Emergency Medical Services SOP

Student Health Services

Texas A&M University Division of Student Affairs

TEXAS A&M UNIVERSITY

Standard Operating Procedures

Revised 8/30/95, 8/6/98, 9/2/98, 12/04/00, 3/18/03, 8/22/05, 11/7/06, 6//09, 5/5/13, 3/31/14, 6/15/14, 11/4/16**

I have reviewed this Emergency Medical Services Standard Operating Procedures Manual and agree with its protocols.

Michael Middleton, EMT-P
EMS Manager

2-1-17
Date

Kimberly Williams, EMT-I
Assistant EMS Manager

2-1-17
Date

Section 1 – Employee Definitions

Section 2 – Administration

Section 3 – Staffing

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M UNIVERSITY

Employee Definitions
Section 1

Standard Operating Procedures

Policy: 1.1
Category: Employee Definitions

EMPLOYEE DEFINITIONS

Employees will be classified into one of the following categories:

1. **Active Employees** – Employees holding In-Charge, Attendant, Standby EMT, or Dispatcher positions and who turn in minimum availability as defined by the Employee Availability Policy are considered Active Employees. Employees failing to turn in minimum availability or work for any three (3) consecutive months will have their status changed to Inactive Employee. Employees who are unable to commit minimum availability or work and wish to keep Active Employee status must submit an appeal to their Operations Coordinator before the due date of availability with a valid reason for being unable to turn in minimum availability. Appeals are to be reviewed and granted by their Operations Coordinator or their appointed delegate. Appeals cannot be submitted retroactively.

2. **Inactive Employees –** Employees holding In-charge, Attendant, Standby EMT, or Dispatcher positions, who have failed to turn in minimum availability or work for three (3) or more consecutive months, without a granted appeal, will be considered an Inactive Employee. The employee will be notified by their Operations Coordinator or their delegate about the change to Inactive Employee status. Inactive Employees lose all Active Employee benefits until minimum availability has been received by their Operations Coordinator. Employees who fail to submit minimum availability or work for six (6) or more consecutive months, without a granted appeal, are subject to disciplinary actions up to and including termination. Inactive Employees wishing to regain Active Employee status must submit minimum availability or work before the six (6) month period has expired.

3. **Probationary Employees** – Employees who are in training for In-Charge, Attendant, Standby EMT, or Dispatcher positions and do not already hold one of these positions. Probationary employees do not hold Active Employee benefits. Active Employee status will be granted upon completion of training and approved by appropriate officers. Probationary Employees will not have access to the online store and are prohibited from wearing Texas A&M EMS clothing or apparel while not on duty.

Policy: 1.2
Category: Employee Definitions

EMPLOYEE AVAILABILITY

Employees will be required to give availability by the 20th of every month, unless requested earlier by the Operations Coordinators.

It is the responsibility of each employee to turn in a minimum availability for the month. Employees failing to turn in availability will be viewed as unavailable for the month and will NOT be scheduled by the Operations Coordinators. Employees who fail to submit minimum availability for three (3) consecutive months could be placed on Inactive Employee status. Refer to Policy 1.1

Minimum availability is 24 hours per month. It is the expectation of the department that employees are available most nights and weekends. Additionally, employees are expected to work football games. Additional availability may be requested by the EMS Manager or the Assistant EMS Manager.

BENEFITS FOR ACTIVE EMPLOYEES

Active employees may receive benefits that include:

- Funds for Continuing Education classes
- Student Worker Early Registration
- Issued Uniforms
- Eligibility to vote in all elections
- Access to online clothing store
- Performance based pay increases

As employees of Texas A&M EMS, there exists the potential to earn performance based pay increases. It is expected that all employees are able to serve the basic functions of their respective positions, but for those that go above and beyond these minimums the possibility exists for incremental pay raises. These raises come based off of the following criteria. Ultimately, the decision to enforce these stipends is at the discretion of the EMS Manager. It is up to the employee to ensure that they meet the criteria set forth for the pay increases. It is that individual's responsibility to present the proof of their completion of the criterion. It is not the job of the EMS Manager, Operations Coordinators or any other member of administration to start that process for any employee. Employees that have warnings on their file may find themselves automatically excluded from their stipends on a case by case basis. Employees may be evaluated on any criteria not limited to: Shift evaluations, timeliness and punctuality on shifts, general meetings attendance, job performance, or completion of assigned training via SSO. Probationary employees will not be eligible to begin this process until they are cleared members of the agency.

