- The Director shall be responsible for maintaining a history of Cornell EMS.
- The Director is responsible for all written communications to the squad, unless otherwise indicated all letters, packages, and/or envelopes are the responsibility of the Director.
- The Director and Director of Operations will represent Cornell EMS at the monthly Tompkins County CQI Meetings.

Director of Operations (72)

- The Director and Director of Operations, in consultation with the Supervisor, shall meet with representatives of any other agency on a regular basis and if needed to resolve any problems that occurred during the operations of the squad.
- The Director of Operations must maintain the Cornell EMS insurance policy as well as maintain contact with our VFIS agent. He/She will also handle any incidents that involve the insurance policy.
- The Director of Operations must hold (or arrange to hold) EVOC (Emergency Vehicle Operator Course) at least once a semester (this may include the one offered during the New Member Class).
- The Director of Operations is responsible for maintaining an accurate record of the driver training program for review by the VFIS representative upon request.
- The Director of Operations is responsible for overseeing the Promotions, Training Equipment and Scheduling positions.
- The Director of Operations is responsible for the Continuous Quality Improvement/Quality Assurance (CQI/QA) program and chairs the internal committee. He/She will represent CUEMS at the bi-monthly Tompkins County CQIC meetings.
- The Director of Operations is responsible for maintaining the squad's Exposure Control Plan (SOP Appendix A-10) and implementing it when necessary.
- The Director of Operations is responsible for maintaining an accurate account of and arranging for Hepatitis B vaccinations and Tuberculosis Titer Testing for all squad members.
- The Director of Operations is charged with all Slope Day operations and preparations including attending all University-wide planning meetings



- The Director and Director of Operations will represent Cornell EMS at the monthly Tompkins County CQI Meetings.
- The Director of Operations will maintain an accurate and up-to-date version of the Standard Operating Procedures, Appendices, and Bylaws. He/she will also maintain and update the medical protocols of the agency in consultation with the Medical Director.

Promotions

- The Promotion Officer is responsible for overseeing and facilitating all aspects of squad members' promotions to all ranks. This responsibility includes setting reasonable and adequate standards for promotion, ensuring that all members receive adequate training for promotion as necessary via any appropriate means, and monitoring individual members as necessary to assess their readiness for promotion.
- The Promotion Officer is responsible for establishing the requirements for a New Member Checklist, as well ensuring that the checklist is completed within the New Members' first semester on the squad.
- The Promotion Officer is responsible for creating and updating all documents pertaining to promotion, including all tests and study guides, as necessary to reflect current squad protocols.
- The Promotion Officer is responsible for organizing frequent (minimum of 2 per week) mock calls for CCITs as well as monitoring the CCITs' performances on all mock calls.
- The Promotion Officer may use his or her discretion to conduct the promotion process as he or she wishes within the guidelines of the SOPs provided that all parts of the promotion process are reasonable and fair to all members.

Training

- The Training Officer is responsible for planning and running (if he/she chooses) all of the training meetings, with the exception of the Slope Day meeting.
- The Training Officer is also responsible for notifying the squad of all training opportunities.
- The Training Officer must hold at least the following training meetings every year: CPR/AED, OSHA, Albuterol Training, and Epinephrine Training, so that all CUEMS EMTs are compliant with Central NY CME annual recertifications.
- The Training Officer is responsible for organizing the New Member Class.
- The Training Officer is responsible for ensuring that all CUEMS members are trained in ICS/NIMS, including ICS/NIMS 700, 100 and 200.
- The Training Officer is responsible for providing an online or paper version of important training materials for review by all members.

Equipment (73)

- The Equipment Officer will provide driver training for all members who meet the CUEMS driver criteria as outlined in SOP 4.02 as well as completed a Cornell EMS approved EVOC Class.



- The Equipment Officer will work with the Director of Operations to ensure that all of the equipment is functional in order to keep EMS in service.
- The Equipment Officer must ensure that all equipment cabinets as well as CUEMS equipment bags are fully stocked with disposable equipment at all times. In the event that they are not, the Equipment must work with the Supervisor to purchase more disposable equipment.

Finance

- The Finance Officer will update the Executive Board with the financial status of the organization at every Executive Board meeting.
- The Finance officer will make sure all purchases are made through the format listed in the "Purchases" section.
- The Finance Officer will bill all organizations that agree to pay for special event coverage and ensure that those funds are received.
- The Finance Officer is responsible for submitting a payment request for all valid bills.
- The Finance Officer shall act as a liaison to EH&S for all discrepancies of the CUEMS accounts.
- The Finance Officer is responsible for referring all EMT course scholarship applicants to the Executive Board.

Membership

- The Membership Officer will respond to all applicant emails and inquiries about application.
- The Membership Officer will hold information sessions at the beginning of each round of selection.
- The Membership Officer is responsible for writing the application for membership, reading all applications, organizing a selection committee, and conducting interviews for applicants.
- The Membership Officer is responsible for overseeing the selection committee and the selection process.
- The Membership Officer is responsible for notifying applicants of final decisions regarding membership.
- The Membership Officer is responsible for the orientation of new members and assisting them through their first semester on the squad, and is responsible for holding a New Member Orientation Day for each round of new members.
- The Membership Officer is responsible for assigning each new member a New Member Buddy.
- The Membership Officer is responsible for completing each semester's clothing order purchase for Cornell EMS by working in coordination with the selected company and the Supervisor. This shall be completed at the beginning of each semester.
- The Membership Officer, in coordination with the Community Education Officer will organize information booths at a variety of events including but not limited to the Emergency Services Day, and the Student Activities Fair.
- The Membership Officer is responsible for the publication of the squad newsletter for every General Meeting.
- The Membership Officer is responsible for organizing squad events to facilitate squad bonding.



- The Membership Officer is responsible for helping to resolve conflicts and acting as a liaison between the E-Board and all general members.
- The Membership Officer is responsible for organizing the Annual EMS Banquet at the end of each year.

Community Education

- The Community Education Officer shall notify the Cornell Community for CPR/AED/EMS classes that are sponsored through Cornell EMS. This can be done via emails or postering or other appropriate methods.
- The Community Education Officer will handle all requests from departments, organizations, students, etc. who request CPR/AED/EMS classes.
- The Community Education Officer will be the point of contact for the American Red Cross and the American Heart Association.
- The Community Education Officer is responsible for organizing and hosting a minimum of five (5) CPR classes of any category to be given to the General Community.
- The Community Education Officer is responsible for organizing a training in which the squad will test out on CPR/AED for the Professional Rescuer skills each year as well as ensuring that the entire squad recertifies prior to the certification expiration dates.
- The Community Education Officer will keep the Executive Board informed of all classes that are being taught throughout the semester.

Administration

- The Administrative Officer shall maintain all of the following types of records for the membership: attendance at all meetings, CPR/AED certifications/expiration, EMT certifications/expiration, Driver's License information, OSHA expiration, membership status, and semester of joining the squad. The administrative officer will also fax EMT, CPR, and any other certifications/documents to Central New York as required by Central New York protocol.
- The Administrative Officer is responsible for updating the Cornell EMS website on a regular basis with squad meeting minutes.
- Additionally, the Administrative Officer is responsible for keeping attendance of all mock calls and ensuring that all squad members meet the minimum membership requirement for mock call attendance.

Scheduling (74)

- The Scheduling Officer is responsible for replying for confirmation of service for all special events and also for notifying the Finance Officer when an event needs a request for donation.
- The Scheduling Officer shall notify the Director of Operations regarding special events in order to discuss the request of EMS service.
- The Scheduling Officer shall maintain all records pertaining to shifts, including shift statistics and shall provide reports to the Executive Board as needed.
- The Scheduling Officer is responsible for filling any open shifts. In order to do this the Scheduling Officer shall send out emails and make phone calls to those members



who are at the level that needs to be filled. The Scheduling Officer is responsible for filling any open shifts that are at his/her level.

- The Scheduling Officer will arrange meetings with Crew Chiefs every Sunday following the respective training/general membership meeting if there are any remaining open shifts for the upcoming week.
- The Scheduling Officer is responsible for updating the shift board as well as notifying the membership of special events shifts.



3.01.2 Title: **Closed Executive Board Meeting**

Effective Date:

Updated Date: **April 12, 2009**

The purpose of this policy is to identify what CUEMS Executive Board discussion topics are appropriate for closed meetings and therefore inappropriate for open meetings. A closed meeting will be defined as one in which only the ten (10) Executive Board members and CUEMS Supervisor may be present. Additional speakers may be present to give testimony, reports, or updates about any given topic, but their presence is not allowed for additional discussion.

Topics of discussion for a closed Executive Board meeting may include, but are not limited to:

- Personnel issues that may be personal in nature or require discussion of named individuals more specific than at the policy level;
- Disciplinary issues
- Medical issues
- Continuous Quality Improvement Committee referrals
- Membership requirement issues (including missed requirements, leaves of absence, etc.)
- Topics that may be sensitive to other members of the squad present in open meetings
- Discussion of Crew Chiefs in Training and other individual promotions material
- Discussion of any otherwise protected or private information that is not appropriate for an open forum

Closed Executive Board Meetings may be called by the Director or Supervisor at any time and will be presided over by the Director. Closed portions of Executive Board meetings are scheduled (on average) at least twice per month and are noted on the squad semester calendar. Additional meetings may be called by the Director and not announced to the general membership at any time. Material may be moved into the closed agenda by the Director at any time with or without giving a reason in order to preserve privacy or protected information. This reasoning will be disclosed to the entire Executive Board during the closed session.

The CUEMS Executive Board may request that members of the squad, individuals affiliated with the squad, or individuals outside of the organization attend closed executive board meetings in order to give testimony, reports, updates, or answer questions. These requests must be in writing and must be at least twenty-four (24) hours in advance of the meeting time. Individuals may, with or without reason, decline the invitation to participate in closed meetings.

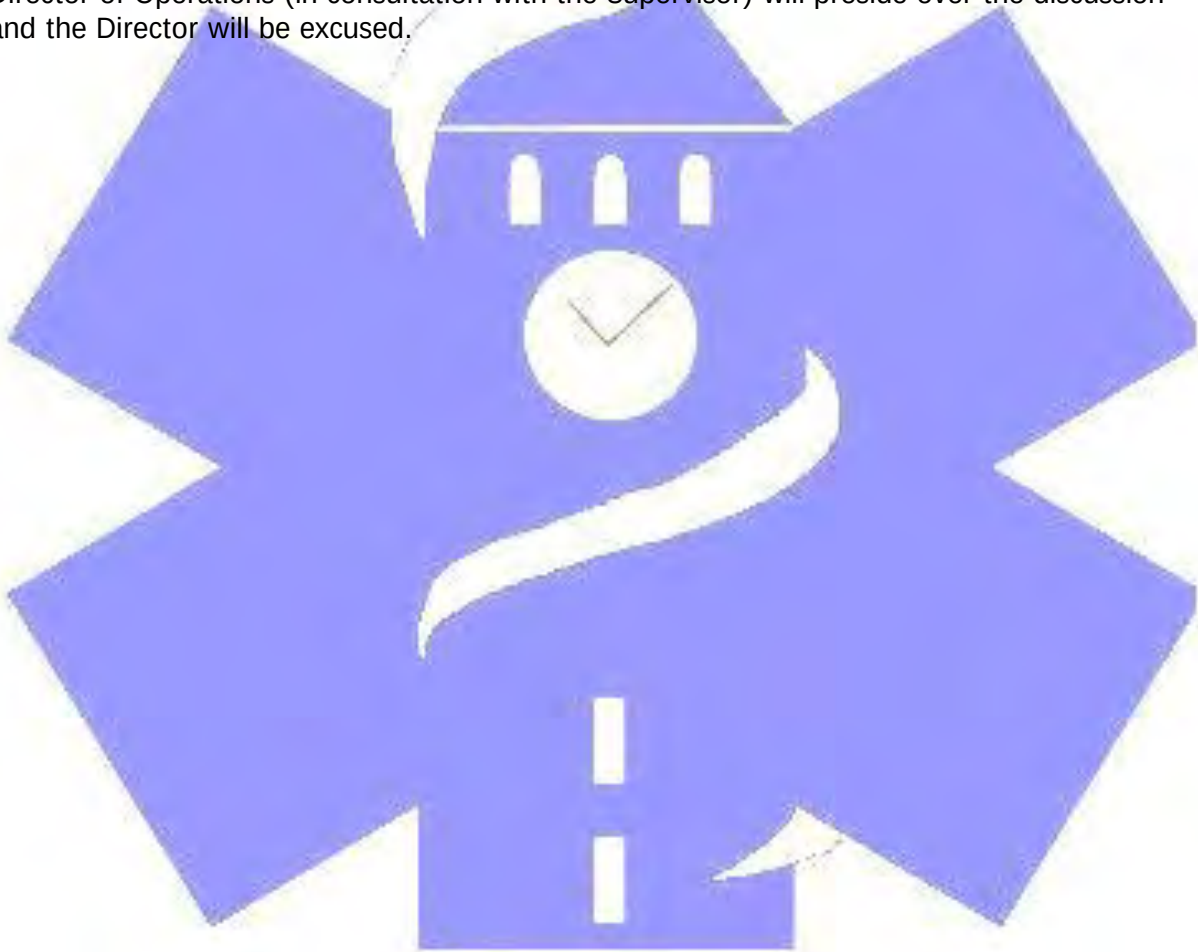
Discussions in closed session relating to issues of Continuous Quality Improvement or patient care may also involve the agency Medical Director. In these instances (as



determined by the Director, in consultation with the CUEMS Supervisor), the agency Medical Director may be present for the entirety of the relevant discussion.

Minutes of closed Executive Board meetings will be maintained by the Administrative Officer and are only open to review by the Executive Board upon specific, written (filed) request. Any question as to the appropriateness of reference to these minutes may be raised by the Administrative Officer for review in a closed session.

Any instance in which the discussion in closed session involves a particular member of the Executive Board may result in that member being excused by the Director. Any member of the Executive Board may also voluntarily be removed from a discussion should they feel too personal a connection to be unbiased. Should the discussion involve the Director, the Director of Operations (in consultation with the Supervisor) will preside over the discussion and the Director will be excused.



3.01.3 Title: **Executive Board Leadership Retreat**

Effective Date:

Updated Date: **March 30, 2008**

After the election and induction of the new Executive Board of Cornell EMS, the Director will plan and hold a Leadership Retreat anytime before the beginning of classes in the following fall semester. The Retreat will be organized by the Director and a third party to allow all ten members of the new Executive Board to participate.

This Leadership Retreat will be for the new Executive Board only and attendance is mandatory by all members. The retreat will serve to help create a positive working environment between all members of the Executive Board and foster a sense of teamwork and unity. The retreat will also serve as one of the initial meetings of the Executive Board where each officer will present a list of goals, for the individual position, the Executive Board, and the entire squad for the following year. This will serve as an outline for the entire Executive Board of what would like to be accomplished. At the end of an Executive Board's term they will review the goals they set at the beginning of the year and evaluate what was completed and hand notes to the following Director, to maintain a sense of continuity from year to year.

Some general guidelines for each annual retreat will consist of some leadership, trust and communication exercises. Such exercises may include a morning with Cornell Outdoor Education working on teamwork and trust, as well as exercises where board members must work together to solve a simulated issue. The retreat will end with a closed meeting of the Executive Board where each officer presents their goals and objectives for both their position as well as the board as a whole. At the end of the day, the Executive Board will take all ideas and formulate a set of objectives for the upcoming year.



3.02 Title: Chain of Command

Effective Date:

Updated Date: **August 30, 2007**

The purpose of the *chain of command* is to maintain a line of qualified and delegated authority in the event that those officials currently holding certain operational responsibilities are unable—for whatever reason, at any time—to complete them efficiently and effectively.

Cornell University EMS bases its chain of command upon the Executive Board elected by the general membership and those positions designated under the operations sector. Authority follows the list of officials according to the list below. Principle authority of the organization and its operation is held by the Director and continues down the list when he/she (or those following) is unavailable to complete the duties of Director. Individual responsibilities of particular offices outlined under “Executive Board” are held by those specific positions unless otherwise delegated.

The Director may allow exceptions to this policy at his/her discretion to preserve efficient and effective operations at any time.

The Chain of Command for operations sector officers follows as below:

Position	CUEMS Designation	County Designation
Director	EMS-71	2471
Director of Operations	EMS-72	2472
Equipment Officer	EMS-73	2473
Scheduling Officer	EMS-75	2474



3.03 Title: Medical Director

Effective Date: August 30, 2007	Updated Date: April 25, 2010
--	-------------------------------------

CUEMS will maintain the medical direction of a Medical Doctor (MD) or Osteopathic Doctor (DO) at all times as required by NYS DOH policy. The medical director will advise and approve of all treatment- and patient care-related protocols. The Director of Operations will maintain an open relationship with the Medical Director to ensure that all protocols are current, accurate, and appropriate.

The current Medical Director for Cornell EMS is Dr. Edward Koppel. He is a staff physician at Gannett Health Center.



Article 3.04

Director/Director of Operations

3.04.1 Title: Disciplinary Actions

Effective Date: **August 30, 2007**

Updated Date: **May 1, 2011**

It is the duty of the Executive Board to maintain order and discipline pertaining to all matters relating to the squad.

Possible disciplinary actions are as follows:

1. Verbal Warning: Any informal warning made to a member. This includes all casual conversation warnings. The verbal warning is a reminder of the rules and regulations. This warning should be documented, although it does not appear in the members file. Members may receive multiple verbal warnings for behavior; however repetitive trends need to be reassessed for possible official action.
2. Official Warning: A verbal reprimand that is followed up with written documentation in the members file. This warning will be the only one of its type. Members who have been officially warned are informed of the SOP or By-law that they have violated and the specific action that they took to break this rule. Members need not "agree to" or accept the warning.
3. Suspension: Members may be suspended from service at any point for any length of time as determined necessary for rehabilitation or punishment. During a suspension period all membership rights are temporarily revoked. The Executive Board may determine if the member will be suspended from shifts only, or from shifts and meetings as well. In the event that a member is suspended, the Executive Board in proportion to the time that the member is active will redefine all membership requirements. Suspension will not last more than one academic year.
4. Expulsion: Members may be expelled from the squad permanently. Members who are expelled are not eligible to reapply for membership. Members who are expelled may apply to the Executive Board in writing to reverse this expulsion. An appeal hearing will be held in a closed session of the Executive Board and may include other members called to "testify" as invited by the Executive Board.
5. At the discretion of the interim Executive Board, any combination of these punishments or alternative disciplinary actions fitting the situation at hand may be utilized.

Members who are expelled will be required to return the uniform parts that have been issued to them and all CUEMS patches that they possess. Members will return their ID card and all other property of Cornell EMS. Members refusing to return the property of Cornell EMS will be charged with theft. The files for members who are



expelled will be retained for a period of no less than ten (10) years in the secure safe.

Disciplinary Procedure

1. An executive board member may verbally warn a member for an action that is inconsistent with these SOP's or the By-laws of the squad. In this event, the Director must be notified immediately. Although no documentation appears in the member's file, the Director will document this warning in the discipline log.
2. The Director or Director of Operations may issue an official warning to any member that breaks a rule intentionally, has had multiple incidents of misconduct or has previously received a verbal warning. Conduct that the Executive Board deems at an appropriate level of severity may require an official warning even if it is a first offense. If action is taken by the Director or Director of Operations, the Executive Board must be notified immediately.
3. Any member, who has previously received an official warning and then commits a repeat occurrence of a similar violation, will appear before the Executive Board to discuss the incident. The Executive Board will determine the appropriate punishment and corrective action to prevent the behavior from occurring in the future. The member will be notified of this action by the Director.
4. At any time when the severity of the incident and/or the number of previous occurrences and/or the number of disciplinary actions to that member, warrants suspension or expulsion, the Executive Board may do so by majority vote. These actions will be duly documented and may allow for appeal by the member. The Director on behalf of the Executive Board will notify the member.
5. In the event of emergency, the Director may suspend (indefinitely) a member for any action deemed necessarily inappropriate. The Director will notify the Executive Board and an emergency meeting will be convened. The Executive Board will determine the length of the suspension and will determine if further corrective action is necessary.
6. In the event that an Executive Board member is implicated in any charge, that member will not be present to discuss disciplinary action unless invited to speak as a general member.



3.04.2 Title: **Contacting the Director and/or Director of Operations**

Effective Date:

Updated Date: **March 11, 2012**

In certain instances it is necessary to call the Director and/or the Director of Operations. Currently, the Director may be called anytime at (607) 327-2496. The Director of Operations may be called anytime at (607) 327-2670. The following chart gives examples of which to contact when a situation arises:

	71	72	Additional Notes:
Exposures/Possible Exposure		X	
Dispute amongst crewmembers	X		If it involves the Director, contact 72.
Interagency Problems/Situations	X		
Radio Failure		X	
Equipment Problems/Failures		X	First try to contact the Equipment Officer. If the equipment failure significantly affected patient care also contact the Director.
Person Getting Sick/Injured on Shift	X	X	Director of Operations should be contacted first, the Director second.
Vehicle Accident	X	X	
Insurance Issues		X	
"Major" Call	X	X	
Crime Scene	X		
Media Questions	X		
Violation of a Bylaw or SOP	X	X	Refer to Communication of Complaints for further instructions.
Suspected Child Abuse	X	X	The Director of Operations will help to make sure all paperwork is filled as required by NYS Law.
Crew Chief Does Not Show Up for a Shift	X	X	Notify the Scheduling Officer 1 st , then 72, then 71. Never call dispatch to go into service until a crew chief is present and asks you to.
Other Administrative Issues	X		
Other Operational Issues		X	

If the Director for some reason is not available, then the Director of Operations should be contacted (and vice versa). If both the Director and Director of Operations are not available then refer to the Chain of Command protocol.



In all of these instances, regardless of whether the Director or Director of Operations has been contacted, an incident report should be filed in accordance to the **Communication of Complaints SOP**.



3.04.3 Title: Ride Along Program

Effective Date:

Updated Date: September 4, 2011

The purpose of the CUEMS ride along program is to encourage and foster interagency relations, appreciation, and understanding. The program incorporates the several service agencies with which CUEMS interacts with on a regular basis. While other ride along experiences with agencies outside the below list are encouraged, the following will be required.

All Crew Chiefs and CCITs will need to complete one (1) ride along shift per agency per academic year (vacations may count in their respective semesters) with the following agencies:

- Bangs Ambulance
- Ithaca Fire Department
- Cornell Police Department

A shift is defined by the particular agency (e.g. Bangs Ambulance shifts are roughly eight hours), and must be at least four (4) hours if not defined. Upon completion of each ride along, a Ride Along Form found in the SOP Appendices must be completed and turned in to the Promotions Officer, who will record the information and have the Administrative Officer place it in the member's file.

Additional ride along experiences are suggested with either of the following:

- Guthrie Air Helicopter (LifeNet of New York)
- Mercy Flight Central

Any ride along requirement may be waived for personal reasons with an appeal to the Executive Board, however, this is discouraged. Responsibility for arranging and scheduling these ride along times rest with the individual completing them. Necessary information for scheduling and additional paperwork is available in the 201 Palm Road office and maintained by the Director.