Policy: 1.3
Category: Employee Definitions

Key (Annually) Pref Preferred Req Required Incentives	Student Standby EMT	Non Student Standby EMT	Student Dispatcher	Non Student Dispatcher	Student EMT-B	Non Student EMT-B	Student Attendant Paramedic	Non Student Attendant Paramedic	Student In-Charge Paramedic	Non Student In-Charge Paramedic (Paramedic I)
SDO Exam	Req	Req	N/A	N/A	Req	Req	Req	Req	Req	Req
All Traintraq Assignments completed	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
AHA BLS Cert. (Current)	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
AHA ACLS Cert. (Current)	N/A	N/A	N/A	N/A	N/A	N/A	Req	Req	Req	Req
AHA PALS Cert. (Current)	N/A	N/A	N/A	N/A	N/A	N/A	Pref	Pref	Req	Req
60% CE Offered	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
60% General Meetings	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
Skills Verification	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
Static Mega Code	N/A	N/A	N/A	N/A	Req	Req	Req	Req	Req	Req
Dynamic Mega Code	N/A	N/A	N/A	N/A	Req	Req	Req	Req	Req	Req
No Disciplinary Action (Last 6th Months)	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
SOP Exam	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
Hours Worked (TBD)	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
State Certification for Skill Level (Current)	Pref	Pref	Pref	Pref	Req	Req	Req	Req	Req	Req
Good Standing with Medical Director/Department	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
Map Test	N/A	N/A	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
Current TAMU/Blinn Student	Req	N/A	Req	N/A	Req	N/A	Req	N/A	Req	N/A
PAI/RSI Procedure Testing	N/A	N/A	N/A	N/A	Pref	Pref	Pref	Pref	Req	Req
FTO For Current or Lower Position	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref
Updated/Confirmed Personnel Information Form	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref	Pref

Policy: 1.4
Category: Employee Definitions

FORMER TAMU EMS EMPLOYEES

Occasionally, former TAMU EMS employees return and ask to ride out on the ambulance. TAMU EMS recognizes these former employees and their desire to provide any help they can; however, these employees must understand that times do change, and so do policies and procedures. These former employees must also recognize that administrators change from year to year and upon leaving TAMU EMS, they void their positions as administrators.

Unless they are currently on payroll and liability insurance, TAMU EMS cannot accommodate this type of request. If the former employee does decide to become an active employee of TAMU EMS, they will be required to re-apply and attend a training session prepared by the current Education Coordinator. In this training session, the former employee will be informed of the changes in SOP's, protocols, and administrators. They must be re-authorized by the Medical Director.

Policy: 1.5
Category: Employee Definitions

MEDICAL DIRECTOR

The Medical Director of EMS is appointed by Texas A&M University Student Health Services and has control over your ability to use medical skills because EMS personnel work under the auspices of the Medical Director's license. Therefore, the Medical Director may deny you the right to use any medical skills at any time during employment with TAMU EMS.

The EMS Medical Director may take the following disciplinary steps regarding EMS personnel: counseling, a report documenting the medical error, or denial of your use of advanced skills. They may also require the individual to take appropriate remedial or corrective measures which may include, but are not limited to, retraining, testing, and/or field/ hospital preceptorship.

Depending upon the severity of the medical error, the Medical Director may skip any step (counseling, documentation, or probation) and deny your use of advanced (and/or basic) skills. They may also recommend disciplinary action to the Texas Department of State Health Services, including revocation of certification. Failure to maintain employee's Medical Authorization may result in disciplinary action up to and including termination.

ADMINISTRATOR ON-DUTY

The Administrator On-Duty will serve as the contact for TAMU EMS employees.

Mandatory notification of the Administrator On-Duty will include but is not limited to the following:

- A TAMU EMS vehicle is involved in an accident.
- An employee is injured while on duty.
- Exposure of an employee while on duty.

The primary means of communicating the Administrator On-Duty is by phone. If the Administrator On-Duty cannot be reached by phone, they should attempt to be contacted by radio.

The EMS Manager, Assistant EMS Manager, Operations Coordinator, Assistant Operations Coordinator, or their delegate, will serve as the Administrator On-Duty and will be scheduled through the TAMU EMS online scheduling system. There will be one AOD for the ambulance and dispatch division and one for the Standby division; employees should contact the correct one for the shift for which they have an issue

If the scheduled Administrator On-Duty cannot be reached, the EMS Manager, Assistant EMS Manager, Operations Coordinator, or Assistant Operations Coordinator should be contacted. If the EMS Manager is not serving as the Administrator On-Duty and the Administrator On-Duty is notified, it is the responsibility of the Administrator On-Duty to notify the EMS Manager.

811

The 811 Provider will be responsible for the following:

1. May be removed from the position at any time by the Education Coordinator or Clinical Coordinator with the approval of the Operations Coordinator.
2. Shall be minimally certified as an Emergency Medical Technician by TDSHS and meet all criteria and training set forth by the Training Department and Clinical Coordinator. Will function up to and including their current Medical Authorization.
3. Will be responsible for knowing and following the Standard Operating Procedures and Patient Care Guidelines up to and including their current Medical Authorization.
4. Will see that all paperwork they are responsible for is completed in its entirety by the end of the shift, unless substantial circumstances arise in which case; reasoning is to be discussed with the Supervisor or Clinical Coordinator immediately.
5. Will assist additional responders in patient care and the shuttling of equipment.
6. Will be held responsible for the professionalism and cleanliness of the EMS office, day room and crew quarters.
7. Will be responsible for assuring that the unit is fully stocked, cleaned, and maintained during the shift.
8. Will be responsible for insuring that the unit is restocked and in service before leaving the shift.
9. Will be responsible for the safe operation of the vehicle at all times.
10. Can assist in the safe transportation of all medics and patients to the scene and/or medical facility as needed.
11. Should assist with the resupplying of Standby EMTs when necessary.
12. Will be responsible for knowing and obeying all traffic laws.
13. Will be NIMS 100, 200, 700, and 800 compliant.
14. Must hold a current AHA BLS certification.
15. Have completed all required SSO training.
16. Must have a valid Class C Drivers License.
17. Will contact the Administrator On-Duty, or their delegate, as necessary.
18. Other duties as assigned by Assistant Operations Coordinator, Operations Coordinator, Assistant EMS Manager, or EMS Manager.

Policy: 1.8
Category: Employee Definitions

IN-CHARGE

The position of In-Charge shall meet the following guidelines:

1. a. Will be approved for or removed from the position by the Operations Coordinator and EMS Manager; and

   Will meet all criteria and training set forth by the Education Coordinator/Clinical Coordinator; and

   Will be minimally certified as an EMT-P or Lic-P by TDSHS.

   b. In the case of SHS Paramedics, will be approved for or removed from the position by the EMS Manager; and

   Will meet all criteria and training set forth by the EMS Manager; and

   Will be certified as an EMT-P or Lic-P by TDSHS and be in the employment of Texas A&M University Student Health Services.

2. Will be responsible for knowledge of and adherence to the Standard Operating Procedures and Patient Care Guidelines up to and including their current Medical Authorization.

3. In-Charge paramedics must have a current ACLS certification; PALS certification within a year of employment as In-Charge. ITLS/BTLS/PHTLS is preferred for employment as In-Charge. Must have a current AHA BLS Healthcare Provider Certification.

4. Have completed all required SSO training.

5. Must have a valid Class C Drivers License.

As senior medic, the In-Charge will have the following responsibilities:

1. Will be responsible for the delivery of competent patient care appropriate to their skill level.

2. Will be responsible for the actions, training, and the guidance of all other medics on the crew.

3. Will notify the Administrator On-Duty, or their delegate, of any unusual occurrences or violations of the Patient Care Guidelines within a reasonable time. All unusual occurrences or violations will be documented within 24 hours as Incident Reports.

4. Will see that all paperwork, including Patient Care Reports, for the crew is completed in its entirety by the end of the shift, unless substantial circumstances arise in which case reasoning is to be discussed with the Supervisor, EMS Manager or Clinical Coordinator immediately.