3.04.4 Title: Public Information Officer

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

The Director (71) will serve as Cornell EMS's designated Public Information Officer (PIO). In any event where media or outside agencies request official information, the Director should be contacted to speak with these individuals. No Cornell EMS Crew Chief, member, or executive board officer is permitted to speak to the media or outside agencies (including the Police Departments) in any official capacity except for the Director.

In the event the Director is previously occupied with other more immediate duties (in the case of Incident Command or other operations), he/she may designate an alternate Public Information Officer until he/she may assume these duties.

The Public Information Officer (PIO) is responsible for communications of safety, patient care, statistics, and other relevant information to the media, families of patients/victims, and other public, municipal, or emergency services organizations. A public information officer is designated for small-scale instances such as a single call and for larger instances where media or outside involvement is present or likely.



3.04.5 Title: Continuous Quality Improvement (CQI) /Quality Assurance (QA)

Effective Date: **August 30, 2007**

Updated Date: **March 7, 2010**

Internal CQI

It is the responsibility of Cornell EMS to maintain a Continuous Quality Improvement (CQI) committee that meets regularly. The CQI committee will consist of the Medical Director, Executive Board positions of the Director (71), Director of Operations (72), Promotions Officer, and Training Officer, as well as any other member deemed appropriate by the CQI committee. The Director of Operations is the chairperson of the CQI committee. CQI committee meetings will occur no less than twice a semester. All PCR's used in CQI will have patient and caregiver information removed. The committee will evaluate selected PCR's in a standardized format as outlined in the procedures contained in the Continuous Quality Improvement Manual. Referrals to the committee will be based upon the criteria explained in this manual as well. The results will be announced to the entire squad as deemed appropriate by the committee and Director of Operations. The Director and Director of Operations will handle specific problems, appeals, educational sanctions, and concerns raised by the CQI process.

Continuous Quality Insurance (CQI) is an integral part of any patient care system. As an Emergency Medical Service agency in New York State, Cornell EMS is mandated to conduct service level CQI in order to ensure that protocols and patient care standards are adhered to. Not only does CQI ensure good patient care, but it can also be an excellent educational tool for providers to increase their patient care and documentation skills.

Due to the relatively low call volume of Cornell EMS, there is an opportunity to not only review and provide feedback on every call, but it can also be done in a timely fashion. As a result, Cornell EMS will be using a service level CQI policy as outlined in the CQI Manual. Electronic CQI policies, as outlined below, are effective beginning April 16, 2007.

After a PCR is completed, it is reviewed by a member of the CQI committee, and discussed with the entire committee in some circumstances. Once the call's evaluation is complete, the Crew Chief in charge will be presented with the reviewed call. Additionally, certain calls may anonymously be presented to the general membership for educational purposes. All CQI documents are confidential as outlined above according to the CQI standards and authority. The PCR copy provided to the reviewer does not contain patient or crew information, and all documents are protected from discoverability under New York State Public Health Law Section 3006. All PCR's will also be reviewed by the Director of Operations to ensure that all CQI standards and commentary have been provided.

The CQI process involves completion of a normal series-five PCR by the Crew Chief or Crew Chief in Training. A copy of the series-five PCR currently used by CUEMS is contained in the CQI Manual. Additionally, a copy of the Continuation Forms (CCRs) to be used with series-five PCR's is also contained in the manual. The PCR must then be copied using the CQI overlay (omitting the patient's demographic information and provider information). This copy is to be placed (along with any additional RMA or CCR paperwork) between the copies



of the original PCR. The entire packet is to be placed into the PCR submission box in the Cornell EMS office. All call information necessary for the CQI process will be logged into the Call Log on the computer and electronically generated coversheets will be provided for each PCR prior to review. All shaded sections are information obtained from the Call Log. All non-shaded sections are required to be filled-out by the reviewer. All PCRs will be evenly distributed for random review by a member of the CQI committee. Procedures thenceforth are described in the CQI Manual.

Tompkins County CQI

The Director and Director of Operations (or his/her designee) will be the representatives of Cornell EMS to the Tompkins County CQI meetings, which meet bi-monthly.

Internal Quality Assurance (QA)

Along with CQI, it is the responsibility of Cornell EMS to preemptively ensure that it is providing the highest possible care in multiple areas including well maintained equipment, fully stocked vehicles and professional EMT-Basics. The Director of Operations is responsible for planning and maintaining a Quality Assurance program along with choosing members to be a part of the QA committee. These members will help with programs to ensure the efficiency of Cornell EMS. At the beginning of each academic year, a new QA Committee will be selected and will create a plan for the upcoming year. If necessary the members of the QA committee will be kept anonymous to all members except the Director and Director of Operations to ensure that they are able to assess the operations of Cornell EMS in an unbiased fashion.



3.04.6 Title: **Critical Incident Stress Management**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Based on recent psychological research into the effects of stress on emergency services providers, CUEMS will provide Critical Incident Stress Management (CISM) for its members. Members are encouraged to contact the Director of Operations or other squad leaders if they feel they could benefit from Critical Incident Stress Debriefing (CISD) or are experiencing an unusual amount of distress after a call. The Director of Operations is responsible for maintaining contacts with CISM providers and arranging CISM for members when indicated.

Immediately following any incident or call, the Crew Chief will informally debrief the entire crew as to what happened during the call and address any questions or concerns crew members might have. For more serious incidents, the Director and/or Director of Operations may also informally debrief involved members.

Certain incidents will result in an automatic Critical Incident Stress Debriefing with a mental health professional for all involved members which should take place 24 to 72 hours after the incident. These incidents include:

1. Major disasters.
2. Mass casualty incidents.
3. Line-of-duty death or serious injury of CUEMS member
4. Suicide of CUEMS member.
5. Death or serious injury of a child resulting from violence, neglect, or any other condition which may have a lasting effect on the responders.
6. Any incident or situation the Director or Director of Operations feels requires CISM debriefing or any time a member requests such resources be provided.



3.04.7 Title: Vaccinations

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Due to the nature of the work of emergency services, it is of all parties' interest that the medical providers be properly screened for and protected against bloodborne pathogens to prevent the spread of disease.

Cornell EMS will cover expenses incurred for debilitating disease contracted while on shift, with proper documentation of adequate safety measures taken by the member to prevent the transmission of disease, including but not limited to, personal protective equipment, vaccinations, and exposure report forms. These procedures will be followed according to the Exposure Control Plan (Appendix A-10 of the SOPs). The Director of Operations will present the case to the Executive Board for review. If disease was contracted in spite of proper protective measures, related medical expenses incurred by the member will be addressed by Cornell EMS.

Cornell EMS members are entitled to start, update, and/or complete their vaccinations and/or diagnostic tools for the following infectious diseases at the expense of Cornell EMS. Refusal or waiving of vaccinations waive the member's right to expect compensation for medical testing and/or treatment should he or she [potentially] contract the particular illness.

Tetnus/Diphtheria (TD) & Hepatitis B (Hep B)

Members will be asked to fill out a medical release form, upon acceptance to the squad. This form will give the Director of Operations the ability to consult Gannett Health Center for the member's vaccination history to check if their TD boosters are up to date, and/or the status of their Hep B vaccination series. Should booster shots or additional doses in a vaccination series be necessary, the Director of Operations will notify members when they are due for another dose, should the waiver be on file. Members can opt not to release permission to the Director of Operations, thus agreeing to take responsibility for their own vaccination schedule.

Tuberculosis (TB)

Members will be asked to fill out annual TB screening consent forms. Should members agree to be screened for TB, a skin test (PPD) will be used. Should the member have a history of positive skin test, or should a test ever appear positive, they are permanently released from the PPD requirement, though chest x-rays every 2 years will be necessary with their consent.

Influenza

Members are entitled to receive a dose of the annual influenza vaccine, paid for by Cornell EMS. The Director of Operations will notify the squad as to when vaccines will be available to Cornell EMS members at Gannett. Members will be responsible for presenting their Cornell ID and Cornell EMS ID to identify themselves as squad members.

Other infectious bloodborne disease



Members are entitled to vaccinations for other bloodborne diseases not outlined above. The Director of Operations should be contacted regarding these vaccinations, to confirm the possibility of transmission in the line of duty as an EMT, and should they be deemed reasonable, this SOP will be amended as necessary.



Article 3.05

Finance Officer

3.05.1 Title: Purchasing

Effective Date: August 30, 2007

Updated Date: August 30, 2007

The following conditions apply to purchases:

1. For office supplies under \$50.00, the Director may make the purchase without prior Executive Board and Advisor approval and submit the purchase to Executive Board and Advisor for approval post-purchase.
2. Executive Board meeting dinners to include the Executive Board and any general members in attendance are pre-approved.
3. If the purchase is equipment purchase for disposable items under \$50.00, the Director or the Equipment officer may make the purchase without prior approval of the Executive Board or Advisor and submit it for Executive Board and Advisor approval post-purchase.
4. A purchase under \$100.00 may be made with approval by any of the following: Director or Finance without prior Executive Board approval. Approval from the Executive Board may be sought post-purchase.
5. If any other purchase (capital or not) needs to be made over \$50.00, but less than \$500.00, the purchase must be approved by the Executive Board and then the Advisor prior to purchase.
6. If a purchase of non-capital equipment (life of less than two years, barring service contracts), of greater than \$500.00 needs to be made, the Executive Board must approve it and then the Advisor must approve it as well.
7. If a purchase of capital equipment (life of over two years, barring one time use equipment) over \$500.00 must be made, then it must be approved by the Executive Board. Then the Finance Officer will contact the Vice President for Finance (VPF) of the undergraduate student assembly. The VPF will then schedule a meeting at an appropriations hearing. After approval from the appropriations committee the proposed purchase will go before the entire student assembly. After the student assembly approves the purchase a copy of the minutes from the meeting should be present to the Advisor for approval. Finally the purchase may be submitted to the purchasing department.
8. In the event of a true emergency, where an item or service must be purchased immediately and is over \$100.00 but less than \$500.00, The Director, Director of Operations, Equipment Officer or Finance Officer may make temporary approval. The purchase must then be approved at the next Executive Board meeting. When this must be done the Advisor must be notified.



The following items are approved on a standing order with the Advisor:

1. Disposable equipment: ex. Gloves, tape, gauze, etc.
2. Any item necessary to keep CUEMS up to NYS DOH standards: ex. Oxygen, medications, etc.
3. Uniform shirts: ordered each semester for New Members who have successfully completed the probationary program.
4. Screen printed shirts: one given to each member and others for sale
5. CPR for new members and re-certs
6. Special event food purchases: for large meetings such as elections

Specific Protocol for Purchases Made

1. If the purchase must be approved by the Executive Board as described above:
 - i. Gain Executive Board approval
 - ii. Properly fill out a requisition form with an itemized report of each product or service to be ordered and their quantity as specified on the requisition form. Include the ordering officer's name in the event it is not the Finance officer.
 - iii. Make two copies of the requisition form. Leave one with the EH&S Assistant, one with the Finance Officer. The original requisition form goes to the Advisor for approval.
 - iv. If the purchase went through the Executive Board for approval, the submitting officer will write the date of the meeting on all requisition forms.
 - v. If the purchase also required Student Assembly approval, the Finance officer will provide both the Advisor with minutes of the SA meeting pertaining to the CUEMS purchase approval.
 - vi. The Advisor will contact the Finance officer with his approval or denial within two business days.
 - vii. The Advisor, if the purchase is not to be made on the procurement card, will forward the original to the proper person for ordering of the product.
 - viii. When the item is received, the Finance officer must be notified immediately.
 - ix. The Finance officer, Equipment officer, or Director will immediately check off each item in the package and compare that against the packing slip. The invoice will then be copied four times and given to the Finance officer, ordering officer. The original goes to the EH&S Assistant. This must be done within 24 hours of receiving the order.
2. If the purchase is eligible for the post-approval process, has received email, or verbal approval of the Advisor and has not had a requisition for filed prior to purchase:
 - i. Make three copies of the receipt
 - ii. Properly fill out a requisition form
 - iii. Make three copies of the requisition form
 - iv. Leave the originals for the EH&S Assistant.



3.05.2 Title: **EMT Scholarship**

Effective Date: **August 30, 2007**

Updated Date: **September 18, 2011**

Based on budgetary constraints, Cornell EMS may offer a one-time-only EMT scholarship for up to \$200 to those members who have advanced their training since joining the squad. Each semester the current Executive Board will determine if an EMT Scholarship will be offered.

Eligibility

Any Cornell EMS member who is in good standing and has recently taken an EMT class, while being a member of the squad, is eligible. The number of scholarships may vary from semester to semester based on the current budget set by the Finance Officer.

Application

To apply, ask the Finance Officer for a copy of the EMT scholarship application or download a copy from the CUEMS website. Submit, to the Finance Officer, the application along with the following items:

1. A copy of your certification
2. A copy of the invoice for the class
3. Proof that the invoice was paid (i.e. a bursar bill showing the EMT class fee and then a subsequent bill showing the class was paid).

Deadline

November 1st is the fall semester deadline, and March 1st is the spring semester deadline, unless stated otherwise by the Finance Officer at the first General Membership Meeting of the semester. Any applications turned in after these dates will not be considered and the applicant must resubmit all application materials in a following semester to be reconsidered.

Notification

The Finance Officer shall put the EMT Scholarships on the Executive Board agenda at the first meeting following the application deadlines. At that time the Executive Board will review all applications and vote on award decisions in closed session. When deciding, the Executive Board will take many things into consideration including (but not limited to) the following:

- Current status of the member
- Number of shifts ran in previous & current semesters
- Attendance at general membership & training meetings
- Likelihood of advancement in the squad (i.e. Trainee→Attendant→Crew Chief)
- Participation in squad events
- Length of time passed between finishing course & applying for scholarship
- Did he/she receive reimbursement from any other source or agency for the class?

Following the meeting the Finance Officer shall notify all applicants as to the Executive Board's decision. Under no circumstances shall the Executive Board be obligated to distribute all funds allocated to EMT scholarships; all awards will be based on the applicant's merit. If an applicant does not receive an EMT scholarship he/she may re-apply in a



subsequent semester. Any questions about the EMT Scholarship or this process should be directed to the Finance Officer.



3.05.3 Title: **Accounting Practices**

Effective Date: **August 30, 2007**

Updated Date: **March 30, 2008**

In accordance with Cornell Policy 3.22, "Accepting Cash and Checks," under the sub-heading "Establishing Internal Controls," the following accounting procedures are imposed:

- The finance officer shall be ultimately responsible for the processing of all checks and cash acquired by the squad for any reason.
- The finance officer will, upon receipt of a check or cash payment, provide the patron with a written acknowledgement of its acquisition.
- The finance officer will employ a numbered, dual carbon-copy receipt book for the purpose of making receipt of payment. The white (top) copy shall be kept for use by the finance officer while the yellow (bottom) copy will be returned to the patron. The finance officer will make a copy of both the check and the white receipt and file those in his or her records for a period of three years.
- All cash and checks procured, along with the original receipt must be stored in the designated lock box.
- Cash and checks shall be given to the designated EH&S Administrative Assistant, with the original copy of the receipt and a brief description of the revenue's source. This task must be completed no more than 72 hours after initial inception of the payment.

The following regulations apply to "trustees" of CUEMS revenue collection, permanently defined and designated as all crew chiefs, and executive board members:

- Appointed trustees may collect and process cash and/or checks in the same manner as the finance officer; trustees are to provide all patrons with the previously described receipt of acquisition.
- Trustees will place any apprehended checks and/or cash in an envelope with the original receipt, and a brief description of the revenue's source. This envelope should be subsequently placed in the designated lock box.
- Additionally, the trustee will alert the finance officer of the presence of any cash or check within 24 hours of its collection for processing. Any and all further action that is required will be handled by the finance officer.
- The finance officer will check the lock box once a week to protect against and accidental oversight.
- Keys to the lock box will be maintained by the finance officer and the CUEMS director.



3.05.4 Title: **Managing the CUEMS Savings Account**

Effective Date: **August 30, 2007**

Updated Date: **September 26, 2008**

The CUEMS savings account is intended to serve as a designated reserve towards the eventual, "necessitated purchase" of the next CUEMS primary response vehicle. In the event of a "squad emergency," these funds are intended to provide any "appropriate financial support" which will mediate the situation.

Barring complication, each year (with the written exception of "purchasing years" and the "following academic year") the finance officer is to transfer ten-thousand (10,000) dollars from the CUEMS operational account (P76-3809) into the CUEMS savings account (P76-1809). This task should be accomplished in October, following the bi-annual deposit from the student assembly into the operational account. In order to do so, the finance officer must submit a written request to the Environmental Health and Safety administrative officer. The finance officer must then check the balance of both the operational and savings accounts on the October statement for any discrepancy. Any abnormalities should be handled via established procedures.

Within any year that a new primary response vehicle is purchased, the finance officer may adjust the amount of money placed in the savings account to allow for imminent procurement. Additionally, in the year succeeding a truck purchase, the finance officer must save only that amount which prevents cumulative savings over the two years from exceeding twenty-thousand (20,000) dollars. The Student Assembly has a stipulation that CUEMS may save no more than twenty-thousand (20,000) towards truck acquisition over a period of two years. By this regulation, should the finance officer ascertain that the ability exists to replace any funds lost to a "squad emergency" in the following year, then appropriate actions may be taken to do so with the approval of the Executive Board. Traditionally, EMS-1 has been replaced every five years unless the condition of the vehicle dictates otherwise. "Squad leaders," loosely defined as Crew Chiefs and Executive Board Officers should possess a general knowledge of the truck's working state. The equipment and finance officers should maintain an idea of the extent of the services and repairs the vehicle requires on a yearly basis and this information may prove useful in deciding whether the current truck warrants replacement.

A "squad emergency," is an instance in which the Executive Board decides that funds historically set aside for the savings account need be used for alternative squad business. An example of such expenditure might be an incident of exposure, or the urgent purchase or replacement of equipment. A "squad emergency" is limited in definition to an event which would disallow CUEMS from pursuing its established standards of care, or substantially hinder daily operations. Approval of spending pertaining to a "squad emergency," is the only manner by which the finance officer may circumvent the required deposit into the CUEMS savings account each year.



Article 3.06

Administrative Officer

3.06.1 Title: E-Mail

Effective Date: **August 30, 2007**

Updated Date: **April 18, 2010**

Mailing Lists (Listserve)

Cornell EMS has six mailing lists to use for squad communication. Emails sent out through the mailing lists should be for squad business or activities. All members are required to be on the mailing list appropriate for them and are responsible for all policies or announcements that are stated through it. The Administrative Officer moderates all of the mailing lists.

CUEMS-L@cornell.edu

- to send a message to the entire squad.

CUEMSEBOARD-L@cornell.edu

- to send a message to the Executive Board

CUEMSCC-L@cornell.edu

- to send a message to Crew Chiefs.

CUEMSCCIT-L@cornell.edu

- to send a message to Crew Chiefs in Training.

CUEMSATT-L@cornell.edu

- to send a message to Attendants.

CUEMSTR-L@cornell.edu

- to send a message to Trainees.

It is each member's responsibility to make sure you are on the correct mailing list(s). All problems, questions, and/or comments about the mailing lists should be directed to the Administrative Officer.

Officer Email Addresses

The Executive Board has email addresses associated with each office. These are as follows:

Director:	cuems@cornell.edu
Director of Operations:	cuemsops@cornell.edu
Promotions:	cuemspromotions@cornell.edu
Training:	cuemstraining@cornell.edu
Equipment:	cuemsequipment@cornell.edu
Finance:	cuemsfinance@cornell.edu
Membership:	cuemsmembership@cornell.edu
Community Education:	cuemscomed@cornell.edu
Administrative:	cuemsadmin@cornell.edu
Scheduling:	cuemsscheduling@cornell.edu
Supervisor:	cuemsadvisor@cornell.edu

The Webmaster also has an email that will be directly linked off of the CUEMS website. The email is: cuemswebmaster@cornell.edu.

These email addresses may be used to contact each officer for squad business. Each officer is responsible for checking his/her associated email address at least twice a week. The NetID for log-in to these email addresses is *[mailbox name]-mailbox*, for example cuems-mailbox.



3.06.2 Title: **Records**

Effective Date: **August 30, 2007**

Updated Date: **April 25, 2010**

Member Records

Records of Crew Chiefs will be kept for seven (7) years after a member leaves the squad, or after the last call they have run (whichever is later). Records of all other members will be kept for 2 years after the member leaves the squad. Members have the right to view the contents of their files any time they request.

Member records will include:

1. General information sheet exclusive of Social Security number;
2. Medical history sheet;
3. Copies of all certifications;
4. A copy of the member's driver's license;
5. All relevant disciplinary documentation;
6. All advancement records.

The Administrative Officer is charged with maintenance of all membership files and is responsible for efficient destruction of materials after the seven- (7) year retention requirement. The Administrative Officer and Membership Officer should work cohesively to maintain an accurate and up-to-date list of alumni.



Article 3.07

Scheduling Officer

3.07.1 Title: Special Events Committee

Effective Date: **August 30, 2007**

Updated Date: **September 13, 2009**

Purpose

The purpose of the Special Events Committee is to decide which members will run popular special events. A popular special event will be defined as any campus activity where Cornell EMS coverage is requested and two (2) or more people of the same crew member position have requested to run it. Members who wish to run a popular special event shall notify the Scheduling Officer.

Composition

The Special Events Committee will be comprised of the Scheduling Officer and eight other members. The eight other members will be two Trainees, two Attendants, two Crew Chiefs in Training, and two Crew Chiefs all of whom will be appointed by a majority vote of the Executive Board. All members of Cornell EMS are eligible to be on the committee, including probationary, honorary, and members in good standing.

Meetings

The Scheduling Officer will call meetings after seventy-two (72) hours of notification to the squad about a special event has passed and two or more people of the same crewmember position have requested to run it. The Scheduling Officer will chair the committee. At the meetings the committee will discuss and vote on each of the four crewmember positions to be filled for the popular special event. Each member on the committee will have one vote. Email votes by the committee will be acceptable. If a member of the committee wishes to run a popular special event, then he/she will excuse his/her self from the committee. When deciding, the committee will take many things into consideration, including (but not limited to) the following:

1. Current status of the member
2. Attendance at training meetings
3. Number of shifts ran in previous & current semesters
4. Participation in squad events
5. Number of popular special events the member has run in the past

Once the committee has reached a decision, the Scheduling Officer will notify all of the interested members about their decision. Any problems with the decision of the committee will be referred to the Executive Board.



3.08 Title: Interagency Relations

Effective Date: **August 30, 2007**

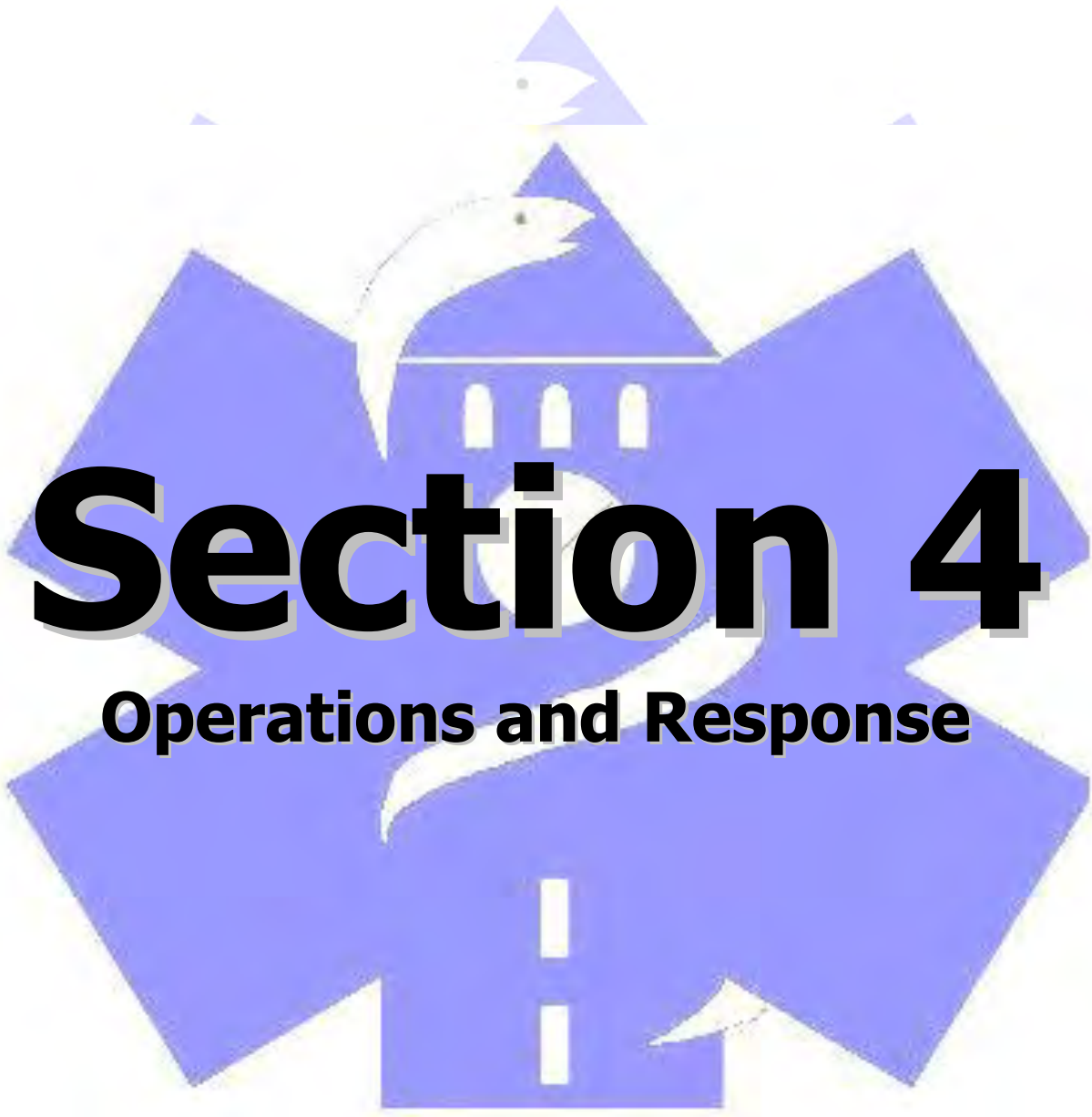
Updated Date: **August 30, 2007**

The Director will maintain relations with the neighboring EMS and fire organizations. The Director of Operations will maintain relations with Central New York EMS and the New York State Department of Health. The Director and Director of Operations will meet annually with the Advisory Board to update them on the functioning of the squad.

Currently, the Advisory Board consists of the following people:

Name	Organization
Dan Maas	Cornell EMS Advisor
Tim Bangs	Bangs Ambulance
Curtis Ostrander	Cornell University PD
George Tamborelle	Cayuga Heights FD
	Environmental Health and Safety
Ed Koppel	Gannett Health Center
Brian Wilbur	Ithaca FD





Section 4

Operations and Response



Article 4.01

Response Procedures

4.01.1 Title: **Hours of Service**

Effective Date: **August 30, 2007**

Updated Date: **April 25, 2010**

The Executive Board will determine the hours of operation of the squad after consultation with the Crew Chiefs and the general membership of the squad. The Director or Director of Operations may add additional hours if he/she deems it necessary. The Director and Director of Operations will determine the dates of service of the squad. Faxes concerning in and out of service times will be sent by the Director to necessary agencies in advance of such events. When service hours and dates are determined, the Director should forward this information to the Director of Operations, Scheduling Officer, and to the squad.

In the event of an emergency such as vehicle or equipment failures or accidents requiring the truck to be taken out of service, the Director, Director of Operations, and Scheduling Officer must be notified immediately. For further details on vehicle accidents, see the section for Vehicle Accidents.

No CUEMS vehicle may respond to calls outside of the designated and posted service hours.



4.01.2 Title: **Response to Calls**

Effective Date: **August 30, 2007**

Updated Date: **April 25, 2010**

Cornell EMS responds to any location on Cornell University property within the defined service area or to any location if requested mutual aid by another agency. Cornell EMS may respond at the request of Cornell Police or from direct calls to emergencies or standbys. If Cornell EMS responds to a direct call or standby or has been flagged-down, Cornell Police must be notified immediately of the location and nature of the call. The Cornell EMS standard of care is at the level of a New York State Basic Emergency Medical Technician (EMT-B). Upon arrival to a call, Cornell EMS determines if further fire, rescue, police, and/or ambulance assistance is needed at the scene. The appropriate agencies must be dispatched through Cornell Police.

Cornell EMS responds to calls during service hours, while staffing a special event on campus, or upon being put into service by the Director and the Director of Operations.

While responding to a call, the crew must do the following:

1. Be dispatched by Cornell Police or notify CUPD of a direct call, standby, or flag-down.
2. Respond to the call safely and abiding by all traffic laws and Standard Operating Procedures.
3. Notify CUPD upon arrival on the scene.
4. Complete a Prehospital Care Report for each dispatched call/patient and/or a Special Events Report for each standby.
5. Notify CUPD upon completion of the call and return to service.

The 20 criteria for which Bangs Ambulance should be requested as *Automatic ALS* and a Red Lights and Sirens Response is necessary include, but are not limited to the following:

1. Allergic Reactions
2. Serious Bleeding
3. Cardiac Arrest
4. Chest Pain and/or Cardiac Symptomology
5. Cerebro-Vascular Accidents (CVA)
6. Diabetic Emergencies
7. Drowning or Near-Drowning
8. Electric Shock
9. Heat Stroke and/or Exhaustion
10. Hypothermia
11. Overdose or Poisoning
12. Respiratory Distress or Arrest
13. Seizures
14. Serious Trauma
15. Serious Burns
16. Unconscious
17. Syncope
18. Impending Delivery
19. Airway Obstruction
20. Unknown



4.01.3 Title: **Response Type and Procedures**

Effective Date: **August 30, 2007**

Updated Date: **April 25, 2010**

Due regard for the safety of the crew and others must continuously be exercised while driving a CUEMS vehicle. Additionally, members should never operate a vehicle when they are too tired to do so safely or when taking medications with warnings against operating motor vehicles.

Non-Emergency Operations – anytime the EMS truck is out of the office on an assignment other than an emergency call shall be considered to be a non-emergency operation.

Non-Emergency Operation Procedures:

- All non-emergency operations will be made using headlights only – no light bars, beacons, corner or grill flashers or sirens shall be used. During a non-emergency operation, an EMS vehicle shall be driven in a safe manner and is not authorized to use any emergency vehicle privileges as provided for in the NYS Vehicle and Traffic Law.

Emergency Operations – shall be limited to any response to a scene which is perceived to be a true emergency situation. True emergencies are defined as situations in which there is a high probability of death or life threatening illness or injury. The risk of emergency operations must be demonstrably able to make a difference in patient outcome. Additionally, all Automatic ALS calls as defined in **Response to Calls** will be perceived to be true emergencies. The Crew Chief will make the final determination as to whether or not emergency operations are justified.

Emergency Operation Procedures:

- EMS response vehicles do not have an absolute right of way; it is qualified and cannot be taken forcefully.
- During an emergency operation the vehicle's headlights and emergency lights shall be illuminated and the siren used as required in the NYS Vehicle and Traffic Law.
- A CUEMS truck shall not exceed posted speed limits by more than ten (10) miles per hour.
- A CUEMS truck shall not exceed posted speed limits when proceeding through intersections.
- When a CUEMS truck approaches an intersection, with or without a control device, the vehicle must be operated in such a manner as to permit the driver to make a safe controlled stop if necessary.
- When a CUEMS truck approaches a red traffic light or stopped school bus, the truck must come to a complete stop.
- When a CUEMS truck approaches an all-way stop sign, the truck will reduce speed to no more than 10 mph and only pass through the intersection once other drivers have granted right of way.
- When a CUEMS truck approaches a stop sign of other nature (such as stop sign entering a main road), the vehicle will come to a complete stop.



- When a CUEMS truck approaches an uncontrolled intersection at which the vehicle does not have the right of way, the vehicle must come to a complete stop.
- The driver of a CUEMS truck must account for all lanes of traffic prior to proceeding through an intersection and should treat each lane of traffic as a separate intersection.
- When a CUEMS truck uses the median (turning lane) or an oncoming traffic lane to approach intersections, it must come to a complete stop before proceeding through the intersection with caution.
- If forced to pass on the right, the driver of a CUEMS truck shall temporarily shut off siren and reduce speed to five (5) mph.
- When traffic conditions require a CUEMS truck to travel in an oncoming traffic lane, the maximum speed shall be twenty (20) miles per hour.

Notes on Vehicle Operations:

EMS emergency response vehicles must be operated in a manner that provides for due regard and the safety of all persons and property. Safe crew, bystander, and patient welfare shall always have priority over unnecessary speed or hazardous driving practices.

Traffic conditions should not affect the decision to respond in emergency mode. If stuck in traffic while operating in non-emergency mode, contact dispatch, advise of the situation, and ask to be notified if the patient's condition changes.

Off duty Cornell EMS members may not respond to any incident on the Cornell University campus. No member, except the Director or the Director of Operations, will respond to any incident in a personal vehicle without the explicit approval from the Director or the Director of Operations.

Any driver of any CUEMS vehicles must complete the Driver Training Program as outlined by the Equipment Officer and Director of Operations.



4.01.4 Title: Twenty-Four-Hour Service and Daytime Operations

Effective Date: **August 30, 2007**

Updated Date: **April 26, 2008**

Twenty-four-hour service is intended to provide the Cornell community with faster access to basic medical care; to reduce demand on Bangs Ambulance and other Cornell Safety Personnel; and to extend consistent and reliable service to be recognized by our patients and various response agencies we work with.

Hours

Daytime hours will consist of two shifts: 0800-1200hrs and 1200-1500hrs. During twenty-four-hour operation, overnight shifts from Sunday through Thursday will conclude at 0800hrs. These shifts may be adapted by two Crew Chiefs sharing coverage of the daytime tours. On a weekday between the hours of 0800-1500hrs will be defined as "daytime hours".

Scheduling

During the daytime shifts, only a crew chiefs, CCITs, and/or attendants will be on duty with EMS-1. This form of operations prevents confusion and additional complications for Crew Chiefs that have class on days they are on duty. Being on duty during academic commitments should be avoided as best possible, but is not prohibited. It is the Crew Chief's discretion when an attendant requests to run from class.

The Scheduling Officer should compile a list of days/shifts each crew chief is available to be on duty for daytime shifts. Scheduling contingencies will be handled normally. If no replacement crew chief is available, the shifts may be split and/or divided by two or more crew chiefs as necessary or possible. Should the shift be impossible to staff, EMS-1 should be placed out-of-service and Cornell Police Dispatch notified. An incident report should be filed as normal for unexpected out-of-service instances. Maintaining academic priority, the Director of Operations will not be required to run uncovered shifts during daytime hours.

Shifts are designated in two-hour blocks for the ease of Crew Chief scheduling. Shifts for attendants and CCITs will remain in the longer time blocks as noted above (0800-1200hrs and 1200-1500hrs). Names will only appear once to facilitate accurate shift credit records. Attendants and CCITs should be flexible during daytime schedules since Crew Chief coverage can often be more complicated during daytime hours.

Patient Dispositions

Patient dispositions for transport by Bangs and Refusals (RMAs) will proceed with normal protocols.

Operations and Equipment

To facilitate easier and more rapid patient care, standard protocols to carry the automatic suction and defibrillator on every call may be left to the discretion of the crew chief. This equipment should certainly be brought to the patient on any call with cardiac, respiratory, or mental status dispatch. All additional pieces of equipment deemed necessary or appropriate (even if precautionary) should also be brought to the patient, though procedures such as



spinal immobilization should be delayed until additional resources and personnel arrive to assist. Requests for immediate Bangs dispatch and RLS protocols remain the same during daytime operations. Unless specifically stated, all other protocols for operations and documentation remain the same during daytime operations.

The Equipment Officer is responsible for creating and maintaining a schedule of vehicle maintenance, equipment purchases, and restocking that requires an EMS vehicle to be put out of service. All scheduled maintenance should be posted on the Operations board in the 201 Palm Road EMS office. Unscheduled and immediate maintenance needs will be brought to the attention of the Equipment Officer and the Director of Operations as soon as possible.

Crew Responsibilities

During twenty-four-hour operations, the 1500-1900hrs crew is unconditionally responsible for a thorough, documented vehicle check daily, to include sealing and signing of appropriate equipment. Vehicle check procedures and additional afternoon/evening crew responsibilities are outlined in the Shifts SOP. As a matter of courtesy and policy, afternoon, evening, and overnight crews should avoid leaving the daytime crew chief(s) with less than a half-full gas tank.

Interagency Communication

Cornell Police, Environmental Health and Safety, Bangs Ambulance, Ithaca Fire Department, and Cayuga Heights Fire Department will be notified of change to the Cornell EMS standard operating procedures and schedule regarding daytime hours operations and twenty-four-hour service.



4.01.5 Title: **Secondary Truck Operations**

Effective Date: **August 30, 2007**

Updated Date: **October 25, 2009**

The second truck will run in as a backup to the primary vehicle and to transport crews and equipment to event standbys. This truck will assume the designation EMS-2 (County Number 2442) and the Tahoe will be designated EMS-1 (2441). EMS-1 will remain the response vehicle to all medical emergencies on campus. EMS-2 may be put into service as the primary response vehicle, "EMS-1," when EMS-1 is out on mechanical repairs, for periods of time to relieve the stress put on EMS-1, or at any time at the discretion of the Director or Director of Operations. The truck will respond to calls using the radio designation "EMS-1."

EMS-2 will continue to be a fully stocked BLS first response vehicle. It will be stocked with identical equipment to EMS-1, with the exception of the following items:

- Hard Hats
- Mock Call Bag/Sign
- MCI Kit

If EMS-2 is put in service as the primary response vehicle, the above mentioned items will be placed in EMS-2 in the designated locations.

EMS-2 may be used as a secondary response vehicle and/or for squad business only. Before taking the vehicle out, both the Director of Operations and Equipment Officer must be notified. They must approve or deny the request after ensuring that the use of the second vehicle does not conflict with scheduled operations of Cornell EMS. The EMS-1 Crew Chief must also be notified. Before taking the vehicle out, the member will sign EMS-2 out on the truck log posted in the office. The Crew Chief must call EMS-2 into service, unless circumstances deem this not feasible. Once EMS-2 is called out-of-service, the vehicle must be promptly returned to the office

If EMS-2 is used as a secondary response vehicle, the Crew Chief may choose to allow a second member (Attendant level or higher) to be on shift with him/her, but must give everyone an equal and fair chance to take this spot. The Crew Chief will notify the Scheduling Officer, who will place the empty Attendant spot on the shiftboard. Shift hours completed on the second truck will not count towards shift hour requirements for the semester. Precepting and training will not be allowed during these shifts aside from driving training. Crew members must stay together at all times during the shift. If the Crew Chief keeps EMS-2 in-service during an overnight shift, he/she may sleep in his/her place of residence, but without a second crew member.

EMS-2 will be used primarily as a vehicle for event stand-bys. In this capacity the truck will be driven to the scene by the event crew and parked in a location near the event in a legal parking space, turned off. Arranging event crew pickups and transportation will be done at the discretion of the event Crew Chief. The crew will take into the event any equipment deemed necessary by the Crew Chief. This equipment will include, but is not limited to, the StatPack Backpack, Suction Unit, and AED.



A full truck check will be done by the Equipment Officer on a set schedule. Also, a full check should be done any time the truck is put in service at an event or as a first response vehicle on campus. Any problem or missing equipment found during the check will be immediately reported to the Equipment Officer. If a piece of equipment is missing, the equipment will be replaced on the truck. If the equipment is not able to be replaced, or a mechanical or operational problem is discovered, the Director of Operations must also be contacted and the Director of Operations will make the determination whether the truck will be put in service. If the Director of Operations is not able to be contacted, the Director will be called and will make the decision.

EMS-2 may also respond to second emergencies on the campus under the following circumstances:

- A crew chief is present at the office when a second call is received. This crew chief must be wearing, at a minimum, long pants and closed toed shoes. If the crew chief is not wearing Cornell EMS clothing, they must wear a jacket or polo from the office. The crew chief may also bring any other squad members that are at the office at the time. The other members must meet the dress requirements.
- A Crew Chief can place the truck in service as a second response truck, with the approval of the Director and the Director of Operations and must notify the Scheduling Officer. The crew chief shall be the only crew member on the truck.
- The Crew Chief does not need to be at the office while in service, but must have the second truck parked in a legal spot in an area deemed to be safe by the Director or Director of Operations. This location must be designated on the Operations board at the office, and the crew chiefs personal phone number must be left for the duty crew.
- If the second truck is not at the office, the Crew Chief must bring in the any drugs from the vehicle to ensure they do not freeze.



4.01.6 Title: Bike Unit Operations

Effective Date: **August 30, 2007**

Updated Date: **September 18, 2011**

The Cornell University Emergency Medical Services (CUEMS) Bike Unit will assist normal daily squad operations in appropriate weather. Bicycles can provide rapid access to areas where vehicles are not easily taken. The Bike Unit will also provide a physical exercise outlet for members to utilize on a regular basis. In addition to transporting an EMS provider, bicycles can carry a moderate amount of equipment allowing a provider to initiate care until the arrival of a more traditional first response vehicle or ambulance. Bicycles provide a way to transport a provider amongst large crowds with minimal disturbance and with lessened risk of injury to event spectators and participants. In addition to the obvious advantages there is also a public relations advantage to seeing EMS providers in the community manner other than inside an ambulance.

The usage of bicycles for CUEMS will follow the guidelines described below:

Bicycles used in the program will be in accordance with New York State Vehicle and Traffic Law Section 1236. Bikes will be sized appropriately to members riding them. In addition to necessary medical equipment as outlined in the Bike Unit Operational Checklist, each bicycle will be equipped with a water bottle holder, ANSI-approved helmet, and kickstand.

In order to participate in the CUEMS Bike Unit, members must meet the following criteria:

- 18 years of age or older
- Rank of at least a Bike-ready Crew Chief-in-Training as specified in the Promotions SOP and/or by the current Promotions Officer
- An attendant may ride under the guidance of at least a Bike-ready Crew Chief-in-Training
- Hold a current New York State certification at the EMT-Basic level or higher
- Complete the CUEMS Bike Unit Readiness Checklist
- Have a physical exam within one year stating readiness for such activity.
- Complete Vehicle and Bicycle Safety Class

During times of operation, the following must be ensured before the bicycle is clear from the 201 Palm Road EMS headquarters, exceptions to the following points may be made only if they are approved by the Director or the Director of Operations:

- Bike Unit Operational Checklist is completed (to include maintenance and equipment)
- On duty Bike Unit members must check in with EMS-1 duty Crew Chief
- Scheduled return time is cleared with the on-duty Crew Chief
 - The members of the Bike Unit should schedule themselves on the online shiftboard under the designated bicycle rank for that shift.
- Possess and carry a cellular phone (the number of which is given to the EMS-1 duty Crew Chief)
- Riders must have at minimum one VHF and one 800MHz radio for communication abilities with EMS-1 and CUPD



- Weather does not currently include precipitations of any kind or temperatures below 32°F
 - If at any time these conditions change, the unit must cease operations until they meet all necessary criteria
- The Bike Unit may not operate after 7:00PM.
- The Bike Unit may not operate off Cornell Campus proper unless under specific conditions for particular event coverage.
- At all times, the member should wear an ANSI approved vest or jacket
- The bike unit may only operate in pairs; one member may not go out by themselves. This is to ensure the safety of every member.
- Members may only be in service on the bikes for 6 hours at one time.

During operations of members on the CUEMS Bike Unit, the following operational changes will take effect:

- Bike units will advise Cornell PD Dispatch on Channel 1 that they will be in-service on Campus. Additionally, they will report when going out of service.
- Bike Units will Identify as "EMS-Bike-A" or "EMS-Bike-Alpha", "Bravo", etc. on the VHF Channel, and a county designator to be specified prior to the shift but in accordance with other CUEMS County identifiers.
- Units should operate solely on the CUEMS Ops or EHS 800MHz frequency except when requesting the response of EMS-1 and/or additional resources
- Bike Units will request the response of EMS-1 for any patient that requires evaluation by a crew chief
 - Note: If the Bike Unit member is a Crew Chief, he/she may perform any evaluation and document it on a PCR, generating a call number. If he/she needs additional resources (including but not limited to EMS-1), they should be requested
- For all transports on campus involving a non-Crew Chief Bike Unit, EMS-1 must respond.
- If a single campus EMS call is dispatched and the bike unit is within a two minute response zone as per the discretion of the Bike Unit Leader, they may respond and call on scene to Cornell on Channel 1.
- If a second campus EMS call is dispatched and EMS-1 is dedicated to another call, the bike unit may respond if they are within a five minute response zone as per the discretion of the Bike Unit Leader.
- During normal operations of the bikes, the equipment may never be left alone on the bikes. If a call or event were to occur indoors, the bikes should be locked outside and the bags will be carried with the crew.

The EMS Bike Unit must abide by all campus, local, state, and federal laws regarding use of the bicycles. These include but are not limited to the following:

- A helmet must be worn at all times
- Bicycle paths on campus are denoted with the following indicators:
 - White Lined Areas: Exclusive Bike Lanes – Cyclists have the same rights and responsibilities as motorists
 - Yellow Markings: Shared Walks – Cyclists may ride on these paths, but must yield to pedestrians
 - Red or no markings: Dismount Zones – Cyclists either dismount and walk, or circumvent the area using bike lanes, bike routes, and shared walks



Bicycles need be used in accordance with the policy or the privilege to ride them may be suspended or revoked by any Operations line E-Board officer. Temporary suspension of the privilege may be enacted by any Crew Chief and reported to the Director or Director of Operations immediately.

Routine maintenance of equipment and supervision of the program will rest primarily with the Director of Operations and the Equipment Officer.