5. Will be held responsible for the professionalism and cleanliness of the EMS office, day room and crew quarters.

6. Will be responsible for assuring that the unit is fully stocked, cleaned, and maintained during the shift.

7. Will be responsible for insuring that the unit is restocked and in service before leaving the shift.
8. Will be responsible for the safe operation of the vehicle at all times.
9. Will be responsible for the safe transportation of all medics and patients to the scene and/or medical facility.
10. Will be responsible for knowing and obeying all traffic laws.
11. Will be responsible for staying within TAMU response territory as defined in policy 7.1 unless approved by the On-Duty Supervisor, Operations Coordinator, Manager, or their delegate.
12. Will be NIMS 100, 200, 700, and 800 compliant.
13. Other duties as assigned by Assistant Operations Coordinator, Operations Coordinator, or Manager.

Determining In-Charge for a unit:

1. If an SHS Paramedic is working on the unit, then the SHS Paramedic will function as In-Charge.
2. A qualified In-Charge will not be considered as such on any unit that has a designation higher than the Employees Medical Authorization. In this case that person will be considered an Attendant. For example, an EMT-B cannot function as an In-Charge on an ALS or MICU unit, and an EMT-I cannot function as In-Charge on a MICU unit.

In the event that two qualified In-Charges are on the same unit and hold the appropriate certification for the unit's designation, the person with the higher certification will be considered the In-Charge and the other will be considered the Attendant. If both hold the same certification then the person with greatest seniority and experience will be considered the In-Charge and the other person will be considered the Attendant.

Policy: 1.9
Category: Employee Definitions

ATTENDANT

The Attendant will be responsible for the following:

1. May be removed from the position at any time by the Education Coordinator or Clinical Coordinator with the approval of the Operations Coordinator.

2. Shall be minimally certified as an Emergency Medical Technician by TDSHS and meet all criteria and training set forth by the Education Coordinator and Clinical Coordinator. To obtain Medical Authorization as an Attendant Paramedic, they must have a current ACLS certification. PALS certification is preferred, along with ITLS/BTLS/PHTLS certification.

3. Will be responsible for knowing and following the Standard Operating Procedures and Patient Care Guidelines up to and including their current Medical Authorization.

4. Will see that all paperwork they are responsible for is completed in its entirety by the end of the shift, unless substantial circumstances arise in which case; reasoning is to be discussed with the Supervisor or Clinical Coordinator immediately.

5. Will assist the In-charge in patient care and the shuttling of equipment.

6. Will be held responsible for the professionalism and cleanliness of the EMS office, day room and crew quarters.

7. Will be responsible for assuring that the unit is fully stocked, cleaned, and maintained during the shift.

8. Will be responsible for insuring that the unit is restocked and in service before leaving the shift.

9. Will be responsible for the safe operation of the vehicle at all times subject to the In-charge's authority.

10. Will be responsible for the safe transportation of all medics and patients to the scene and/or medical facility.

11. Will be responsible for knowing and obeying all traffic laws.

12. Will be NIMS 100, 200, 700, and 800 compliant.

13. Must hold a current AHA BLS certification.

14. Have completed all required SSO training.

15. Must have a valid Class C Drivers License.

16. Will contact the Administrator On-Duty, or their delegate, as necessary.

17. Other duties as assigned by Assistant Operations Coordinator, Operations Coordinator, or EMS Manager.

DISPATCHER

The Dispatcher shall meet the following guidelines and responsibilities:

1. Will be approved by the Communications Coordinator.
2. May be removed from the position at any time by the Communications Coordinator, with the approval of the EMS Manager.
3. Will be responsible for knowing and following the Standard Operating Procedures.
4. Shall have completed Dispatcher-In-Training in-services and evaluations, as well as any other training set forth by the Communications Coordinator.
5. Will meet all criteria and training as set forth by the Communications Department.
6. Will be minimally certified in AHA CPR.
7. Shall be responsible for the relative status and location of all vehicles, on-duty personnel, and equipment used by EMS, as is considered practical and necessary for EMS operations.
8. Shall be responsible for notifying city, county, and state agencies of all activities of TAMU EMS in their jurisdiction.
9. Will be responsible for the capability and conduct of all communications involving TAMU EMS.
10. Shall be reasonably knowledgeable of all dispatch procedures, maps, emergency protocols and common field practices.
11. Will be responsible for knowing the location of all parking tags, as well as ensuring that radio logs are current.
12. Will be awake and in the appropriate Dispatcher uniform during Health Center business hours. Refer to policy 3.5 for Dispatcher uniform.
13. Will be NIMS 100, 200, 700, and 800 compliant.
14. Have completed all required SSO training.
15. In order to operate any TAMU EMS vehicle, the Dispatcher must have a valid Class C Drivers License. Refer to policy 8.2 regarding Dispatchers driving TAMU EMS vehicles.
16. Will contact the Communications Coordinator/Assistant Communications Coordinator or Administrator On-Duty as necessary.