4.01.7 Title: **Supervisory Response**

Effective Date:

Updated Date: **October 27, 2007**

The Director and Director of Operations are given the permission to self-dispatch to calls within the response area to assist the crew, hold a supervisory role, and coordinate resources. The purpose of this SOP is to define that role.

When responding to a call, the Director (EMS-2471) and/or Director of Operations (EMS-2472) should identify and report to Cornell Police Dispatch on Cornell1 that he or she is responding to the call or is already on the scene. Upon arrival, like with all other EMS units, operations will be switched to Cornell2. Communication between CUEMS units should be completed on the CUEMS Operations frequency.

The Director or Director of Operations should (though are not required to) respond to any (but not limited to) of the following call types or requests:

- Major Trauma
- Cardiac or respiratory arrest
- Gorge (or other Rescue) Calls
- Calls involving response of a greater than typical number of apparatus/agencies
- Multiple Patients
- Request of the crew
- Calls when EMS-1 is already committed to another call

These responses are in addition to normal duties of the Director and Director of Operations (e.g. interagency conflicts, exposure control, etc.) that would require regular notification to either person. When possible, proper communication should ensure only one supervisor responds to any given scene. This response (if in a personal vehicle) will be a non-emergency response and must adhere to all traffic laws. The Director and/or Director of Operations may be cancelled at the discretion of the on-duty crew chief if he or she is not needed.

At the scene, the responding "supervisor" serves primarily as a "Safety Officer" and should assist in coordinating any other resources. The responding supervisor should aide in speaking to county agencies, Cornell Police Dispatch, and gaining additional information from bystanders. Direct patient care is often unnecessary if a full crew is present, though the Director or Director of Operations should assist if requested by the crew or it is seen as medically prudent to intervene. The on-duty crew chief is ultimately in charge of the scene and patient care, though the supervisor provides additional assistance with safety and quality control.

The responding supervisor must wear CUEMS identifying clothing and necessary personal protective equipment when assisting.

If the Director or Director of Operations begins patient care prior to the arrival of the EMS-1 crew (or other CUEMS unit) he or she should complete their own PCR (in addition to one completed by the on-duty crew) and denote "transferred care to CUEMS-1 (004)" as the



disposition. If the Director is not a Crew Chief, he or she may not respond to the scene or arrive prior to the on-duty crew and may only participate in patient care under the direction of a crew chief.



4.02 Title: **Vehicle Operations**

Effective Date:

Updated Date: **March 14, 2010**

Vehicle Accidents

In the event of an accident involving the EMS truck, the driver will stop immediately and notify CUPD. The crew will then determine whether medical assistance is necessary for any party involved. If medical assistance is required and the crew can perform it without endangering their own well being, then they should administer care and request additional resources as needed. The driver of the vehicle should exchange registration, insurance, and driver's license information with the parties involved in the accident.

The Director and Director of Operations must be notified immediately following the accident. If the accident occurs while enroute to a call, CUPD should be notified and another medical unit dispatched. Under no circumstances should the EMS truck leave the scene of an accident. Under no circumstances are any members of the involved crew to comment on the accident, or make statements about how CUEMS or Cornell University will respond. The Director and Director of Operations will decide how to proceed following the accident including requiring the driver to terminate his/her involvement in the shift, remove EMS-1 from service, and any other actions deemed necessary. Should it be necessary the Equipment Officer should be notified of damage to the truck and should take the proper action to schedule repairs and/or an estimate of damage. The Equipment Officer will take pictures of the damages and maintain them for records. A police report must also be filed within 24 hours of the accident.

The registration and insurance information are located in the glove compartment of the truck.



4.02.1 Title: Driver Training Process

Effective Date: **October 26th, 2012**

Updated Date: **October 26th, 2012**

Driver Training

The Equipment Officer will have discretion and oversight over the driver training process of each member of CUEMS. This includes but is not limited to:

1. Scheduling an EVOC course with current CUEMS EVOC instructors as well as maintaining EVOC Trainers
2. Maintaining records of all past and current members progress in the driver training process
3. Maintain exams and evaluations for each driver for three years after graduation
4. Providing comments and evaluations to each driver trainee collected from driver trainers

Requirements to Drive the EMS Truck

In order to drive a CUEMS vehicle, each member must complete the following in order:

1. Have taken Emergency Vehicle Operations (EVOC) didactic portion
2. Have a valid United States driver's license for at least 18 months and submitted a copy to both the Equipment Officer and the Administrative Officer
3. Have registered for Cornell Fleet Services and passed a Driver History Background Check
4. Have been either conditionally or unconditionally approved by the Cornell Office of Risk Management and signed a written affirmation stating that they have approximately 2000 miles of personal driving experience
5. Have passed the EVOC road course administered by the Equipment Officer or a driver trainer with permission of the Equipment Officer
6. Logged at minimum ten hours of drive time logged on Cornell EMS Driver Evaluation forms completed by a certified driver trainer, subject to evaluation by the Equipment Officer and Director of Operations.
 - a. Note: The Equipment Officer has discretion to modify the Cornell EMS Driver Evaluation forms as necessary.
7. Passed the written and driving portions of the driver's test administered by a driver trainer
8. Responded correctly in emergency mode twice
 - a. Note: Candidate must use all aspects of the RLS system (lights & sirens) while driving the truck for the duration of the two RLS calls



b. Note: This may only be completed once the driver has had a US Driver's License for a minimum of two (2) years, be of the age 19 years old, and be unconditionally approved by the Cornell Office of Risk Management

Requirements to be a Driver Trainer (Preceptor)

1. In order to be a driver trainer each member must:
2. Be a driver in good standing
3. Full driver for Cornell EMS Vehicles
4. Drive in emergency mode at least 8 times.

Note: The Equipment Officer does not need to be a crew chief.

5. Seek verbal approval from the Equipment Officer and Crew Chief Council.

Note: The Equipment Officer will seek input from current Driver Trainers and evaluate the member's past driving record when considering approval to begin the Driver Trainer Orientation process.

6. Complete the Driver Trainer Orientation as outlined by the Equipment Officer.

Note: if a member feels he or she should be a driver trainer before meeting any of the above criteria, they may make such a request directly to the Equipment Officer.

The Equipment Officer has the discretion to make any changes to the program at any time.

Note: This may only be completed once the driver has had a US Driver's License for a minimum of two (2) years, be of the age 19 years old, and be unconditionally approved by the Cornell Office of Risk Management



4.03 Title: **Communication**

Effective Date: **August 30, 2007**

Updated Date: **April 25, 2010**

The purpose of this protocol is to outline intra- and inter-agency communications of CUEMS during emergency operations, non-emergency operations, and special circumstances. Its policies may be amended according to new protocols from Cornell Police, Environmental Health and Safety, and/or Tompkins County Department of Emergency Response. Cornell Police Dispatch and/or Tompkins County Dispatch may designate special operations (including special identifiers and frequency assignments) at any time to facilitate the most efficient and optimal communication.

All crew members of CUEMS will carry a VHF radio while on shift for communications within the Cornell circuit. At least the Crew Chief must also carry an 800MHz radio for communication within the Tompkins County system. An additional set of radios will be maintained in the EMS-1 chargers in the event that battery power runs out on any radios. The Director and Director of Operations will each possess one 800MHz and one VHF radio. These radios will be given to duty or event crews if there are more crew members on duty than available radios. Duty crews always have priority in receiving radios over the Director and Director of Operations. An outline of the frequencies and banks on each radio is designated below.

VHF Band (Cornell)

Channel	Name	Tx Frequency	Rx Frequency
1	Cornell 1	155.520	155.520
2	Cornell 2	156.210	156.210
3	Cornell 1 + Fire Paging	155.520	155.520
4	CUEMS PBU-901	155.265	155.265
5	CU1 – Tone*	155.520*	155.520*
6	EH&S		
7	Fire Paging		
8	EH&S Tac3		
9	EH&S Tac4		
10	ITH Weather		
11	Cornell 3	156.625	156.625
12	CUEMS ⁺	155.265	155.265
13	Cornell 3 ⁺	156.625	156.625
14	Cornell 2	156.210	156.210
15	Cornell 2	156.210	156.210
16	Cornell 2	156.210	156.210

800MHz Band (County)

Channel	A Bank	B Bank	C Bank
1	E Tac	Ops 1 (Lansing, ARFF)	8-Call
2	Ops 9	Ops 2 (Cayuga Heights)	8-Tac1D
3	Ithaca Fire	Ops 3 (Brooktondale, Slaterville)	8-Tac2D
4	Ops 10	Ops 4 (Danby, West Danby)	8-Tac3D
5	F Tac	Ops 5 (Dryden, Etna, Freeville)	8-Tac4D
6	CU EHS/EMS	Ops 6 (Groton, Mclean, Varna)	8-Tac1R
7	CUPD Dispatch	Ops 7 (Newfield)	8-Tac2R
8	CUPD Cars	Ops 8 (Enfield, Trumansburg)	8-Tac3R
9	County Fire	Ops 9 (Ithaca)	8-Tac4R
10	Ops 1	Ops 10 (Ithaca)	F Tac D
11	Ops 2	FP/Traffic	E Tac D
12	CMC	Med A	A Tac D
13	Med A	Med B	F Tac R
14	Med B	EOC/EM Ops	E Tac R
15	Coordination	Fire Paging	A Tac R
16	Priority	Priority	Priority

* Indicates tone activation only

⁺ Indicates these channels will not scan

Cornell University EMS will maintain adequate communications with Cornell Police Dispatch for all aspects of any given call including, but not limited to:

- Calling into and out of service
- Response to the scene
- Departure and disposition from the scene
- Request of additional resources

Specific unit identifiers will be used for individual persons and groups to ensure clear communication with Cornell Police Dispatch and Tompkins County Emergency Control. Also, certain Officers will hold CUEMS Cell Phones for communications regarding squad business. These identifiers and phone numbers are outlined in the chart below.

Position/Unit	Cornell Designation	County Designation	EMS Phone Number
CUEMS Office	-	-	(607) 255-9320
CUEMS Primary Vehicle	EMS-1	2441	(607) 327-2498
Duty Crew Chief	EMS-1A	2441A	
Duty Crew Member	EMS-1B	2441B	
Duty Crew Member	EMS-1C	2441C	
Duty Crew Member	EMS-1D	2441D	
CUEMS Secondary Vehicle/Crew	EMS-2	2442	
Event Crew(s)	EMS-3/4/5... (A-D)	2443/4/5... (A-D)	
Director	EMS-2471	2471	(607) 327-2496
Director of Operations	EMS-2472	2472	(607) 327-2670
Equipment Officer	EMS-2473	2473	(607) 327-0882
Scheduling Officer	EMS-2474	2474	(607) 327-0461

The Primary Response vehicle will always be EMS-1, while the County Designations for 2441 and 2442 will remain with the vehicle despite their status as primary or secondary.

The Cornell Police Dispatch procedure will be followed for all CUEMS calls either when Bangs Ambulance is or is not dispatched. This procedure is outlined below:

All tones and dispatch will be transmitted on Cornell1. Following EMS tones, *without Bangs dispatch*, an appropriate transmission will follow: "Cornell to EMS-1/2, respond to (Location) for (Call Overview). EMS-1/2, respond to (Location) for (Brief Call Overview)." Following EMS tones, *with Bangs dispatch*, an appropriate transmission will follow: "Cornell to EMS-1/2, 2418/2419/2420, 4##, respond to (Location) for (Call Overview). EMS-1/2, 24##, 4##, respond to (Location) for (Brief Call Overview), Bangs will be dispatched." EMS tones will be repeated without an immediate response from EMS within one minute. If an EMS call is dispatched over Cornell1 and EMS was not specifically dispatched, EMS-1 should contact Cornell Police Dispatch over Cornell1 and advise the dispatcher EMS is available for the call. If an EMS call is dispatched over Tompkins County Dispatch and a Cornell dispatch does not



immediately occur, EMS-1 may contact Cornell Police Dispatch over Cornell1 and advise of the situation and call location as best possible. If EMS-1 is flagged-down for a possible patient, Cornell Police Dispatch should be advised of all immediately available information and the patient's location over Cornell1.

Following dispatch, CUEMS will acknowledge the call and/or report responding, as well as report on-location over Cornell1. All following communications with Cornell Police Dispatch should be transmitted on Cornell2 unless otherwise designated by the Cornell Police Dispatcher. Other Cornell units (including Cornell Police and Environmental Health and Safety) can be contacted over Cornell2. The CUEMS Private channel should be used for intra-crew communications. All requests for additional resources (including police, EH&S, fire departments, rescue, and/or helicopters) should be made through Cornell Dispatch. **Plain English** should always be used for radio communication (both Cornell and County systems) as it is clearer than 10 codes. The use of additional Cornell tactical channels (including EH&S tactical channels) will be used only under specific circumstances following prior agreement for their use.

Communication with Tompkins County Dispatch will be transmitted on various appropriate talkgroups assigned through the 800MHz system. These talkgroups are contained in three banks on the 800MHz radio. Bank A contains frequently used communications talkgroups by CUEMS as outlined above. Banks B and C are universal to all 800MHz radios in Tompkins County and contain all the necessary talkgroups for any type of emergency or interagency communications. The Tompkins County Dispatcher may at any time assign any talkgroup for efficient operations and communications.

"Coordination" is a talkgroup used for communication between different emergency service agencies while on a particular scene (e.g. communication with IPD on a motor vehicle accident). This channel is scanned on all 800MHz radios.

"Priority" is always channel 16 (in all banks) and is used for on-scene emergency communications with Tompkins County dispatch.

"Med A" (County EMS) and "Med B" (Bangs EMS) are the designated channels for all medical calls. If Bangs (for example) is the primary responding agency, Med B will be the operations talkgroup for that call. All calls for which an ambulance is dispatched are designated as medical calls (e.g. motor vehicle accidents are medical calls).

"Ops 9" (primary) and "Ops 10" (secondary) are the designated, operations talkgroups for the City of Ithaca FD use on fire calls in their district. "Tac E" and "Tac F" are their respective corresponding non-trunked analog talkgroups for operations on these calls. "Ops 2" is the designated operations talkgroup for Cayuga Heights. "Ops 1" is the designated operations talkgroup for Lansing.

Patient updates should be given to Bangs and/or other responding units upon completion of a patient assessment on the appropriate frequency as designated above. If a change in priority is warranted for Bangs' response, CUEMS should state "recommend upgrade/downgrade," at the conclusion of the patient report. Patient reports to Bangs should include the patient's age/sex, chief complaint, pertinent details/findings, vital signs, and priority and access recommendations.



Cayuga Medical Center and Cortland Regional Medical Center are also assigned their own talkgroups. Only CMC will have a designated channel on the CUEMS radios. The CMC talkgroup will be utilized by CUEMS Crew Chiefs for Medical Control. The Crew Chief must ensure that they are speaking with a doctor prior to receiving medical orders.

When arriving on the scene of an EMS call on Cornell's campus, CUEMS should identify and transmit on Med B (or the other appropriate county talkgroup as designated above) "Cornell EMS 2441 is on scene at (LOCATION), with a crew of (# of crew members)."

Tompkins County EMS response modes will be determined by a dispatcher trained in Emergency Medical Dispatching (EMD) who will assign the appropriate priority to the call. *Cold* is defined as no lights and sirens, normal traffic operations. *Hot* is defined as response with full RLS and appropriate traffic interaction. The county will dispatch the call given a certain priority as follows: *Alpha* (BLS/cold), *Bravo* (BLS/hot), *Charlie* (ALS/cold), *Delta* (ALS/hot), or *Echo* (Immediate/ALS/hot).

Special communications protocols may be placed into effect in certain situations. These situations include, but are not limited to, Mass Casualty Incidents, Slope Day, and/or Mutual Aid calls. Outlines for these communications policies are contained in their individual, appropriate SOPs.

The policies are subject to change at any time according to the direction of the on-duty Cornell Police Dispatcher and/or Tompkins County Emergency Control.



4.04 Title: **Shifts**

Effective Date:

Updated Date: **September 18, 2011**

All members are required to arrive or await their pickup fifteen (15) minutes prior to the beginning of their shift. A member is considered late if they show up after the beginning of a shift. If a member arrives more than fifteen (15) minutes after the beginning of a shift, and has not called the office to explain their tardiness, and if their tardiness is not due to an emergency, it will be documented in their file through an Incident Report written by the duty Crew Chief, and the Director will be notified. If a member arrives fifteen (15) minutes late to shift a second time, that shift will be considered as a "no show" shift, and disciplinary action will be taken at the discretion of the Director and/or the Executive Board.

*All CUEMS shifts must have at least a Crew Chief for them to be allowed in service and follow the guidelines for crews as outlined in **Crew Member Responsibilities**.*

Cornell University Police Dispatch must be notified by phone (255-1111) when Cornell EMS goes into or out of service.

All shifts are monitored by the Scheduling Officer, who tabulates the number of hours that each member has worked each semester. One hour of shift counts as one hour towards shift requirements. If, for an acceptable reason, such as an emergency or illness, a crew member must leave a shift before its scheduled time of termination, the time that was performed shall be rounded to the nearest 1 hour, and be counted by the Scheduling Officer for the amount of full hours worked. If there is a replacing crewmember that member shall be credited for the remaining hours of that shift.

If the EMS-1 overnight crew is going to sleep, they must do so in the 201 Palm Road office. This is to ensure minimum response time to calls on campus and allows CUPD dispatch and other emergency personnel to know the crew's location in case they need to be reached by a means other than an emergency dispatch.

Shift Duties and Chores

1500-1900hrs shift:

At the beginning of the 1500-1900hrs shift *or* anytime Cornell EMS goes back into service, the crew will complete a full inspection of the truck and all equipment therein according to the truck check sheet provided in the vehicle. Any broken or malfunctioning equipment will be immediately reported to the Equipment Officer and will be replaced with proper, functional equipment. The crew will correct any discrepancies between the current condition of the equipment and the condition required by the SOP's and/or the Department of Health. The truck will be filled with fuel and any necessary preventative maintenance will be completed. The crew will wipe down all radios with a disinfectant wipes to decontaminate them.

1900-2300 shift:

During the 1900-2300hrs shift every day, the duty crew will complete the following tasks

1. Empty the trashcan in the office; Bag the linens if necessary; Sweep the floor if necessary

Sundays 1100-1500 shift:

Every Sunday during the 1100-1500hr shift, the duty crew will take all of the dirty linens to the Appel Commons Service Center to be exchanged for clean linens.



4.05 Title: **Shift Sign-Up**

Effective Date: October 30, 2012

Updated Date: **October 30, 2012**

Members can sign up for shifts online at the designated website location. To access the shift board members must have a user ID and password. The Scheduling Officer will supply both of these upon joining the squad. To sign up for a shift, members must access the shift board and click on an open slot that corresponds to his/her crewmember position. A box that says "confirm shift sign up" will pop up; a member may cancel or accept his/her decision at this time. Once a member clicks the "OK" box, he/she is committed to running that particular shift. No person shall be permitted to run more than 24 hours in a row.

If a member has a prior obligation, or cannot make the shift, he/she must find a replacement. First the member shall return to the online shift board and click on his/her user name corresponding to the shift he/she seeks coverage. This will flag that particular shift. Then the member should contact other members, and ask someone to cover the shift for them. If another member takes the shift, both members are required to contact the Scheduling Officer to let him/her know of the change. If there is a problem finding a replacement, members are required to run their shift, unless they contact the Scheduling Officer at least one day in advance (24hrs) to explain the situation and he/she approves the excuse.

Shift Limits

Shifts limits will be placed on each member based on their rank. Crew Chiefs have no limit to the number of shifts on the shift board at any one time. Crew Chiefs in Training (CCITs) will be allowed no more than 36 hours in a four week period, only 3 shifts may be overnight shifts. An Advanced CCIT (ACCIT) has no limit on shifts when signing up under the ACCIT rank. An Attendant will be allowed no more than 28 hours in a four week period, only 2 shifts may be overnight shifts. A Trainee will be allowed no more than 16 hours in a four week period, only 1 shift may be an overnight shift. **Unassigned trainee shifts will be open to members of higher rank after such shifts have been published for 2 weeks.** Each member cannot have more than twice the number of shifts (that their rank designates) on the shift board at any time. CCIT pairs can use their discretion to remove their fourth crew member on any given shift, but this is strongly discouraged.

When signing up for shifts, no member will be able to exceed their rank's limit, with the following exceptions—shifts taken within 24 Hours, shifts directly assigned to members by the Scheduling Officer, daytime shifts (8am to 3pm), and publicly dropped shifts **taken within 48 hours of the actual starting time for the shift.** Publicly dropped shifts can be picked up on the tradeboard by any member of the same rank or higher. This is not to be confused with swapping/directly trading shifts, which is not exempt from the shift limits set forth above. The Scheduling Officer can also approve or deny any of these shift sign-ups. Members found to be over their shift limits will lose two shifts at the discretion of the Scheduling Officer in addition to being cleared from the shifts that initially caused them to surpass their shift limits.

If a member exceeds their limit the Scheduling Officer will notify them and remove them



from shifts until they are below/at the limit. Depending on the number of individuals at each rank, shift limits may need to be changed by the Scheduling Officer. All members, including the Executive Board, will be advised of the limit set by the Scheduling Officer.

Sick Policy

If a member is sick and unable to cover a shift, an email must be sent to the appropriate listserves, the Scheduling Officer, and a call must be made to the crew to notify them. The sick member **MUST** try to fill the shift, and will be held responsible if the shift goes unfilled.



4.06 Title: **Operations Board**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

The Operations Board is the white dry-erase board in the 201 Palm Road EMS office intended to provide e-board members, crews, and the general membership with information by sharing it more easily. It will aid in information transfer from shift to shift and day to day. Follow the guidelines below to add to the ops board.

All writing on the Operations Board should remain professional and to-the-point. Brown writing indicates the message was written by the Director; Blue indicates the Director of Operations; and Green indicates the Equipment Officer. Any other writing should be in black and the author should initial his/her message.

Hospital Equipment

When a patient is brought to the hospital with a piece of CUEMS equipment with them (e.g. on a backboard or with an arm splint), write the date, equipment involved, destination of the patient, and your initials on the board. Take note of the equipment out at the hospital and note that it then may be missing from the truck. If you take a trip to the hospital, be sure to bring this equipment back with you when you go and erase it from the board once it is returned.

Road Closures and Access Problems

These updates should only be written by the Director, Director of Operations, or Equipment officer when given official notification from the University; however, sometimes these types of problems occur without advanced notice. Be sure to write the exact intersection or block where the problem is and what exactly is closed. Additionally, if you note that certain doors or driveways/paths are closed due to construction or whatever reason, be sure to note them on the board. Include the date when you put it up and your initials. If you know information about when the given situation will be relieved, note that as well.

Equipment Updates

This information will typically be maintained by the Equipment Officer and Director of Operations. If a piece of equipment is taken out of service due to contamination or equipment failure, note that in this section.