Policy: 1.11
Category: Employee Definitions

STANDBY EMT

The Standby EMT will be responsible for the following:

1. May be removed from the position at any time by the Standby Operations Coordinator
2. Shall be minimally certified as an Emergency Medical Technician by TDSHS and meet all criteria and training set forth by the Standby Operations Coordinator
3. Will be responsible for knowing and following the Standard Operating Procedures and Patient Care Guidelines up to and including the Standby EMT Medical Authorization.
4. Will see that all paperwork they are responsible for is completed in its entirety by the end of the shift, unless substantial circumstances arise in which case; reasoning is to be discussed with their respective Administrator On-Duty Coordinator immediately.
5. Will direct patient care and the shuttling of equipment for the facility or event for which they are providing coverage.
6. Will be held responsible for the professionalism and cleanliness of the Medic Office / First Aid Station they are working in.
7. Will be responsible for assuring that bags and any other equipment are fully stocked, cleaned, and maintained during the shift.
8. Will be responsible for insuring that the unit is restocked and in service before leaving the shift.
9. Will be responsible for the safe operation of any ancillary vehicle at all times.
10. Will be responsible for the safe transportation of all EMTs to and from standbys as needed.
11. Will be responsible for knowing and obeying all traffic laws.
12. Will be NIMS 100, 200, 700, and 800 compliant.
13. Must hold a current AHA BLS certification.
14. Have completed all required SSO training.
15. Must have a valid Class C Driver's License.
16. Will contact the Administrator On-Duty, or their delegate, as necessary.
17. Other duties as assigned by Assistant Standby Operations Coordinator, Standby Operations Coordinator, Assistant EMS Manager, or EMS Manager.

AMERICAN HEART ASSOCIATION COURSE INSTRUCTOR

The AHA Instructor will be responsible for the following:

1. May be removed from the position at any time by the Standby Operations Coordinator with the approval of the Assistant EMS Manager.
2. Shall be certified as an American Heart Association Basic Life Support Instructor and meet all criteria and training set forth by the AHA Course Coordinator. Instructor candidates must obtain certification within one semester of selection.
3. Will be responsible for knowing and following the Standard Operating Procedures
4. Will see that all paperwork they are responsible for is completed in its entirety by the end of the class, unless substantial circumstances arise in which case; reasoning is to be discussed with their respective Administrator On-Duty.
5. Will be held responsible for the professionalism of the CPR class that is being taught, regardless of audience.
6. Will be responsible for assuring that all mannequins and any other equipment are fully stocked, cleaned, and maintained during and after the class.
7. Will be responsible for insuring supplies restocked and in service prior to leaving the classroom.
8. Will be responsible for the safe operation of any ancillary vehicle at all times.
9. Will be responsible for the safe transportation of all instructors and equipment to and from classes.
10. Will be responsible for knowing and obeying all traffic laws.
11. Must be minimally authorized at the Standby EMT level and have been cleared for 6 months.
12. Must hold a current AHA BLS certification.
13. Have completed all required SSO training.
14. Must have a valid Class C Driver's License.
15. Will contact the Administrator On-Duty, or their delegate, as necessary.
16. Other duties as assigned by Assistant Standby Operations Coordinator, Standby Operations Coordinator, Assistant EMS Manager, or EMS Manager.

The AHA instructor position will be selected from the Standby Staff. Qualified individuals will submit a letter of intent with resume to the Standby Operations Coordinator or their delegate and be reviewed for interview by the Standby Operations Coordinator and Assistant EMS Manager. Applicants will be trained as AHA Instructors by the Standby Operations Coordinator or their delegate. This process shall begin at the discretion of the Standby Operations Coordinator.

Policy: 1.13
Category: Employee Definitions

TEXAS A&M EMERGENCY CARE TEAM

Texas A&M Emergency Care Team (TAMECT) is a recognized student organization that provides an introductory level of training in pre-hospital care. From time to time TAMECT members will join crews on standby events.

It is important to note that TAMECT members are not licensed healthcare providers, but rather assistants with limited training, whose primary role is learning, not making patient care decisions. TAMECT members should be utilized in a manner that allows them to observe and assist up to their comfort level; at no point should they be tasked with directing treatment or performing procedures for which they have not been adequately trained.

In general, TAMECT members should have American Heart Association training in CPR and First Aid and a basic training in lifting, radio operations, and scene operations. When practical, providers should devote some downtime to training and mentoring, but at no point should these activities interfere with patient care or be a distraction in the public eye.

TRAINING OFFICERS (FTOs &CTOs)

Field Training Officers (FTOs)

Field Training Officers are employees responsible for training employees who are seeking the status of Standby EMT, Attendant, or In-Charge. They are responsible for overseeing a trainee that is on their shift and assisting them in learning Patient Care Protocols, SOPs, and anything else pertinent to the job of an Standby EMT, Attendant, or In-Charge as set forth by the Training Department for the trainee to complete. A trainee must have a Field Training Officer present while the trainee is on duty.

Field Training Officers will be selected by the Education Coordinator, must be a Standby EMT, Attendant, or In-Charge for at least six (6) months, and must undergo any training deemed necessary before assuming this role. Field Training Officer status may be removed by the Education Coordinator or the Operations Coordinators.

A Field Training Officer may not train anyone of a higher certification than their certification, and they may be limited by the Education Coordinator as to what certification levels they may train.

Communications Training Officers (CTOs)

Communications Training Officers are individuals responsible for training individuals who are seeking the status of Dispatcher. They are responsible for overseeing a trainee that is on their shift and assisting them in learning Dispatch Protocols, SOP's and anything else pertinent to the job of a Dispatcher as set forth by the Communications Department for the trainee to complete. A trainee must have a Communications Training Officer present while the trainee is on duty.

Communications Training Officers will be selected by the Communications Coordinator, must be a Dispatcher for at least six (6) months, and must undergo any training deemed necessary before assuming this role. Communications Training Officer status may be removed by the Communications Coordinator.

Policy: 1.15
Category: Employee Definitions

PROBATIONARY EMPLOYEES

Probationary Employees are employees who are in training for Standby EMT, Attendant, or Dispatcher positions and do not already hold one of these positions. Probationary employees do not hold Active Employee benefits. Active Employee status will be granted upon completion of training and approved by appropriate officers.

Expectations of Probationary Employees

1. Probationary Employees must hold any necessary certifications as required by the position for which they are training.

2. Probationary Employees are expected to complete all of the training requirements as set forth by the Training Department and Student Health Services.

3. Probationary Employees are expected to complete all of their necessary training by end of 16 weeks or a full semester's time, whichever is long, unless informed otherwise by the Education or Communication Coordinator. Training time will begin once the Probationary Employee is on payroll. Allowed training time will be suspended during semester breaks and holidays when Texas A&M classes are not in session.

Probationary Employee Status

1. Acceptance to Probationary Employee status for applicants seeking position of Attendant will be granted on approval of the Education Coordinator; and acceptance to Probationary Employee status for applicants seeking the position of Dispatcher will be granted on approval of the Communications Coordinator.

2. A Probationary Employee seeking position of Standby EMT, Attendant, or In-Charge may be removed from TAMU EMS by the Education Coordinator; and Probationary Employees seeking position of Dispatcher may be removed from TAMU EMS by the Communications Coordinator.

3. A Probationary Employee may be removed for:

   a. Any of the actions listed in Policy 6.2 (Disciplinary Policy) that may cause immediate discharge from TAMU EMS,

   b. Suspension according to Policy 6.2 (Disciplinary Policy),

   c. Failure to complete all training requirements in allowed training time,

   d. Failure to obtain positive evaluations or accumulation of excessive negative evaluations such that the Education Coordinator or Communications Coordinator, as appropriate, does not believe that your continued training will correct the problem in a reasonable amount of time,

   e. Repeated failure of the exit Protocol/SDO test 3 times.