Operations Updates

This information will typically be maintained by the Director of Operations or Equipment Officer. Things on this board may be important for every day changes or reference new SOPs or guidelines for you to follow. It may include information about Cayuga Medical Center, Gannett, Bangs, IFD, CHFD, CUPD, EH&S, or any other agencies/facilities CUEMS works with on a regular basis.

Training and Membership Announcements

This information will typically be maintained by the Training and Membership Officers. Other members may write in this section as well to keep the squad updated about relevant events and training sessions/classes going on around campus and Tompkins County.



4.07 Title: Additional Resources

Effective Date: August 30, 2007	Updated Date: April 25, 2010
--	-------------------------------------

At any time that a patient requiring advanced life support, or requiring basic life support transport, Cornell Police dispatch will be notified to contact Bangs Ambulance (or the otherwise appropriate transporting agency).

Dispatch will be notified to request the appropriate fire department in the event that an incident involves/requires rescue, extrication of a patient, or any other necessary assistance the Fire Department can provide.

Environmental Health and Safety will be requested to respond to any incident involving lab safety, hazardous materials, for additional man power, or any other necessary assistance EH&S can provide.

Police assistance should be requested for any incident where safety of the crew is or may be at risk at any time, for traffic control, for potential or defined crime scenes, or for any other necessary assistance the Cornell or Ithaca Police can provide.

Helicopter standby should requested for any call where the dispatch information indicates the patient may meet major trauma criteria (per NYS DOH Protocol) and necessitate transport to a Level I trauma center. The launch of the helicopter should be requested upon arrival on scene noting the Mechanism of Injury or Assessment findings meet major trauma criteria necessitating transport to a Level I trauma center.



4.08 Title: **Equipment and Clothing Decontamination**

Effective Date: **September 26, 2008**

Updated Date: **April 25, 2010**

Contaminated equipment and/or clothing are defined as anything that was sent with a transporting agency to a medical facility, or has come into contact with bodily fluids of a patient. If any CUEMS owned items or items owned by CUEMS personnel should become contaminated, it is the responsibility of the Equipment Officer to clean and decontaminate said equipment following the procedures explained below. If there is any doubt as to whether or not an item is still sterile, it should be classified as contaminated, properly disposed if applicable or if not it should be cleaned in a similar manner as other contaminated items.

It is the job of the CUEMS Crew Chief to determine whether an item has become contaminated during a call and if so must place the item in a red biohazard bag, seal the bag, place it in the designated area in the CUEMS office and notify the Equipment Officer. All non-disposable potentially contaminated items will be classified into two categories based on the material they are made out of. These classifications are porous, absorbent material and non-porous, solid surface material. For example any clothing material will be classified as porous and any backboard will be classified as non-porous. Once an item is classified read the applicable section below for decontaminating procedures.

Procedure for Decontaminating Porous, Absorbent Material

In the case of porous material it is important to make sure to remove all potential contaminants from the entire material. To do so follow the procedure below:

1. Ensure proper Body Substance Isolation using protective gloves at all times. If necessary use goggles and a mask.
2. Create a mixture of warm to hot water with soap and thoroughly scrub the item. If no potential harm will be done to material such as breaking blood pressure cuffs, then the item may be submerged for 10-15 minutes. It is important to maintain a **contact time** of at least 5 minutes on the material when not submerging. **Contact Time** is defined as the length of time a substance is held in direct contact with a cleaning agent.
3. Once cleaned by soap and water, spray a material safe decontaminating agent such as Sanizide or Cavi Solution. It is important to maintain a **contact time** of at least five minutes unless otherwise noted on the product used.
4. Once the appropriate **contact time** has expired thoroughly wash and wipe the now decontaminated items clean and allow to dry in a separate area

Should clothing become contaminated it is important to follow the steps as above and then to also wash with warm water in a washing machine and dry in a dryer. Ideally, this should be in specified machines for this purpose, however if not available take care to not spread contaminants to the machine. This step is important as the heat provides another method for killing bacteria. Once clothing is decontaminated, if applicable it may be returned to the appropriate member of CUEMS.

Procedure for Decontaminating Non-Porous, Solid Surface Material



In the case of non-porous material it is important to remove all potential contaminants from just the surface of the material. To do so, follow the procedure below:

1. Ensure proper Body Substance Isolation using protective gloves at all times. If necessary use goggles and a mask.
2. Create a mixture of warm to hot water with soap and thoroughly scrub the item. It is important to maintain a **contact time** of at least 5 minutes on the material.
3. Once cleaned by soap and water, spray a material safe decontaminating agent such as Sanizide or Cavi Solution. It is important to maintain a **contact time** of at least five minutes unless otherwise noted on the product used.
4. Once the appropriate **contact time** has expired thoroughly wash and wipe the now decontaminated items clean and allow to dry in a separate area.

When cleaning electronic or other equipment that is used often by the CUEMS duty crew, gently clean with a decontaminating agent wipe. Care should be taken to not allow electronics to be destroyed during this process.

It is imperative to decontaminate all material that is returned to CUEMS after being taken to a medical facility. Although equipment should be decontaminated on site, it should be assumed that appropriate steps may not have been taken.

If any doubt or question remains during the decontamination process, refer to product websites and manuals for more information on specified procedures.



4.09 Title: **Special Events**

Effective Date: **April 16, 2008**

Updated Date: **September 18, 2011**

Special events are received via the Director email or by the Scheduling Officer via the request form on the website, and forwarded to the Director of Operations. The Director of Operations will email pertinent information out to the Administrative Officer, the Scheduling Officer, the Finance Officer, the Equipment Officer, and the Director. Upon receipt of a special event request, the Administrative Officer will keep track of the status of the event in an event log. The record will include the date, time, description, number of crews, agency paying for the crew, expected donation, contact information, confirmation status, bill status, and donation status for each event. The Administrative Officer also keeps track of the deadlines set forth in this SOP. At least one week prior to the event, the Scheduling Officer confirms the event by emailing the agency that made the request and forwards the confirmation to the Administrative Officer. The Scheduling Officer assembles crews for events and assigns crews to popular special events according to **Special Events Committee**. Within 48 hours after the event, the Finance Officer sends out an invoice for a paid event, which is billed at \$30 per crew per hour. The Finance Officer must also send the Administrative Officer an email with exact amount billed and the name of the agency that is being billed. Upon receipt of a donation, the Finance Officer sends a second email to the Administrative Officer confirming that the donation was received. The Equipment Officer prepares the necessary equipment for the event (bag, ice packs, splints, etc.) at least 48 hours before the event.

An Incident Action Plan (IAP) will be created and filed by the Director of Operations for every special event run by CUEMS requiring the services of two (2) or more crews—or five (5) or more personnel. An IAP should also be generated for any shift where event crews (for a total of two or more) overlap by two (2) or more hours. If an IAP is required, the Director of Operations will create the IAP at least 48 hours before the event. IAPs will provide efficient, NIMS-compliant, outlines for safe and effective operations. A template will be kept by the Director of Operations to be used in the future.

Every effort should be made to have a fully staffed crew at an event. A special event crew should consist of, at a minimum, a Crew Chief. As a last resort and in the event that no Crew Chief is available to run the event, two Crew Chiefs in Training may be placed in charge of the crew. At least one CCIT is to be at the rank of Advanced CCIT. The other CCIT should be deemed to have sufficient experience. All decisions about staffing an event with CCITs will be done at the discretion of the Director (2471), after consultation with the Director of Operations (2472) and Promotions Officer. If the event consists of multiple crews, at least one Crew Chief need be present and in charge of one of the crews. A Driver is not necessary for an event crew to go in service but is required if a Cornell EMS vehicle will be used to drive to the event and standby there. No Cornell EMS vehicle will be driven without a Driver.

After every special event, a Special Event report form should be submitted to the Scheduling Officer. All PCRs generated must be logged into the Call Log as with normal operations.



4.10 Title: Slope Day

Effective Date: August 30, 2007	Updated Date: April 25, 2010
--	-------------------------------------

Slope Day is the Cornell University event that marks the last day of classes (Friday, not Saturday) of the spring semester each year. Slope day is an event typically comprised of music, crowds, and attended by thousands of students, staff, and visitors of the University. The event requires a larger CUEMS presence than during typical operations and thus special arrangements are made for its operations. Refer to the "Slope Day Procedures" binder (maintained by the Director of Operations) for an outline of services provided by CUEMS each year. It serves as basis upon which each Director of Operations may configure operations for Slope Day each year. Its policies are subject to change and ultimate CUEMS authority on Slope Day is held by the Director of Operations. The Director of Operations is responsible for pre-planning, command, and post-incident phases of Slope Day. The Director of Operations is responsible for explaining the procedures for slope day in a mandatory training meeting (typically the last of the year) for all personnel working on Slope Day.

Documentation

Due to the size and number of EMS calls occurring during the Slope Day event, the Director of Operations must outline proper documentation procedures for use of either electronic or paper Pre-Hospital Patient Care (PCR) reports prior to the event.



Article 4.11

Mass Casualty Incidents

4.11.1 Title: **Mass Casualty Incidents and Squad Mobilizations**

Effective Date: **August 30, 2007**

Updated Date: **February 16, 2009**

Part 1: Squad Mobilization

In the case of a large-scale mass casualty incident, which is defined as requiring a mobilization of the entire organization, the Director (or in his/her absence, the Director of Operations) may mobilize off-duty members of CUEMS.

A *mass casualty incident (MCI)* is any incident that produces more than (2) seriously injured patients OR any unusual EMS situation which taxes our resources. A Large Scale Incident is an MCI requiring many resources necessitating the mobilization of the entire squad.

When Cornell University EMS is dispatched to a potential Mass Casualty Incident, Cornell University Police Dispatch will contact the Director (or in his/her absence, the Director of Operations) via cell phone and dispatch the duty crew appropriately by normal dispatch protocols. If Cornell EMS is not in service at the time of the dispatch, the Director (or in his/her absence the Director of Operations) should be contacted immediately to mobilize Cornell EMS appropriately. That procedure is as follows:

Initial contacts:

1. The Cornell Police Dispatcher
 - a. Contact the Director via cell phone or radio to inform him of the nature of the incident and request appropriate mobilization (eg. In-service crew or the entire organization). A message will be left if the Director does not answer his/her cell phone and the Director of Operations will be contacted. Should neither answer their phones, the Scheduling officer will be contacted
 - b. Will send out a uniform text message to one of two lists provided by Cornell EMS. The message will provide information regarding the nature and location of the incident, and request members to report to a staging area and await further instructions. The two lists should be:
 - i. Supervisory Chain – This list should contain all Crew Chiefs, Crew Chiefs in Training, and E-Board Members. It can be utilized for smaller scale incidents not requiring a full mobilization, but necessitates more personnel on scene than only the duty crew.
 1. The list can also be activated to alert members to the need for a second crew to staff EMS-2 in the event of an incident that will require EMS-1 to be dedicated for an extended period of time.
 - ii. Member All Call – This list contains the names of all members of Cornell EMS that are at the rank of Attendant and above. This list



should be utilized in the event of a large scale incident with the potential for a very high casualty rate.

- iii. These lists will be overseen by the Administrative Officer and an updated copy will be sent to Cornell PD at the beginning of every semester.

2. The Duty Crew

- a. Ensure additional resources have been requested as needed through Cornell Police Dispatch.
 - i. This is based on the crew chief's discretion as to the nature of the reported incident. It may include (but is not limited to) any of the following resources:
 1. Fire Departments
 2. Specific Rescue Capabilities
 3. Hazardous Materials Crews
 4. Stat MedEvac, Mercy Flight, Multiple Helicopters
 5. City, County, or State Police
 6. Department of Health
 7. Aircraft Crash Units
 8. Bays and additional EMS
 9. Towing, removal, and stabilization units
 - ii. Request that Environmental Health and Safety personnel tow the Cornell EMS Mass Casualty Unit to the scene for utilization if necessary based on the level of MCI incident present.
- b. Contact the Director via cell phone or radio to inform him of the nature of the incident and approximate number of patients. A message will be left if the Director does not answer his/her phone, and the Director of Operations will be contacted via cell phone. In the event neither 71 or 72 answer their cell phones, text "10-33" to both cell phones, then contact the Scheduling Officer via cell phone and have him/her attempt to contact the Director or Director of Operations. If possible, this should be done upon receipt of dispatch, enroute to the call.
 - i. If CUEMS was not in-service at the time of the call, and a duty crew was assembled, upon going into service, the above sequence should be followed to notify dispatch and 71/72/74
- c. Begin on scene procedures as outlined below.
 - i. Wear duty-ANSI vests while on-scene

3. The Director or Director of Operations will ensure the following people are contacted by phone or radio:

- a. Director
- b. Director of Operations
- c. Equipment Officer
- d. Scheduling Officer
- e. Any remaining E-board leadership he/she feels appropriate
- f. Cornell Police Dispatch to inform them that full CUEMS resources are being mobilized



4. The Scheduling Officer will contact the following people as instructed by 71 or 72 in this order via text message or cell phone:
 - a. Crew Chiefs
 - b. Crew Chiefs in Training
 - c. Attendants
 - i. Priority should be made for those attendants who are at least EMT-B level and/or who have personal vehicles
 - d. Should the Scheduling officer be the CUEMS representative contacted by CUPD in the absence of the Director and Director of Operations, he/she should begin contacts with those outlined in section (3) above.

Reporting to the Scene:

1. The Director and Director of Operations will report directly to the scene of the incident. Either the Director or Director of Operations will assume the role of Incident Commander depending on who arrives on-scene first. If Environmental Health & Safety or Cornell Police have already established Incident Command, this role will be coordinated with them.
 - a. Upon arrival, the Incident Commander should contact both CUPD and Tompkins Emergency Control with the following information
 - i. Identification and arrival on scene
 - ii. Scene and patient number update as possible
 - iii. Establishment of "Cornell EMS Command" and give location of the command post and staging areas
 - iv. Any scene hazards
 - v. Best access points to command post and staging areas
 - vi. Additional Resources needed
 - vii. Establish ICS procedures as possible and outlined below under Scene Operations and Duties
2. The Scheduling Officer will report to the staging area as designated by the incident commander and await incoming personnel and instructions from Incident Command on what resources are needed. If the Scheduling Officer is unavailable, another squad member may be appointed to assume his/her duties by the incident commander.
3. The Equipment Officer will report to the office immediately (without going to the scene first) and organize equipment for transport to the scene. The equipment officer may request use of Cornell Environmental Health & Safety, Cornell Police, Cornell University, EMS-2, or personal vehicles for use in transporting equipment to the scene. If the vehicle is equipped with lights and sirens, these may be utilized under CUEMS protocols for emergency response to a life-threatening emergency (as long as the driver is a "Full Driver" for CUEMS or has been granted similar standing by his own agency), when going to and from the office to expedite arrival of equipment at the scene. If the Equipment Officer is unavailable, another squad member may be appointed to assume his duties.

Equipment for MCIs includes but is not limited to:

 - a. EMS-2 Vehicle
 - b. The MCI Unit trailer.
 - c. All Radios and communication equipment
 - d. All available back-boards and immobilization equipment
 - e. All accountability and rehabilitation equipment



- f. All documentation
- 4. Crew Chiefs will report to Incident Command at the scene or the nearest staging area (designated below) if they have no means of quickly arriving on scene.
- 5. CCITs and attendants will report to the nearest Staging Area (designated below) and await assignment or pickup to be brought to the scene.
 - a. The first set of Attendants who are contacted (by the scheduling officer) who have vehicles at their disposal will be instructed to pick up the Director, Director of Operations, Equipment Officer, and/or others from the designated staging areas if necessary.
 - b. A list of the available POV drivers will be maintained by the scheduling officer for such instances.
 - c. All personnel reporting to designated staging areas (as below) should text the scheduling officer phone with their staging location.
 - d. The designated staging areas are as follows:
 - i. Area 1 – North Campus, Donlon Circle, IFO RPCC
 - ii. Area 2 – West Campus, Baker Flagpole Bus Stop
 - iii. Area 3 – Collegetown, IFO Schwartz Center, Bus Stop
 - iv. Area 4 – Central Campus, IFO Day Hall
 - v. Area 5 – East Campus, IFO Dairy Bar/Store
 - vi. Area 6 – 201 Palm Road Office
- 6. Off-duty Trainees may not respond to a major incident unless requested by the Director or Director of Operations and contacted directly by an appointed Officer. Severe disciplinary action will be taken if Trainees are present at an incident without being requested.
- 7. Any member responding to the incident in a vehicle should park the vehicle away from the scene, the command post, and the staging area in a place that will not hinder emergency operations or traffic flow.
- 8. Any ranking Tompkins County personnel including Ithaca Fire, Cayuga Heights Fire, or Bangs Ambulance upon assuming Incident Command may direct CUEMS personnel as needed, without regard to this mobilization plan.
 - a. Cornell University EMS will establish “Cornell EMS Command” as soon as possible and direct EMS operations on the scene both internally and for other county responding agencies. The Director, Director of Operations, and/or acting Cornell Incident Commander will work with Bangs, IFD, CHFD, and other Tompkins Emergency Service agencies’ supervisors to ensure all needs are met. Direct supervision over the usage and distribution of CUEMS equipment must be and will be maintained by CUEMS incident commanders regardless of the primary authority on scene.

Part 2: MCI Scenes

In the case of a large-scale mass casualty incident, which is defined as requiring a mobilization of the entire organization, the following procedures will be followed for on-scene operations and duties.

A *mass casualty incident (MCI)* is any incident that produces more than (2) seriously injured patients OR any unusual EMS situation which taxes our resources. A Large Scale Incident is



an MCI requiring resources that result in the mobilization of the entire squad as described in Part 1 above.

The EMS-1 vehicle should be parked on scene and not leave the scene. It will serve as the command post for Cornell EMS Command and Incident Command until a more permanent location can be established. At the discretion of the Cornell EMS Commander, it can be used for transportation of MCI equipment at the direction of the Equipment Officer.

The first Crew Chief to arrive on scene should be sent to the office to retrieve EMS-2 unless EMS-2 has already been taken to deliver equipment or personnel to the scene. EMS-2 may be driven with Red Lights and Siren according to squad protocol for RLS Response. If EMS-2 is towing the MCI Unit Trailer it may respond with Red Lights and Siren using due regard for safety and in congruence with the MCI Trailer Protocol. The decision to retrieve EMS-2 or postpone or forego the decision is at the discretion of the Incident Commander.

EMS-2 is to be driven to the designated Treatment Area so it may unload its equipment. It should remain at that location unless otherwise dictated by the Incident Commander. If no Treatment Area has been established, EMS-2 should be taken to the Command Post.

On-Scene Operations and Duties:

1. The Director and Director of Operations will report directly to the scene of the incident. Either the Director or Director of Operations will assume the role of **Incident Commander** depending on who arrives on-scene first.
 - a. In the absence of the Director and/or Director of Operations, the most senior CUEMS official holding at least a certification of EMT-B will assume the role of Acting Incident Commander
 - b. The *Incident Commander* will possess one VHF Radio, one UHF Radio, and one Cell Phone (71 or 72 cell)
 - c. Upon arrival, the incident commander should contact both CUPD and Tompkins Emergency Control with the following information
 - i. Identification and arrival on scene
 - ii. Scene and patient number update as possible
 - iii. Establishment of "**Cornell EMS Command**" and give location of the command post and staging areas
 - iv. Any scene hazards
 - v. Best access points to command post and staging areas
 - vi. Additional Resources needed
 - vii. Establish ICS procedures as possible
 - d. The Incident Commander will act as such until turnover to a higher county authority. At this point, the Cornell EMS Commander will retain leadership duties over Cornell EMS and work cohesively with other county authorities.
 - e. The incident commander is responsible for designating roles of each of the authority personnel as outlined below. Additionally, he/she is responsible for maintaining an accurate list of all sector leaders.
 - i. Each sector leader should wear the appropriately colored and labeled vest to identify them as such
 - ii. All other Cornell EMS Personnel should wear the same color, provided ANSI vests for easy recognition and identification



2. The Incident Commander will designate the following personnel:
- a. **EMS Command Officer ("Safety Officer" as well)**
 - i. May simply also be the Cornell EMS Commander
 - 1. Ideally this role will be filled by the Director or Director of Operations (i.e. the one not already assuming the role of Incident Commander)
 - 2. This role should otherwise be filled by an appropriate and able Crew Chief or appointed EMT-B or higher
 - ii. The *EMS Command Officer* will possess one VHF Radio, one UHF Radio, and one Cell Phone (71 of 72 cell)
 - 1. Incident Command may also possess the Truck Cell Phone
 - iii. Receives information from Transportation Sector; radios or telephones this information to the Cornell Police and Tompkins County, and is given the destination hospital for each ambulance
 - iv. Communicates with Medical Control to identify receiving hospitals
 - 1. It is imperative that all ambulances follow the direction of Medical Control and not field provider discretion.
 - 2. This role should be maintained with Bangs Supervisors
 - v. Confirms destination with ambulance, and moves another unit from EMS Staging Area into Loading Zone.
 - vi. Maintains patient log.
 - vii. Maintains role as **Safety Officer** and may designate additional person(s) to fill this role. The roles of the Safety Officer are as follows:
 - 1. Maintain awareness for scene safety and hazards throughout the entire incident. Communicate any of these concerns to Incident Command immediately, if necessary
 - 2. Coordinate decontamination efforts, as required, with Fire/Rescue/HazMat personnel on-scene
 - 3. Ascertain accurate accountability for all personnel on-scene by maintaining duplicate identification cards.
 - a. Assist the Incident Commander with assigning personnel and accounting for their whereabouts at all times during the incident and how they may be contacted if necessary
 - 4. Coordinate with other agencies safety officers and commanders to ensure all safety and accountability at all times
 - 5. The *Safety Officer* will use the same communications equipment as the EMS Command Officer (Director of Operations), but may also have an additional VHF Radio at his/her disposal (discretion of Incident Command)
 - b. **Triage Sector Officer**
 - i. The purpose of triage is to provide the most efficient care to the most in need rapidly. It embodies a universal system of establishing priority for treatment and transport of multiple patients.
 - ii. This role should be filled by a crew chief or otherwise capable and appointed EMT-B or higher



1. Ideally this role will be filled by the Promotions Officer or Training Officer
2. At least initially, this role will be held by the duty crew chief (if applicable) responding to the call
- iii. The *Triage Officer* will possess one VHF Radio
- iv. Estimates number and severity of patients and communicates these factors with Incident Command
- v. Sorts all patients into categories according to severity of injury or illness at current time
- vi. Establishes tagging and extrication teams
 1. All tagging and triage designations should be made by Crew Chiefs and/or CCITs according to the rules of START triage
 2. The role of **Extrication and Rescue Officer** should be appointed and coordinated with Ithaca Fire/Rescue, Cayuga Heights Fire/Rescue, and/or any other Rescue personnel called to the scene
 3. Extrication indicates the removal of patients from the scene. Should this require any technical rescue or at any time involve an unsafe area, Cornell EMS personnel should not participate
- vii. Establishes triage and treatment areas in conjunction with treatment EMS personnel
- viii. After all patients have been triaged, the Triage Sector Officer reports to the patient treatment area for assignment
- ix. Maintains rapid and orderly flow of patients to treatment areas

c. Treatment Sector Officer

- i. This role should be filled by a crew chief or otherwise capable and appointed EMT-B or higher
 1. Ideally this role will be filled by the Training Officer or the Promotions Officer
- ii. The *Treatment Officer* will possess one VHF Radio and one UHF Radio
- iii. Clearly marks Treatment Area to reflect Triage Status as designated by the Triage Sector Officer
- iv. Secures treatment areas, identifies equipment needs and communicates these with Incident Command (who will relay this information to the equipment officer)
- v. Responsible for delegation of patient care assignments to CUEMS personnel (typically attendants or CCITs)
- vi. Establishes treatment teams when resources allow, placing an emphasized need on more critical patients
- vii. Identifies order of patient transport and communicates this with the transportation sector and EMS Command Officer

d. Transportation Sector Officer

- i. This role should be filled by a crew chief or otherwise capable and appointed EMT-B or higher
- ii. The *Transportation Officer* will possess one VHF Radio and one UHF Radio
- iii. Assigns patients to ambulances; supervises actual loading
 1. Patients should be removed in coordinated order (based on severity) in conjunction with the Triage Officer



- iv. Establishes Patient Loading Zone (near Treatment Area)
- v. Confirms destination with ambulance, and moves another unit from EMS Staging Area into Loading Zone
 - 1. Can also appoint a **Staging Sector Officer** who would be responsible for the transfer and coordination of responding units and personnel to first the staging area and then to the appropriate parts of the scene
 - a. The *Staging Officer* utilizes the same communication equipment as the Transportation Officer
- vi. Relays unit number, severity, and number of patients to EMS Command Officer

e. **Equipment Officer**

- i. This role will be held by the Equipment Officer or otherwise appointed member of the squad
- ii. The *Equipment Officer* will possess one VHF Radio and one Cell Phone (73 cell)
- iii. Does not come to the scene unless absolutely necessary and at the discretion of the Incident Commander
- iv. Coordinates all necessary equipment transfer from the Cornell EMS office to the scene as requested by Incident Command
 - 1. All equipment needs from the sector chiefs should be communicated to the Incident Commander
- v. Maintains accurate communication and account over used-supplies and replenishes them as necessary
- vi. Begins preparation for rehabilitation and transport of this equipment to the scene if necessary.
- vii. Coordinates the use of POVs, Environmental Health and Safety, Cornell Police, or other Cornell University transportation equipment for the moving of necessary supplies to the scene/staging area
- viii. Communicates with the Staging or Transportation Officer where equipment, vehicles, and personnel should be sent upon arrival at the scene

f. **Communications Officer**

- i. This role will be held by the Scheduling Officer as a continuation of his/her role during the Initial Contacts section
- ii. The *Communications Officer* will possess one VHF Radio and one Cell Phone (75 cell)
- iii. Responsible for intra-squad communications and not that of inter-agency communications
 - 1. Communications between agencies and with the Cornell Police should primarily be maintained solely by the Incident Command Staff
- iv. Responsible for contacting the most staff possible to respond to the incident beginning with Crew Chiefs, then proceeding to CCITs, Attendants, and finally other designated Executive Board members if necessary
- v. Assists the Safety Sector Officer in maintaining an accurate accountability list of all personnel and officers on-scene



Communications:

1. Radio communications are to be maintained in Plain English when speaking with Cornell Dispatch, Tompkins County Emergency Control, and/or any other agency
 - a. No 10-codes, slang, or abbreviations should be used. It is essential during MCIs that radio traffic remains short, simple, and to the point. Courtesy is implied.
2. All internal Cornell EMS Operations will be maintained on the Cornell EMS Private Channel (the non-scan version) on the VHF Radio.
 - a. Incident Command will remain in contact with Cornell Police Dispatch on channel 2 (as in normal operations) or the designated channel by Cornell Police Dispatch
 - b. Any necessary communication with Cornell Police should go through incident command to ensure most efficient radio traffic
 - c. Be sure that all radios are taken off the scan function
3. The Duty Crew should be aware that radios need to be distributed appropriately and after initial assessment of the scene, and upon the establishment of incident command, radios should be redistributed to the appropriate authorities according to this policy
4. The Director will carry 1 VHF radio, 1 UHF radio, and a cell phone.
 - a. The Director will be identified as "*Cornell EMS Command*"
5. The Director of Operations will carry 1 VHF radio, 1 UHF radio, and a cell phone.
 - a. The Director of Operations will be identified as "*Safety Officer*" or "*EMS Commander*"
6. Incident Command will have 1 additional VHF at its disposal in addition to the VHF and UHF carried by the Incident Commander (71 or 72) to be used by the Safety Officer or other EMS Incident Commander
7. The "*Communications Officer*" (Scheduling Officer) will carry 1 VHF and a cell phone
8. The "*Equipment Officer*" will carry 1 VHF and a cell phone.
9. The "*Triage Officer*" will carry 1 VHF radio.
10. The "*Treatment Officer*" will carry 1 VHF radio and 1 UHF radio.
11. The Transportation Officer will carry 1 VHF radio and 1 UHF radio.
 - a. The Transportation officer will be identified as either "*Transportation Officer*" or "*Staging Officer*"
12. Any additional radios will be pooled at Incident Command and given to personnel as dictated by the Incident Commander
13. A schematic for radio distribution is shown below
 - a. Note that "IC" indicates available to Incident Command
 - b. Communication equipment for all personnel is also designated under each of the Sector Officer descriptions above
 - c. An additional VHF mobile radio is located onboard the MCI Unit Trailer

VHF Radio	800MHz Radio	Cell Phone
Director/IC	Director/IC	Director/IC
Director of Operations/IC	Director of Operations/IC	Director of Operations/IC
Safety Officer/IC	Treatment Officer	Communications Officer



Communications Officer	Transportation Officer	Equipment Officer
Equipment Officer		Incident Command (Truck)
Triage Officer		
Treatment Officer		
Transportation Officer		



4.11.2 Title: Mass Casualty Incident Unit Trailer

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

The Mass Casualty Incident Unit Trailer is Cornell University property that may be used for any incident for which its resources are requested on the Cornell campus, surrounding community, or in Tompkins County. Additional use of the trailer may be approved by the Director AND Director of Operations prior to special use. The use of the trailer and the equipment contained within is under the sole authority of Cornell University EMS. The trailer may be used by Cornell Environmental Health and Safety officials if deemed necessary to respond to an incident when Cornell EMS is not in-service. Use of the vehicle in these instances must involve contact of both the Director and Director of Operations immediately. Joint training with Cornell Environmental Health and Safety, the Cornell Police, Gannett Health Center, and at the request of any other Tompkins County Emergency Service Organization, will take place in order to keep all services up to speed on the contents and use of the trailer.

The MCI Unit will be stored in the designated location at the 201 Palm Road office of Environmental Health and Safety. The unit will be locked and keys will be possessed by the duty-crew, 2418/19 key rings, Director, Director of Operations, and Equipment Officer. The equipment contained within the trailer should be maintained (for quality, quantity, and within expiration) under the authority of the Director of Operations and the Equipment Officer. A thorough and complete check of the equipment must be completed by the Director of Operations and/or the Equipment Officer (and logged in the MCI Unit Equipment Check Book) no less than once each month (during the first week of the month) and after any use of the vehicle.

Request for the response of this unit must be made through the Cornell Police Dispatch to CUEMS as in normal protocols. The Director and Director of Operations must be contacted immediately. If the incident necessitating the response of the MCI Unit occurs on campus, the duty crew should respond to the call in the EMS-1 vehicle and the MCI Unit should be towed by the Environmental Health and Safety HazMat Unit or other available vehicle equipped to handle such tows. If the incident occurs off-campus, a full complement of EMS personnel should be assembled to respond in the EMS-1 vehicle while towing the MCI Unit trailer to the designated scene. Squad Mobilization and MCI Protocols should be followed in both instances for its use.

The Director, Director of Operations, Equipment Officer, and at least one other crew chief must be trained to operate the EMS-1 vehicle while towing the MCI trailer. In all instances, reversing the vehicle while attached to the trailer should be avoided.

Training to be carried out with the MCI Unit trailer should be approved in advance with the Director of Operations and Equipment Officer. The unit should not be opened or unlocked without the expressed permission of the Director, Director of Operations, or Equipment Officer. All should be notified if such has been done.



Article 4.12

General Operations Protocols

4.12.1 Title: **Emergencies While On Shift**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Exposures to Infectious Materials

In the event a member is exposed to an infectious material, the member must notify the Crew Chief immediately. Any injury should be treated and the Director of Operations should be notified immediately. The Director of Operations will contact Gannett and determine the appropriate treatment/testing. The member will receive the proper treatment and follow-up. Forms contained in the infection control plan will be filled out when time permits. For a detailed procedure please see the Infection Control Plan in the Appendices.

Injury/Illness While on Shift

In the event a crewmember becomes ill while on shift and is unable to effectively perform his/her duties, he/she may be excused from the shift. If the ill member is the Crew Chief, the Director of Operations must be notified immediately and coverage must be found for the remainder of the shift.

If a member is injured while on shift, other members of the crew should provide appropriate care. If the injured member is the Crew Chief, then the Director of Operations must be notified immediately. Once care has been provided the Director of Operations should be notified so that the proper insurance documentation can be completed.

The Director of Operations will notify the CUEMS Supervisor of any exposure incidents or injuries that occur on shift.



4.12.2 Title: **Fire/Rescue Standby**

Effective Date: **August 30, 2007**

Updated Date: **September 16, 2007**

The purpose of this policy is to outline Cornell University EMS's role when *standing by* at a fire or rescue scene on the Cornell campus or surrounding area. CUEMS does not respond for standby in any other mutual aid district without the express permission of the Director or Director of Operations. Should CUEMS be standing by at a fire scene in another district, the procedures outlined below may also be followed.

Upon dispatch to a standby at a fire scene, CUEMS will approach the scene from a peripheral route in order not to block incoming fire apparatus. If CUEMS is dispatched to the fire scene for present injuries, an RLS response may be warranted according to standing vehicle operations policies. If dispatched to specifically "standby" for a working fire, CUEMS will respond non-RLS.

Upon arrival at the scene and appropriate scene size-up relating to medical issues should be given over Cornell2. As soon as possible, a scene update (related to medical concerns) should be transmitted to responding Bangs ambulances and/or supervisors. All additional resources should be requested as soon as possible. The Equipment Officer and Director of Operations should be contacted immediately to coordinate the mobilizing of equipment and personnel to the scene as needed. These resources include, but are not limited to:

- Mobilization of CUEMS resources according to the Squad Mobilization Protocol
- The MCI Unit Trailer
- Helicopters
- Additional Ambulances (ALS/BLS specify)
- Additional Police, Environmental Health and Safety, or EMS Personnel

If multiple casualties exist, the policy outlined under *Squad Mobilization and Mass Casualty Incidents* should be followed. Primary concerns involve notification of the appropriate parties and facilities as well as beginning triage and ICS scene-structure. If the standby involves few patients and/or only preparatory work, CUEMS should establish a treatment area near the vehicle. The duty crew should also have a set of equipment (including, but not limited to, a backboard, immobilization equipment, primary, suction, and AED) ready for response to another location on the scene. At no time should any patients (whether treated in the treatment area, or elsewhere on scene) be left unattended. A PCR should be generated for any patient treated or evaluated at the fire scene. CUEMS is committed to any scene assigned to standby at unless cleared by a higher medical authority.

EMS command structure will likely be maintained by Bangs supervisors; however, supervision of all CUEMS personnel should be maintained by the duty crew chief or other CUEMS officers responding to the scene. For larger ICS structures, reference the SOP regarding *Mass Casualty Incidents*.

When Bangs or other EMS authorities arrive on-scene (barring any other need to stay, e.g. multiple patients or request of the IC), CUEMS should return into service and become available for other campus calls. CUEMS will also remain available for any additional



assistance the IC of the given incident may request. This policy is an aid to outline operations given the need to standby and does not specifically refer to calls where CUEMS was requested for a known patient or patients ill or injured at the scene.



4.12.3 Title: **Mandatory Reporting**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

There are several call types that require mandatory reporting to the New York State Department of Health pursuant of Part 800 Regulations. Additional mandatory reporting situations exist regarding personnel- and service-related problems; however, this policy only outlines those necessary regarding specific or suspected types of patients.

Any incident outlined below requires notification of the Director and Director of Operations. The Director (due the nature of the incidents and required reporting under the duties of the Director of Operations) should forward all necessary incident reports and documentation to the Director of Operations for review.

Any potential crime or crime scene should be reported to the Cornell University Police (or otherwise appropriate law enforcement authority) immediately and an incident report generated and submitted to the Director and Director of Operations. Any information protected by HIPAA regulations should be contained on the PCR, but not in the incident report.

Any potential for child or elder abuse must be reported within twenty-four (24) hours to the New York State Department of Health. This paperwork must be filed by the treating EMT in-charge (duty crew chief) in conjunction with the Director of Operations. The Director of Operations should be notified immediately following the call and the state paperwork filled out prior to filing incident reports. The Cornell University Police (or otherwise appropriate law enforcement authority) should be contacted as soon as possible following the call.

Any suspected injuries caused by domestic violence should be reported to the Cornell University Police (or otherwise appropriate law enforcement authority) immediately and an incident report generated and submitted to the Director and Director of Operations. Any information protected by HIPAA regulations should be contained on the PCR, but not in the incident report. Reasons for suspicion should be very detailed in documentation.



4.12.4 Title: **Hazardous Materials Incidents**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

A Hazardous Materials Incident is defined as any scene where fluids, airborne contaminants, or solid materials are or could potentially be hazardous to health and/or safety of responders, patients, or bystanders. When a scene is identified as such, Cornell EMS personnel should remain at a safe distance from the scene and instruct bystanders to remove themselves as well. If avoidable (given the possibility from dispatch information), Cornell EMS staff should not enter a potentially hazardous situation.

Upon identification, any [potentially] exposed individuals should be designated as "contaminated" and must await decontamination. The on-duty CUEMS crew should contact Cornell Police Dispatch and advise of the current situation with as much detail as possible. The appropriate response of Environmental Health and Safety, Fire Departments, and other county agencies will be determined by dispatch protocols. Communication of the potential number of contaminated individuals and possible injuries/illnesses should be reported as well to ensure the proper response.

Large Scale Incidents should refer to MCI protocols. Small scale incidents should involve contacting Poison Control and appropriate treatment of patients. Cornell EMS staff should assist only in the "Green Zone" (decontaminated area) as directed by the primary agency or agencies on scene.

As with other Fire/Rescue scenes (see Fire/Rescue Protocol), the Equipment Officer, Director, Director of Operations, and the Scheduling Officer should be contacted to possibly mobilize an additional crew to remain on standby so the duty crew may return to service.

If any Cornell EMS personnel are (or could potentially have been) exposed to any hazardous material, the Director of Operations must be contacted immediately for further procedures relating to Exposure Control.



4.12.5 Title: **Patient Access Problems**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

If a patient cannot be located or appears to be “gone-on-arrival” the duty crew should make every effort to make patient contact. The crew should contact Cornell Police Dispatch and confirm the reported patient location and request they call the emergency reporter back to clarify the location or status of the patient. If patient contact can still not be made, the crew may return to service and document appropriately on the PCR with the disposition code of “No Patient Found” or 008.

If a patient is located in an area where access cannot be gained, Cornell Police Dispatch should be notified and the appropriate resources contacted. If only key-access is necessary, the Cornell Police or Environmental Health and Safety may assist in gaining access to the patient. If rescue or forced-entry procedures are needed, the Cornell Police, Environmental Health and Safety, and appropriate Fire Departments should be contacted to gain access to the patient. Unsafe or unstable scenes should always be secured prior to EMS accessing and assessing the patient.



4.12.6 Title: **Methamphetamine Precautions**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

The presence of smaller methamphetamine laboratories has become increasingly prevalent. This risk is increasing in the younger demographic and is being found largely in rural areas to prevent detection from law enforcement. The risks of medical problems increases in these small contained areas with complaints filling a wide range of presentations from toxic exposure to a multitude of chemicals and fumes. Likewise, with a higher chance of medical maladies, the increased risk of EMS exposure to scenes such as this poses a high risk. Often toxic gases and chemicals are unobtrusively present. It is important to keep close watch for the presence of certain clues and risk factors for the safety of all responders.

Homes, businesses, or other establishments with an unusually high number of cough, cold, or flu medications (in any form); unusual quantities of antifreeze; or with laboratory setups whether professional or improvisational (including heat sources, bottled chemicals, measuring devices, etc.) should be recognized. The presence of odors like ethers, alcohols, and/or ammonia-based products provide additional suggestion toward methamphetamine production.

Keeping with the standards of scene-safety, if at any point in time any Cornell EMS provider detects the possibility of the presence of methamphetamine production facilities, the crew should exit the scene and request the response of Cornell Environmental Health and Safety, Law Enforcement, the Fire Department, and/or the otherwise appropriate authority. Avoiding patient abandonment and in an effort to keep other bystanders safe, evacuation of the nearby person(s) should be attempted. At no point should the safety of the EMS crew be jeopardized to perform this evacuation.

A clear description of the reasons for suspicion should be conveyed to Cornell Police Dispatch via landline and documented on the PCR. An incident report should be filed and the Director (major call and media relations) and Director of Operations (infection control) notified immediately. A procedure for proper exposure control will be coordinated by the Director of Operations according to the Exposure Control Plan in the appendix of these SOPs.



4.12.7 Title: **Gorge Operations**

Effective Date: **August 30, 2007**

Updated Date: **September 16, 2007**

This policy is to outline any CUEMS operations in either the Fall Creek or Cascadilla gorges located within the response area.

When dispatched to any call for ill/injured assistance in the gorges, the duty crew should attempt to ascertain the degree of injury, number of injured parties, exact location of the patient(s) and best access, potential hazards, and mechanism of injury. IFD should be requested specifically if not originally dispatched with the ambulance. Additional necessary resources should be requested, including but not limited to:

- Ithaca FD Technical Rescue (or otherwise appropriate department)
- Helicopters
- Multiple Ambulances
- Additional Police, Environmental Health and Safety, and/or EMS personnel

Upon arrival at the scene, all crew members must wear personal floatation devices provided in the EMS-1 vehicle. If a falling object hazard is thought to exist (including but not limited to sharp drop offs, loose objects, etc.), members should also don protective hard hat helmets and eye protection as provided in the EMS-1 vehicle. All BLS equipment should be brought to the patient including, but not limited to (and based upon the initial dispatch information):

- Primary, First-In Bag
- Portable Suction
- AED
- Collar-Bag
- Long Spine Board
- Other immobilization devices

Upon making patient contact an initial assessment of the scene and patient should be made as quickly as possible. Any potentially hazardous scene where the safety of the crew, patient, or bystanders may be in jeopardy should not be entered. A report should be made to responding units (in particular IFD Command for scene-related issues and Bangs for patient-related information) as quickly as possible following an initial assessment and include (at minimum) all of the following in addition to standard patient-related reports:

- Exact location of the patient(s)
- Best route to the patient(s)
- Potential hazards en route to and in the vicinity of the patient(s)
- *Recommended* equipment for extrication (and/or simply describe the current situation)
- *Recommended* upgrade/downgrade of responding resources
- Current patient condition (including need for helicopter transport or not)
- Manpower needed for safe and effective treatment/extrication of patient(s)

Aside from constant safety considerations, rapid assessment, treatment, and efficient packaging of the patient—along with necessary communications—should be the focus of



operations while on any call in the gorges. Updates should be given to CUPD dispatch as possible. CUEMS should assist as best possible (at the discretion of the IC) should patient access be difficult or necessitating technical rescue. Refer to the Fire/Rescue Standby protocol should patient contact be unlikely and standby operations be more appropriate.



4.12.8 Title: **Construction Site Operations**

Effective Date: **August 30, 2007**

Updated Date: **September 16, 2007**

This policy is to outline any CUEMS operations in any of the numerous and changing construction sites (or related areas) within the response area. Due to the numerous construction sites and the dynamic environment contained within them, a policy is necessary to further define safe operations during a particular call therein.

Upon dispatch to a construction site (or related) area for a known injury/illness CUEMS should immediately attempt to ascertain the mechanism of injury or illness, number of patients, potential hazards, personnel on scene, and exact location of the patient(s) and best access. If possible, CUEMS should request that dispatch contact the person(s) in charge of the particular site to ascertain safety concerns while responding units are still en route.

Upon arrival at the scene, CUEMS members should make a detailed assessment of scene safety and approach the patient with extreme caution. Protective hard hat helmets and eye protection must be worn at all times while operating at a construction site or related area. Reflective ANSI vests should also be worn for easy identification on the scene. Consultation with construction site foremen and/or Environmental Health and Safety is necessary before approaching the patient. All EMS personnel should be escorted to the patient by qualified construction site employees familiar with the area and personnel should never enter an area without the express permission or advice of the escort.

Additional resources should be requested including, but not limited to:

- Ithaca FD Technical Rescue
- Helicopters
- Multiple Ambulances
- Additional Police, Environmental Health and Safety, and/or EMS personnel

Upon making patient contact an initial assessment of the scene and patient should be made as quickly as possible. Any potentially hazardous scene where the safety of the crew, patient, or bystanders may be in jeopardy should not be entered. A report should be made to responding units (in particular IFD Command for scene-related issues and Bangs for patient-related information) as quickly as possible following an initial assessment and include (at minimum) all of the following in addition to standard patient-related reports:

- Exact location of the patient(s)
- Best route to the patient(s)
- Potential hazards en route to and in the vicinity of the patient(s)
- *Recommended* equipment for extrication (and/or simply describe the current situation)
- *Recommended* upgrade/downgrade of responding resources
- Current patient condition (including need for helicopter transport or not)
- Manpower needed for safe and effective treatment/extrication of patient(s)

Aside from constant safety considerations, rapid assessment, treatment, and efficient packaging of the patient—along with necessary communications—should be the focus of



operations while on any call on a construction site or related area. Updates should be given to CUPD dispatch as possible. CUEMS should assist as best possible (at the discretion of the IC) should patient access be difficult or necessitating technical rescue. Refer to the Fire/Rescue Standby protocol should patient contact be unlikely and standby operations be more appropriate.



4.12.9 Title: Keys/Keycard Access to Building

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Valid Uses

Cornell EMS has been issued an electronic key card and a set of keys to allow access to campus buildings when responding to emergencies. Cornell EMS can use the keycard or keys to gain access to any building the squad is dispatched to during an emergency, to exercise the squad's right to act (in the event the crew is "flagged down" or similar such situation), or at the request of any local or state police, fire, or EMS agency, including Cornell Police and Environmental Health and Safety. Any use not described above shall first be cleared by the Director of Cornell EMS, the Advisor of Cornell EMS, or Cornell Police.

Documentation of Use

All uses of keys and/or keycard will be document in the squad's call log. Each call log entry will note whether or not the keys/keycard was used for that call.

Storage of Keycard

A locked box will be provided in the truck for storage of the keys and keycard. The keys must remain in this locked box unless on the person of the Crew Chief. Crew Chiefs, CCITs, and the Equipment Officer are the only members allowed to access the keys/keycard. Fourth-man CCITs who carry the truck keys and clicker will not carry the building keys or keycard unless on a double CCIT shift. If a crew member must be sent back down to the truck on a call, they may be given the keys/keycard to allow access back into the building, but must return the keys/keycard to the Crew Chief upon return.

Incoming Crew Chiefs must personally visualize the keys in the lock box or receive the keys directly from the outgoing Crew Chief before that Crew Chief is allowed to leave. The outgoing Crew Chief when Cornell EMS is going out of service will put the keys/keycard in the lockbox and ensure it is secured before going off-shift.

The presence of the keys/keycard will be confirmed at every truck check.

Lost or Stolen Card Procedure

In the event the keys/keycard becomes lost or stolen, the Director of Cornell EMS shall be immediately notified. The Director will at that time contact Cornell University and Campus Life and inform them of the loss so that the keycard can be deactivated and their procedure can be followed with the lost keys.



4.12.10 Title: Emergency Calls Received on the Office Phone

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

On occasion, Cornell EMS may receive emergency calls on the EMS office phone. When this occurs the Crew Chief (or call taker) should do the following:

Gather the necessary information from the caller:

1. Nature of the illness or Mechanism of Injury;
2. Location of the incident;
3. Call back phone number.

After gathering this information, the Crew Chief shall ask the caller to please stay on the line while he/she is transferred to Cornell Police Dispatch. To transfer the call, the Crew Chief will do the following:

- On the office phone press the 'TRANSFER' button
- Then dial 5-1111
- Explain the situation to the Dispatcher and notify him/her that EMS will be en route (if appropriate and call is located within our response district).
- Then press 'TRANSFER' button one more time to transfer the caller to Cornell Dispatch.

Regardless of the caller location, off campus or on campus, this procedure shall be followed.

If an emergency call is received via the EMS-1 cell phone (or any member's personal phone), the same information as above should be requested. The call taker should instruct the caller (after receiving the necessary information) to hang-up and dial 911 or the Cornell Police Emergency Number at 607-255-1111 immediately. A call should be subsequently placed to the Cornell Police to notify them of the situation and report that EMS is responding if appropriate.



4.12.11 Title: Incident Command Systems and National Incident Management Systems

Effective Date: August 30, 2007	Updated Date: August 30, 2007
--	--------------------------------------

In compliance with directives from the Department of Homeland Security, Cornell University EMS requires all members to complete three Incident Management Classes required for all Emergency Services personnel throughout the country. These three classes include ICS-100, ICS-200, and ICS-700/NIMS. These classes can be completed through the Federal Emergency Management Agency (FEMA) and Department of Homeland Security training webpage at <http://training.fema.gov>. Completion of the online exams successfully results in emailed certificates for each class. These certificates must be forwarded to cuemstraining@cornell.edu, and will be added to the membership files.

In addition, CCITs must complete ICS-800/NIMS to be a crew chief. Executive board members must also complete ICS-800/NIMS by the end of the first semester of their term. ICS-800/NIMS can be completed online as per above.

Members on the squad who have yet to take these classes will be required to do so within one semester and produce the above mentioned documentation.

New members to the squad beginning in the fall semester of 2006 will be required to complete this training as part of the New Member Class curriculum. Written documentation of completion (as described above) must be produced by the conclusion of member's first semester on the squad.

A U.S. social security number or proof of U.S. citizenship is required to complete these classes. Members who are not U.S. citizens will be unable to receive credit from FEMA for completing these classes, but will still have access to all online class files. These members are instead required to submit their class test answers to the training officer for grading, following the same deadlines as described above.

Compliance with this policy ensures that Cornell University EMS is eligible for funding from the federal government as it continues to best prepare for large scale emergencies. Completion of this requirement will be supervised by the training and administrative officers. Failure to comply with this policy will result in immediate suspension and/or termination from the squad at the discretion of the Executive Board.





Section 5

Promotions and Training



Article 5.01

Advancement Process

5.01.1 Title: **Advancement Process**

Effective Date: **August 30, 2007**

Updated Date: **November 20, 2011**

The Promotions Officer supervises the Clinical Advancement process. He/She is responsible for making sure that all the proper steps have been done before any member is promoted. He/She will also advise the Executive Board and Crew Chief Council of the status of members who are seeking a clinical promotion.

Trainee

All new members will start out on the squad as a trainee and must complete the New Member Class as outlined in **New Member Class**. At the conclusion of the New Member Class, each member will be suggested to focus on either clinical advancement or driving by the Promotions Officer and Training Officer based on past experience and current certifications. These suggestions are not mandatory but encouraged.

Clinical Advancement Process

The Clinical Advancement Process of Cornell EMS is dedicated towards the advancement of members in terms of EMT skills, patient assessment and on-scene management.

1. Attendant

To become an attendant one must do the following:

- Must complete the CUEMS New Member Class.
- Have a valid CPR/AED for the Professional Rescuer Certification or equivalent
- Have a valid EMT-B Certification or be at least halfway through an approved NYS EMT-B course
- Run at least five shifts
- Been on at least two calls.
- Take the Attendant written exam. 85% or above is passing on the first attempt. 90% or above is passing on the second attempt.
- Take and pass the Attendant practical exam.
 - A member may only take the Attendant written or practical exam twice each in one semester. If they are unable to pass either exam in two tries they must wait before they reattempt it.

As an Attendant, a member should be given the opportunity to become more active on calls based on their own comfort level as well as that of the Duty Crew Chief. The Attendant rank should be utilized by members as a precursor to CCIT, where members improve on their EMT skills and patient questioning skills. During one's time as an attendant, they should begin working on the Clinical Skills Checklist if they are interested in becoming a CCIT.



2. Crew Chief-In Training

To become a Crew Chief-In-Training (CCIT) you must do the following:

- Be a NYS EMT-B or above and be online with CNY EMS.
- Have completed the Clinical Skills Checklist, listed in the SOP Appendices and approved by the Promotions Officer.
- Must have completed the CUEMS **Driver Training Process** up through the Geography and Written Exams.
- Been on at least ten calls as an Attendant, checked by the Promotions Officer by utilizing emsCharts®.
 - Attendants who feel as though they do not need the ten calls will be allowed to by-pass this requirement at the discretion of the Promotions Officer.
- Take the CCIT written exam. 85% or above is passing on the first attempt. 90% or above is passing on the second attempt.
 - A member may only take the CCIT written or practical exam twice each in one semester. If they are unable to pass either exam in two tries they must wait before they reattempt it.

While a CCIT, the member should have the ability to run parts or all aspects of a call based on their progress as a CCIT. CCITs will also receive mock calls as training as outlined in **Mock Call Procedures**. Members should utilize real calls and mock calls to prepare themselves for ACCIT. A CCIT's promotion to Advanced CCIT will be decided by the Crew Chief Council.

At any one time, there may only be a maximum of ten CCITs or ACCITs in total.

*Promotion to CCIT is a decision made by Crew Chief Council. Crew Chief Council will take clinical skill level and potential progress through the process into consideration, among other factors when making their decision. Crew Chief Council is not bound to promoting members to CCIT in the same order that they complete the requirements for CCIT. See **Crew Chief Council** for voting procedures regarding promotion to CCIT.*

3. Advanced Crew Chief-In-Training (ACCIT)

Advanced status indicates that a CCIT will begin taking on the full responsibilities and duties of a Crew Chief. However, the Clinical Preceptor maintains ultimate responsibility for patient care, crew safety, and interagency relations on precepted calls. A CCIT must be promoted to Advanced status before their promotion to Crew Chief.

To become an ACCIT, one must be a Full Driver per **Driver Training Process** and one must demonstrate the following through mock call and/or real call situations:

- The ability to carry out an assessment on a stable patient, including all pertinent negatives, in a logical and fluid manner.



- Thorough knowledge of all drug protocols (epinephrine, albuterol, aspirin, glucose and nitroglycerine).
- Ability to handle minor trauma and uncomplicated backboarding calls.
- Adequate radio operations, including a concise Bangs report and correct medical control dialogue.
- Improvement in crew and scene management.

If a mock call is not completed to the standard expected of a Crew Chief, the same or a similar situation will be presented in a subsequent mock call.

Advanced CCITs may run with Non-Clinical Preceptors however, they must be in the Attendant rank on the shiftboard and they can only be on three man crews. During these shifts, ACCITs are not to run calls but may receive mock calls.

4. Crew Chief

A Crew Chief must have a valid NYS EMT and CPR certification, be online with CNYEMS, up to date with all required medication CMEs and have up to date OSHA training. Additional requirements may be added at the discretion of the Promotions Officer.

An ACCIT must be approved by the Crew Chief Council for promotion to Crew Chief as outlined in **Crew Chief Council**. The Promotions Officer will then present the candidate to the Executive Board, which will make the final decision on the promotion of the candidate via a majority vote.

5. Clinical (Crew Chief) Preceptor

As a preceptor, a Crew Chief may allow CCITs to run calls under his or her guidance, advice, and discretion. The preceptor maintains ultimate responsibility for patient care, crew safety, and interagency relations on precepted calls.

In order to become a crew chief preceptor, a Crew Chief must:

- Have run at least 12 calls with patient contact as a Crew Chief
- Submit CQI copies of the PCRs from these twelve (12) calls to the Promotion Officer's for review
- Be in good standing on the squad

Once the requirements above are completed, the Crew Chief will be eligible for promotion to Clinical Preceptor and can request to be discussed by Crew Chief Council for promotion. The candidate will be discussed at the next Crew Chief Council Meeting and voted on as outlined in **Crew Chief Council**. The results of the meeting will be explained to the candidate by the Promotions Officer, including what should be worked on if the promotion doesn't pass.

The Promotions Officer may also implement additional fair and reasonable requirements for promotion at his/her discretion.



5.01.2 Title: Mock Call Procedures

Effective Date: **November 8, 2009**

Updated Date: **August 28, 2011**

The purpose of this protocol is to outline the procedure that will be followed for mock calls. Mock Calls are thrown by members of the squad for a Crew Chief in Training (CCIT) in order for the CCIT to demonstrate his/her ability to handle a wide range of emergency situations that he/she may not see in real calls during the advancement process. A CCIT may receive a mock call while running in any slot on a shift.

Scheduling a Mock Call

Mock Call will be setup by the Promotions Officer based on when CCITs are signed up for shifts. If any shift has two non-advanced CCITs, the one in the attendant spot will get the mock call. Exceptions to this rule (double mock calls, ACCIT/CCIT shifts, etc.) are at the discretion of the Promotions Officer. The Promotions Officer will send an email to the Crew Chief and Crew Chiefs in Training at least once per week containing the dates and times of mock calls that need to be thrown in the coming week. After a member volunteers to throw a mock call, the Promotions Officer will tell the member what type of call to throw. If requested, the member will send a completed mock call template to the Promotions Officer for review at least 24 hours prior to the mock call. The member will send an email to everyone on the squad (except to the CCIT for whom the call is for) to announce the date, time, and place. Every effort should be made to send this email out 24 hours in advance.

Implementing a Mock Call

"Dispatch" to the Mock Call will be done by calling the EMS-1 cell phone. Upon arrival, EMS-1 will contact Cornell PD Dispatch to advise them they are at a training exercise. The CCIT will run the mock call as if it were a real call, while being prompted by the member throwing the call with pertinent findings and information. Upon completion of the mock call, there will be an open discussion about the call.

Following the Mock Call, within 24 hours, the member who threw the call will email the Promotions Officer with comments and to report which Crew Chiefs and CCITs were present for further comments. The Promotions Officer will compile all comments presentation to Executive Board at the next closed session.

Mock Call Requirements

Mock Calls may be thrown by all Crew Chiefs and CCITs, with assignment to specific ones made at the discretion of the Promotions Officer. Attendants may also throw mock calls under special consideration and supervision of the Promotions Officer. Each CCIT must throw mock calls for other CCITs/ACCITs to receive mock calls while they are on shift. If a CCIT is not active in other CCIT's clinical advancement process, they may not receive mock calls. The Promotions Officer will ensure that all CCITs receiving mock calls are also throwing mock calls.



Mock Call Shifts

No CCIT may have more than one (1) mock call per day. Mock call eligible shifts are defined as the following:

Mon-Thurs: 3-7 and 7-11

Fri: 3-7

Sat: 11-3 and 3-7

Sun: 11-3, 3-7, 7-11

The shiftboard will include three (3) designated mock call-eligible shifts each week, in which the attendant position becomes a CCIT-only rank; this shift will not have an ACCIT rank. The placement of these shifts within each week will be at the discretion of the Scheduling Officer, but should be distributed as evenly as possible throughout the week and vary in time each week. CCITs may take as many tagged or uncovered shifts as they wish, but no mock call will be given if the shift is picked up within 24 hours of its start.

The Promotions Officer may schedule additional mock calls for any CCIT that he/she believes requires additional evaluation at his/her discretion. The Promotions Officer may also establish mock call limits over each four-week period to ensure that all CCITs are able to receive mock calls.

Any questions, comments, or concerns should be directed to the Promotions Officer as he/she will oversee the mock call process.



5.01.3 Title: **CCIT Inactive Status**

Effective Date: **November 1, 2009**

Updated Date: **August 28, 2011**

The CCIT training process demonstrates maximum effectiveness when requirements are satisfied in a contiguous and progressive fashion. The demands of the process are rigorous, and may, inadvertently, conflict with academic endeavors and alternate interests. CCIT "inactive status" is designed to accommodate any circumstance that might prohibit the timely completion of expectations.

A CCIT may:

- A) Petition the Promotions Officer for voluntary placement on inactive status, or
- B) Be placed, arbitrarily, on inactive status during a leave of absence, or, following repeated, unsatisfactory fulfillment of expectations
- C) Expect to receive ONE verbal warning before placement on inactive status

Once placed on inactive status, a CCIT may continue to run shifts, but will be required to function in the attendant role. The CCIT will be ineligible to be precepted, as well as to receive mock calls. The CCIT may continue to throw mock calls subject to the expressed permission of the Promotions Officer. A CCIT may only be placed on inactive status once, for a maximum of four in-service months (exceptions will be made for cases of medical leave). Any subsequent failure to complete the requirements of the position will be subject to demotion. The demotion of any CCIT must be approved by a majority of the acting Executive Board.

Should a CCIT wish to return to "active status," he/she must consult with the Promotions Officer before being eligible to return to active status.

The Promotions Officer will alert both the Crew Chief Council and Executive Board bodies of any and all changes in the statuses of individual CCITs.



5.01.4 Title: **Crew Chief Council**

Effective Date: **September 26, 2010**

Updated Date: **November 20, 2011**

Membership and Organization

The Crew Chief Council will be composed of all currently active Clinical Preceptors and Crew Chiefs who are in good standing with the squad, as well as the EMS Supervisor and the Medical Director *ex officio*. As noted below, the Equipment Officer may be added *ex officio* as required, on a per case basis. The Council's term will be coincident with that of the Executive Board. The Council will elect a chair. The chair may not be the Director, the Director of Operations, or the Promotions Officer. If possible, the chair should be a Clinical Preceptor who is not a member of the Executive Board. The role of the chair is to facilitate the discussion. All views will be heard.

Role

The Crew Chief Council's role is to determine the "skills-qualification" of individuals for clinical advancement to the following positions: CCIT, ACCIT, Crew Chief, and Clinical Preceptor. Crew Chief Council's decision for "skills qualification" promotion will include but not be limited to the following criteria:

- Proficient Protocol Knowledge (CUEMS, CNY, NYS)
- Proficient Crew Management Skills
- Proficient Scene Management Skills
- Proficient Interagency Communication
- Proficient PCR Writing Skills

Crew Chief Council will also evaluate a member's promotion to Driver Preceptor.

Relationship to Executive Board decision-making

Approval by the Crew Chief Council is required prior to the promotion of any individual to those positions noted above. Note that this approval is necessary, but not sufficient. A judgment of "skills-qualified" by the Council does not imply promotion. Rather it implies that an individual is qualified, in some narrow dimensions, to be considered for promotion. The Executive Board is not required to promote any individual it does not deem suitable. Any member of the Executive Board may request the Council to consider a candidate. The Council may also decide on its own to discuss a candidate.

Voting procedures

The expectation is that the Crew Chief Council will come to a consensus view about a candidate. In the rare event that consensus is not possible, there will be a vote. All members of the Council have the right to vote for promotion to CCIT, ACCIT and Driver Preceptor, while only Clinical Preceptors will vote on promotion to Crew Chief or Clinical Preceptor. The possible votes are "skills qualified", "not skills qualified", or "abstain." For promotion to Crew Chief, two-thirds or more of the Council must vote "skills qualified" for candidate to be judged "skills qualified" for promotion to Crew Chief. For promotion to CCIT and ACCIT the standards should be less strict. The expectation, again, is that the Council will achieve consensus. However, it is more difficult for CCIT's to run with every Crew Chief. Should a vote be needed for promotion to CCIT or ACCIT, the standard will be two-thirds of votes cast for or against, provided that this total comes to at least 60 percent of



the Council. The same standards for CCIT/ACCIT will be followed for voting on Clinical Preceptors.



5.02 Title: New Member Class

Effective Date: August 30, 2007	Updated Date: September 4, 2011
---------------------------------	--

The New Member Class will be a five (5) session course taught by squad members. It will run for approximately two hours per session lead by (at least) the Training Officer, one Crew Chief, two CCITs, or an instructor approved by the Training Officer. It will be organized by the Training Officer, and will cover topics including, but not limited to: an introduction to CUEMS, squad protocols, vital signs, oxygen therapy, limb and cervical spine immobilization, radio and truck operations, the primary bag, and patient assessment.

Additionally, each New Member will be paired with a current member who will act as a New Member Buddy. New Member Buddies will be assigned based on compatibility as decided by the Membership and the Promotions Officers. The Buddy will act as an additional resource for the New Member and assist them as they progress through their first semester on Cornell EMS.

Every new member will be required to complete all sessions of the CUEMS New Member Class to the satisfaction of the Training Officer.

If a member is unable to attend one of the sessions, he or she must contact the Training Officer prior to that session. In order to make up the class, they must review the session's supplemental information or skills with the Training Officer, or a Crew Chief or CCIT approved by the Training Officer. Only two of the five sessions can be made up.

Upon satisfactory and successful completion of the course, which includes completing all syllabus requirements as written by the Training Officer, New Members will be given a recommendation to focus on either clinical advancement or driving based on their performance in the New Member Class and prior experience/certifications.



5.03 Title: **Recertification through Continuing Medical Education**

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Each member who is a New York State EMT-B will have the option of renewing their certification through New York State's Pilot Program with a recently established indefinite sunset. At the beginning of each semester, interested members will be able to fill out a registration form kept by the Administrative Officer, and this form will remain in their member files. This recertification method can be used instead of a refresher course, and will use Continuing Medical Education (CME) credits in place of the state exam. Members will be required to finish seventy-two (72) hours of CME credits prior to their application for a renewed EMT certification. The Administrative Officer/CME Manager will keep records of each member's CME credits, but it is the responsibility of the individual to obtain the CMEs.

Of these seventy-two (72) hours, twenty-four (24) hours must include core topics including:

- Preparatory (1 hour)
- Airway (2 hours)
- Patient Assessment (3 hours)
- Medical/Behavioral (8 hours)
- Trauma (4 hours)
- Obstetrics, Infant and Child (2 hours)
- Elective (2 hours)

The remaining 48 hours must include:

- Geriatrics (3 hours)
- WMD/Terrorism (3 hours)

Core Topic classes must be coordinated and conducted by a Certified Instructor Coordinator (CIC), and may be accomplished through the EMT-B class at Cornell University.

A maximum of twelve (12) hours may be credited for self-study using videos, internet training, and publications.

A maximum of twelve (12) hours may be credited for teaching EMS-related classes.

A maximum of sixteen (16) hours may be credited for national continuing education classes (e.g. PHTLS, BTLIS, PALS, ACLS, MALS, etc.).

A maximum of twelve (12) hours may be credited for any one topic.

Members may withdraw from the program at any time, and expired certifications are not eligible for renewal.



CME credit opportunities:

(1 hour of time spent doing the activity is worth 1 hour of CME credit)

- Mock call participation
- Training meeting attendance
- CPR recertification
- Teaching CPR recertification
- Other opportunities:
 - Journal Clubs
 - Call reviews/Audits, Grand Round Sessions
 - Lectures, Seminars, or EMS Conferences
 - Nationally recognized CME programs
 - Pediatric Courses (PALS, APLS, PPCC, TRIPP, PEPP)
 - Trauma Courses (PHTLS, BTLS, CTC)
 - Emergency Driving (Teaching EVOC classes, CEVO, Defensive Driving)
 - OSHA Required Training
 - Hazardous Materials Training
 - Literature Training, Research Projects, Clinical Rotations

In order to receive credit for CMEs, a signature from the instructor/evaluator must be obtained on a Cornell EMS form. The hours spent on the CME must be included, as well as a description of the event. These forms will be included in a folder labeled Continuing Medical Education in the individual's member file, and will be updated and maintained by the CME manager (Administrative Officer).

The credit form is necessary for all CMEs obtained with the exception of training meetings and mock calls. For these, attendance will be taken and a separate file will be maintained by the CME manager/Administrative Officer with the number of credits obtained per member.



5.04 Title: Trainee Refresher Program
--

Effective Date: March 4, 2012	Updated Date: March 4, 2012
--------------------------------------	------------------------------------

This protocol outlines the steps a Trainee must take on an annual basis to refresh his or her knowledge and skills as well as to remain a member of Cornell EMS. Since members are not required to be promoted to the rank of Attendant, the Trainee Refresher program aims to ensure that each Trainee maintains the knowledge and practical skills necessary to be on a crew responding to medical emergencies. The Refresher Program must be completed each year by all Trainee members except those in their first semester on the squad when the test is administered. If a member gets promoted at any time, he or she no longer must complete this program. In order to complete a Refresher, a member must pass a written exam and then complete a five station practical skills test. The Refresher program must be completed each Spring by March 1st.

Written Exam

The written portion of the refresher will contain questions related to the operations of Cornell EMS as well as skill knowledge that is learned in a CPR/AED course. This written exam will be written and maintained by the Promotions Officer. Similar to the Attendant Written Exam, a member has two attempts to pass the written portion; for the first attempt a member must receive a score of 85% or higher and on the second attempt the member must receive a 90% or higher. If a member is not able to pass the written portion on either attempt they will be asked to resign from Cornell EMS.

Practical Exam

Each member will be required to demonstrate five (5) different practical skills during the Practical Exam. While on shift, the member will demonstrate the skill and the Crew Chief will determine whether it is done satisfactorily. The format of the Practical Exam follows the same format as the Attendant Practical. The Crew Chief evaluating will complete a scoring sheet providing by the Promotions Officer. The practical stations will include: Radios, the Primary Bag, the contents of the Cornell EMS First Response Vehicle, Vital Signs, and Oxygen Administration. A member is eligible to take the practical exam once they have passed the Written Exam. A member has two attempts to pass, with successful completion of all five stations being necessary to pass. If a member is not able to pass the practical test on either attempt, they will be asked to resign from Cornell EMS. Members will also be asked to resign if they fail three or more stations on their first attempt.

Members who are asked to resign may appeal the decision and present their case before a Closed Session of the Executive Board.



5.05 Title: EMT Competency Exam
--

Effective Date: October 30th, 2012	Updated Date: October 30th, 2012
---	---

This protocol outlines the steps an EMT must take on an annual basis in order to prove continuing skills competency and to remain a member of Cornell EMS. The exam must be taken annually by all members who possess a New York State EMT certification except for Crew Chiefs. The exam will consist of 2 skills drawn randomly from the pool of the New York State Department of Health EMT-Basic Skills Sheets.

The exam will be administered at a TM of the Training Officer's choosing during the Spring semester each year, and each member's performance will be evaluated by a Crew Chief. A committee consisting of the Director, Director of Operations, Promotions Officer, and Training Officer may, at its discretion, give a Crew Chief a passing grade for the next testing cycle. If any of these four officers is a Crew Chief, the other three members of the committee will vote on their exemption. A Crew Chief may not evaluate other members' performance on the exam until that Crew Chief has achieved a passing grade.

A member has two attempts to pass. In order to pass the exam, each member must complete both skills satisfactorily; each skill will be judged according to the criteria on the official Skills Sheet. A member has two attempts to pass. If a member fails on their first attempt, they must schedule a retake with a Crew Chief before or after the first TM or GM following the initial test date. If a member is not able to pass the exam on either attempt, they will be asked to resign from Cornell EMS.

Members who are asked to resign may appeal the decision and present their case before a Closed Session of the Executive Board.





Section 6

Medical Protocols



6.01 Title: Treatment (Patient Care) Protocols

Effective Date: August 30, 2007	Updated Date: April 25, 2010
--	-------------------------------------

All medical care provided will be consistent with New York State Department of Health and Central New York EMS protocols. All care will be provided at no higher than an EMT-B level regardless of the crewmember's training. A copy of the current New York State DOH Basic Life Support Protocols for EMTs and AEMTs will be maintained by the Director of Operations and be available for review in the 201 Palm Road EMS office. Any updates to these protocols will be announced by the Director of Operations and appropriate training will be held in conjunction with the Medical Director, Director of Operations, and Training Officer.



6.02 Title: Run Procedure

Effective Date: August 30, 2007	Updated Date: April 25, 2010
--	-------------------------------------

An emergency run is hereby defined as any instance during which the duty crew responds to a scene as a result of a dispatch by Cornell Police, request of an officer or EH&S personnel, phone call over the non emergency line, e-mail or other communication directly to the duty crew, pedestrian flag down, or crew observation of a person in need of medical assistance. In all cases where the crew is summoned to action by means other than Cornell Dispatch, the crew will immediately notify the dispatcher of the nature and location of the call and the method by which they were called.

On all runs the Crew Chief is responsible for all decisions and actions of the CUEMS crew. The Crew Chief will make all medical decisions and maintain interagency communications. The Crew Chief will have authority to delegate all of the tasks to the other crewmembers as necessary to complete proper patient care.

At the end of each run, the Crew Chief will conduct a debriefing of the crew in which the crew will discuss the care provided and the other events that occurred on the call. The crew will discuss any strengths and weaknesses that members have. Any member who feels that he or she (or any other crew member) needs further debriefing, will contact the Director of Operations to initiate a Critical Incident Stress Debriefing or other necessary session.

At the end of the call, the equipment in the truck will be restocked. Any equipment that cannot be restocked will be immediately reported to the Equipment Officer. For example, if a traction splint or another one of a kind piece of equipment is used and sent via helicopter, the Equipment Officer will be notified of this incident. Any equipment transported to the hospital should be noted on the Operations board in the 201 Palm Road Office.

For runs involving a crime scene, a major call or anything involving media, the Crew Chief will immediately notify the Director. No crewmember will speak with media or other bystanders about any information.



6.03 Title: Prehospital Care Reports (PCRs)
--

Effective Date: August 30, 2007	Updated Date: May 14, 2012
--	-----------------------------------

A PCR is to be filled out for each dispatch regardless of outcome. Cornell EMS will complete all PCRs using the designated electronic PCR (ePCR) system. In the rare event that the Director of Operations designates, a paper tri-carbon copy PCR will be completed in place of an ePCR.

Electronic PCR

The ePCR patient record should be completed in accordance with Cornell EMS' most up to date Continuous Quality Improvement (CQI) Manual which should be available for review on EMS Charts.

All ePCRs must be completed, signed and locked before the end of the shift. If the call occurs near the end of the shift, the PCR must be signed and locked as soon as possible into the next shift. ePCRs are not to be completed on personal computers. Failure to comply with this SOP will result in appropriate disciplinary action as determined by the executive board.

If patient care transferred to Other EMS...

1. En route to the call, start documentation as usual on a PCR/CUEMS Documentation Pad.
2. During the call, document demographic information, medical history, treatment rendered, etc. on the PCR.
3. Give ambulance crew a copy of the Documentation Sheet completed.
4. Following the call, complete your ePCR by logging online and filling all boxes and comments as specified in the CQI Manual
5. Log the call into the computer and complete all CQI information in the Call Log.

If patient refuses medical attention...

1. En route to the call, start documentation as usual on a PCR/CUEMS Documentation Pad.
2. During the call, document demographic information, medical history, treatment rendered, etc. on the PCR.
3. Before clearing, have patient sign either a paper or electronic copy of a CNY RMA Form.
4. Following the call, complete your ePCR by logging online and filling all boxes and comments as specified in the CQI Manual. If a paper form of an RMA is used, it must be scanned in and uploaded to the chart. If an electronic RMA is used, it must be uploaded from the computer to the chart.
5. Log the call into the computer and complete all CQI information in the Call Log

The Director of Operations will download all PCRs for each month onto a CUEMS jump drive which will be securely stored after each use.

Paper PCRs

Paper PCRs should be completed in accordance with the paper PCR CQI Manual.

In the event that a paper PCR is used, the following shall be completed for proper record keeping of the call:



One copy of all PCRs is kept on file with Cornell EMS (white original copy) and one copy is sent to CNYEMS for filing (yellow carbon copy). The Director of Operations is charged with ensuring the PCRs are submitted to CNYEMS by the 12th of each month. Pink copies, if not given to the transporting agency or hospital receiving agent, must be destroyed. The Director of Operations is responsible for maintaining the CQI process and chairing the committee for review of all PCRs.



6.04 Title: Refusing Medical Aid (RMA)

Effective Date: **August 30, 2007**

Updated Date: **April 25, 2010**

Cornell University EMS follows the New York State protocol (SC-5) for Refusing Medical Aid (RMA). In order to refuse medical care, a patient must be:

1. 18 years of age or older;
2. Alert and oriented to person, place, and time;
3. Not have any intention of harming self or others;
4. Glasgow Coma Scale score of fifteen (15);
5. No evidence of child or elder abuse exists.

The patient will be advised of the risks of refusing medical attention and be permitted to make an informed decision. The patient will then sign the refusal form provided by Central New York EMS and be given the appropriate instructions for care. A witness will also sign the form acknowledging that which was said by EMS. If no witness is available the witness section of the form should be left blank. The refusal form will be filed with the PCR.

Due to the sensitive nature, high frequency for CUEMS, and increased liability related to refusals on alcohol-related calls, the following guidelines should be followed when considering an RMA on applicable calls:

The person(s) calling for assistance and EMS response should be determined as part of the assessment. No Refusal of Medical Aid (RMA) may be granted (without an ALS evaluation) to a patient that personally requested an EMS response in relation to a suspected, potential, and/or obvious altered mental status condition.

Any patient stating recent intake of alcohol or other suspected mind altering substances that warrants or requests a Refusal of Medical Aid (RMA) shall be evaluated under the following criteria:

The patient is fully competent to make an informed decision based on: cognition, choice, judgment, understanding, expression of choice, and stability. The patient can retain and comprehend relevant information, believe information and make informed decisions. The patient has been presented with options and has declined to have further medical evaluation or transportation to the hospital.

The given patient should be explained all risks and given follow-up care instructions as with any other RMA. No minor may sign off (or sign off via parent contact) where alcohol or other mind altering substances are suspected as causing the current presenting problem.



6.05 Title: Automated External Defibrillator

Effective Date: August 30, 2007	Updated Date: April 25, 2010
--	-------------------------------------

CUEMS will act in accordance with all New York State and Central New York protocol for use of the Automated External Defibrillator (AED).

Upon determination that a patient is a candidate for AED usage, CUEMS will administer the necessary treatment per protocol and following all instructions of the AED. CUEMS carries two (2) Welch Allyn defibrillators as well as one Lifepack 500 defibrillator. The Welch Allyn AEDs are programmed to the appropriate protocol instructions for defibrillation of Adults and Children over the age of one (1) year per current American Heart Association Basic Life Support protocols. The Lifepack 500 Defibrillator is **ONLY** programmed for defibrillation of adults in accordance with current American Heart Association Basic Life Support protocols.

For all 911 duty vehicles or events with children (under 8 years old), a Welch Allyn AED with child capabilities must be with the crew. In the event that the Lifepack 500 AED is the only AED available on scene and a non-adult patient requires life saving defibrillation, the Lifepack 500 should be used. If any other AED with pediatric capabilities is accessible such as a Public Access Defibrillator (PAD), or an AED from other EMS or fire, this should be used on non-adult patients.

After transferring the patient to the appropriate ALS transport, the crew will immediately clean and restock the truck equipment as is standard on all calls. Once the crew is back in service, the crew will immediately notify the Director and Director of Operations to alert them to the use of the AED and major call completion.

The Director of Operations will contact EH&S MacCheyne to arrange for download of the code summary from the defibrillator. This summary will be attached to the PCR and maintained in the typical fashion in accordance with protocol.

The Director of Operations will notify the Supervisor to assess the potential need for a debriefing session and offer Critical Incident Stress Debriefing to the crew. The Director of Operations will immediately contact the Medical Director about the call and then will forward the PCR and related information from the call to the Medical Director as soon as possible (but within 48 hours of the incident) in accordance with CQI policy.



6.06 Title: Alcohol Poisoning Protocol

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Ensure ALS en route, Bring BLS Equipment to patient

- Primary or Secondary
- Suction
- AED
- If Trauma Suspected:
 - Backboard
 - Collar Bag

Assess and Document

- Mental Status
- Pertinent Negatives: Trauma, H/N/B Pain, C/P, SOB, LOC, Nausea
- Vitals
- SAMPLE- L: How many drinks? What type of drinks? Over what time period?
- Drug Involvement?
- Hx of Diabetes? If so follow Diabetic Emergency protocol if suspected Hypo/Hyperglycemia

Any Pertinent Positives (excluding vomiting PTA/nausea)? Altered Mental Status?

YES

NO

Treat

- Support ABCs to the BLS level
- Administer O₂ 15 lpm via NRB or 4-6 lpm via NC if NRB not tolerated
- Immobilize if Trauma Related
- Transfer care to ALS agency

Does pt wish to be treated? Is pt <18 y/o?

YES

NO

Treat as appropriate

- Support ABCs to the BLS level
- Administer O₂ as necessary
- Immobilize if Trauma Related
- Transfer care to transporting agency.

If Patient meets qualifications for RMA

- A&OX3, GCS=15
- ≥18 years old
- Not a danger to self or others

Cancel incoming county units, complete RMA per CNY protocol. *Refer to the "Refusing Medical Aid (RMA) SOP for special instructions."

6.07 Title: Spinal Immobilization Protocol

Effective Date: **August 30, 2007**

Updated Date: **August 30, 2007**

Ensure ALS en route, Bring BLS Trauma Equipment to patient

- Primary or Secondary
- Suction
- AED
- Backboard
- Collar Bag
- Board Splints/Frac-Pak

All victims of possible blunt trauma or penetrating trauma with potential associated spinal injury **MUST** be managed and transported with full spinal immobilization if any of the following criteria are met:

- Significant or unknown mechanism of injury**
- Altered level of alertness
- Presence of other distracting (painful) injury
- Subjective spinal pain
- Subjective pain with neck movement by patient
- Objective spinal tenderness
- Subjective neurological deficit
- Objective neurological deficit
- Any pt. who wishes to be immobilized, regardless of whether or not any of the above criteria are positive

**Significant MOI includes (but is not limited to):

- Any violent impact to the head, neck, torso, or pelvis.
- Sudden acceleration, deceleration, or lateral bending forces to the neck or torso.
- Falls from greater than 3 feet. Elderly patients (>65) falling out of bed or from standing height.
- Ejection or fall from motorized or human powered transportation device.
- Axial load (diving).
- Unwitnessed loss of consciousness.

Are any of the above criteria positive?

YES

NO

Does pt. wish to be immobilized? Is pt. <18 y/o?

YES

NO

Refer to New York State BLS Trauma Protocols, treat any conditions you find, transfer care to ALS

Treat

- Apply c-collar. Fully immobilize pt. to backboard, or KED if pt. is stable and found in seated position
- Treat any associated injuries, conditions you find
- Transfer care to ALS

Request that pt. wait for arrival of ALS, or call Medical Control. If pt. refuses to wait AND meets qualifications for RMA:

- A&OX3, GCS=15
- ≥18 years old
- Not a danger to self or others

Complete RMA per CNY protocol



6.08 Title: Treatment of Minors
--

Effective Date: August 30, 2007	Updated Date: August 30, 2007
--	--------------------------------------

Patients under the age of eighteen (18) years are designated legally as “minors.” Patient care protocols for these patients will follow the appropriate adult or pediatric protocol as with any other patient. The patient’s parent, guardian, or legally responsible party (with the exception of emancipated minors) should be contacted to inform them of the problem and gain consent to assess, treat, and/or transport the patient. The name and phone number of the person contacted should be documented in the PCR narrative.

If the patient’s parent, guardian, or legally responsible party cannot be contacted or is unsure of the appropriate course of action, the patient must be transported to the Emergency Department for evaluation by a physician.

If consent cannot be gained by a parent, guardian, or legally responsible party and the patient’s condition requires immediate, life-saving treatment, consent may be considered implied and in the best interests of the patient. He/she may then be treated immediately.

If the patient claims he/she holds status as an emancipated minor, the Cornell University Police should be contacted for confirmation before handling this situation. If possible and not against the patient’s wishes in this particular case, the patient’s parents, guardians, or legally responsible party should be contacted for confirmation.



6.09 Title: Unattended Death (DOA)

Effective Date: August 30, 2007	Updated Date: August 30, 2007
--	--------------------------------------

At the Basic Life Support level, a patient may be determined "Dead on Arrival" if any one of the following conditions exists (below) and the patient currently shows no signs of life:

- Rigor Mortis
- Dependent Lividity
- Decapitation

If the patient's death is unattended by family members or any other bystander, the patient should be examined for signs of life. If the patient displays no forms of obvious death, no advanced directives are present, and down-time cannot be confirmed, resuscitative measures should be initiated.

If the patient's death was attended by family members or other bystanders and an extensive down-time is known to exist and the patient shows no signs of life, the patient may be determined as "Dead on Arrival."

Medical Control should be contacted in all instances for confirmation of treatment or lack thereof for patients where any question exists whether or not resuscitation should be withheld.



6.10 Title: Do Not Resuscitate (DNR) Orders
--

Effective Date: August 30, 2007	Updated Date: August 30, 2007
--	--------------------------------------

In the presence of a Do Not Resuscitate (DNR) order with the proper format and the signature of the physician, resuscitative measures should not be initiated. "Out of Hospital DNR" orders, when properly formatted with a doctor's signature are also acceptable. New York State Department of Health protocols state that a DNR order need not have an expiration date, nor does one expire. New York State Department of Health regulations also permit that medic-alert bracelets with orange letters reading "DNR" or "Do Not Resuscitate" are also acceptable as an implied order. Paperwork need not be produced at the time of arrest for the bracelet to be acknowledged as valid. No other forms of orders are acceptable, nor should they be recognized.

Any instance where a patient is found in or falls into cardiac or respiratory arrest, the presence of DNR orders should be questioned. If one is thought to exist, but the proper paperwork cannot be found, resuscitative measures should be initiated. In the presence of a DNR order, a good faith attempt (whether by a knowledgeable witness or form of personal identification) must be made to properly identify the patient as the named individual. Do Not Resuscitate does not mean or in any way infer, "do not treat." Any patient currently with a pulse and breathing must be treated to the fullest extent of the BLS protocols. Patients in cardiac or respiratory arrest should not be resuscitated. This includes chest compressions, ventilations, and/or defibrillation. Clearing of airway obstruction is considered an acceptable treatment, though if breathing efforts have ceased, ventilation should not be attempted.

An EMS provider may disregard a present or implied DNR order under any of the following conditions:

- Any case where there is reasonable evidence to suggest that the DNR order has been revoked or cancelled.
- If the patient is conscious and states that they wish resuscitative measures, the DNR Form should be ignored.
- If the patient is unable to state his or her desire and a family member is present and requests resuscitative measures for the patient and a confrontational situation is likely to result, if the request is denied.
- A physician directs that the order be disregarded.

If during resuscitation a properly formatted DNR order is found to exist, all resuscitative measures should be terminated and medical control should be contacted. In all instances where a patient is in cardiac or respiratory arrest, ALS should be contacted and responding. The proper channels for medical control and pronouncement can be made with ALS as well.



6.11 Title: **BLS Blood Glucometry Testing**

Effective Date: **November 16, 2008**

Updated Date: **November 16, 2008**

CUEMS finger stick blood glucometry testing will be completed on any call where the patient exhibits signs of altered mental status or potential hypoglycemia. These signs/symptoms include, but are not limited to the following situations:

Hypoglycemia

- Decreased level of consciousness or alertness, confusion, anxiety, diaphoresis
- GCS of <14, V/P/U Status on AVPU scale
- Dizziness and nausea
- Diabetic history with altered speech or other symptoms
- Cerebro-vascular accident (CVA) (weakness or slurred speech)

Hyperglycemia

- Warm, dry skin
- Acetone breath (sweet, fruity smell)
- Decreased level of consciousness, confusion
- Abnormal, deep Kussmaul respirations

The Blood Glucometry Kit in the primary bag will include the following equipment: 2x2 gauze pads, alcohol prep pads, single-use auto-inject lancets, blood glucose test strips, and a testing monitor.

Procedure for its use and oversight of the procedure will be in compliance with Central New York Regional EMS Program Policy Statement 08-02, "Blood Glucometry for Basic Life Support Agencies and Providers." The procedure for use of this equipment will be in accordance with the following protocol:

- Determine need for procedure per above indications
- Request ALS
- Follow NYS DOH BLS protocol for the General Approach to Medical Emergencies prioritizing and managing Airway, Breathing, and Circulation
- Obtain complete set of vital signs including pulse oximetry
- Check blood glucose and place lancet in an approved sharps container
- If blood glucose is greater than 80mg/dL and the patient has an altered mental status, confirm ALS is en route and continue to assess and monitor patient
- If hypoglycemic (<80mg/dL) and awake (A or V on AVPU) with the ability to maintain their airway; administer oral glucose consistent with NYS BLS protocol. Repeat vital signs including AVPU in five (5) minutes.
- If completely alert and oriented, request medical control approval to cancel ALS
- Continue on-going assessment consistent with current NYS BLS protocols.

CUEMS EMTs eligible to perform this procedure will complete the Central New York EMS approved training program including a power-point training session (entitled "Blood Glucose Monitoring Devices in the Prehospital Setting"), an online written exam (on the cnyems.org website), and practical skills evaluation. Records of this training will be maintained by the



Training Officer and Director of Operations as with all EMT-Basic training addition protocols (e.g. epinephrine administration).

Quality Control testing of the blood glucose monitor will be completed each day during the 3PM vehicle checks. The quality control testing will be documented on the primary vehicle checklist. This log will be kept by the equipment officer and monitored by the Director of Operations for compliance.

All Prehospital Care Reports (PCRs) documenting the completion of this procedure will be reviewed by the CUEMS Continuous Quality Improvement Committee (CQIC). This committee is chaired by the Director of Operations.



6.12 Title: Behavioral Emergencies

Effective Date: **August 30, 2007**

Updated Date: **March 30, 2008**

This protocol outlines special considerations and procedures to be followed when responding to calls for a patient presenting with psychiatric or behavioral abnormalities. Abrupt changes in behavior are often signs of serious organic illness but may pose a serious risk to emergency response personnel. All responding personnel must take extra precautions to ensure and prioritize their own safety and those of others while treating these patients.

Definition of Behavioral Emergency:

- -When a patient's behavior is not typical for the situation.
- -When the patient's behavior is unacceptable or intolerable to the patient, his friends, family or the community.
- -When the patient may harm himself or others.

Response:

All behavioral emergencies, 941, Emotionally Disturbed Person (EDP) calls will be non-RLS response, unless there is a physical threat to the patient or others.

Upon dispatch, ensure CUPD as been dispatched to the scene (see Behavioral Emergencies- Dispatch procedure on preceding page)

- Wait for CUPD to secure the scene first.
- If dispatched to standby, wait for CUPD to grant EMS permission to enter scene.

Scene Safety:

Continually monitor the patient and the scene for indicators of dangerous behavior and situations that may pose a threat to self or others. Your first concern is your own personal safety. You should leave the scene if it becomes unsafe and have police secure the scene before re-entering.

Identify the presence of weapons or materials that could potentially be used as weapons. Keep patient away from or remove such weapons.

Allow an escape route for provider in the room. Do not allow the patient to corner or isolate individuals. Yet do not overwhelm the patient with unnecessary personnel.

Patient Interaction:

Always be aware of your own safety first. If the scene becomes unsafe leave and have police secure the scene before re-entering. As with any call your first concern is your own personal safety.



Identify yourself and your role.
Make statements or questions in a calm reassuring voice. Speak clearly and slowly. Do not argue with or act threatening to the patient.
Treat patient with respect.
Inform patient what you are doing.
Involve trusted friends or family.
Listen to patient actively by repeating his/her statements. Respond honestly to questions.
Do not play along with visual or auditory hallucinations.
Do not leave patient alone unless the scene becomes unsafe.
If patient acts physically threatening or agitated, consider having CUPD restrain patient as per restraint protocol.

Patient Assessment:

Assess the patient for signs of underlying medical or traumatic processes, recognizing that changes in behavior may often be signs of organic illness. Treat any potential underlying process.

Perform initial assessment and treat all life threats. Include mental status exam with level of consciousness and orientation.

Perform a focused or detailed exam as possible. Look for other causes that may be a source of altered mental status. (see list below)

Obtain thorough history. Be alert for past psychiatric problems.

Consider these potential causes of altered mental status:

- Central nervous system (CNS) infection such as meningitis or encephalitis
- Alcohol or drug intoxication
- Alcohol or drug withdrawal
- Hypoglycemia
- Hypertensive encephalopathy
- Hypoxia
- Intracranial hemorrhage or ischemic infarct
- Poisoning
- Head trauma
- Seizure
- Acute organ system failure
- Sepsis
- Hypothermia
- Heat exhaustion and heat stroke