4. A Probationary Employee may request, in writing, an extension of training time and an extension may be granted by the Education Coordinator or Communications Coordinator, as appropriate, if the Probationary Employee has extenuating circumstances that do not allow them sufficient time to train. Extensions are limited to one month total.

a. Alternatively, if allowed by the Education Coordinator or Communications Coordinator, the probationary employee may have their training suspended for the remainder of the semester and restart at the beginning of the next semester as deemed appropriate by the Education or Communications Coordinator. Beyond that time, the probationary employee will be removed from payroll and will have to re-apply.

5. A Probationary Employee who has been removed from TAMU EMS may re-apply for Probationary Employee status provided the cause of discharge was failure to complete training due to extenuating circumstances provided the individual had received good evaluations from FTO's. Reapplying does not guarantee employment.

6. Employees cannot be training for multiple positions at the same time.

Policy: 1.16
Category: Employee Definitions

SHS PARAMEDICS

SHS Paramedics are employees of Texas A&M University Student Health Services. They are under direct supervision of the EMS Manager. Their function is to assist the EMS Manager with EMS operations and to help provide staffing for the ambulances. Their training is provided by the EMS Manager, and may require the assistance of the Education Department or other personnel. Once their training period is complete they will hold In-Charge status and have all the responsibilities of the position as defined in Policy 1.8.

Policy: 1.17
Category: Employee Definitions

ASSISTANT EMS MANAGER

The Assistant EMS Manager is directly responsible for all duties associated with the operation and maintenance of Standby Event units of Texas A&M University EMS. In conjunction with Student Health Services Administration and the EMS Manager, the Assistant EMS Manager is responsible for the following:

1. Will direct the training and mentoring of the Standby EMTs.
2. Will be responsible for the scheduling and staffing of medical coverage at standby events and Recreational Sports facilities.
3. Will serve as Advisor to Texas A&M Emergency Care Team
4. Will assist the EMS Manager to ensure that TAMU EMS is following all guidelines and legal standards set forth by the Texas Department of State Health Services.
5. Will help ensure that TAMU EMS is following Texas A&M University regulations.
6. Will report any grossly negligent or unprofessional behavior to the EMS Manager, SHS Administration, and TAMU EMS Medical Director as deemed necessary.
7. Will be responsible for formal and informal counseling of Standby EMTs.
8. Will serve as Administrator On-Duty.
9. All other duties as assigned

Policy: 1.18
Category: Employee Definitions

EMS MANAGER

The EMS Manager is directly responsible for all duties associated with the operation and maintenance of Texas A&M University EMS. In conjunction with Student Health Services Administration, the EMS Manager is responsible for the following:

1. Will oversee the Operations Coordinator and Communications Coordinator concerning all aspects of Texas A&M University Emergency Medical Services in a supervisor/mentoring role.

2. Will aid the Operations Coordinator and Communications Coordinator in all inter-agency agreements and communications, mutual aid procedures, hiring, coordination, and direction of TAMU EMS leadership and staff.

3. Shall report all relevant and necessary information and changes to the Texas Department of State Health Services to include:

    a. If a vehicle is substituted or replaced,

    b. If a vehicle is added,

    c. If there is a change in the;

        i. Number of any designation level in the fleet,

        ii. Official business address,

        iii. Service Director,

        iv. Medical Director,

        v. Physical sub location or station address.

4. Will ensure that TAMU EMS is following all guidelines and legal standards set forth by the Texas Department of State Health Services.

5. Shall ultimately be responsible for ensuring that TAMU EMS leadership and staff are accomplishing all goals and criteria set forth in the TAMU EMS Standard Operation Procedures.

6. Will help ensure that TAMU EMS is following Texas A&M University regulations.

7. Will report any grossly negligent or unprofessional behavior to SHS Administration and TAMU EMS Medical Director as deemed necessary.

8. Will be responsible for formal and informal counseling of all employees.

9. Will serve as the direct supervisor of the Assistant EMS Manager.

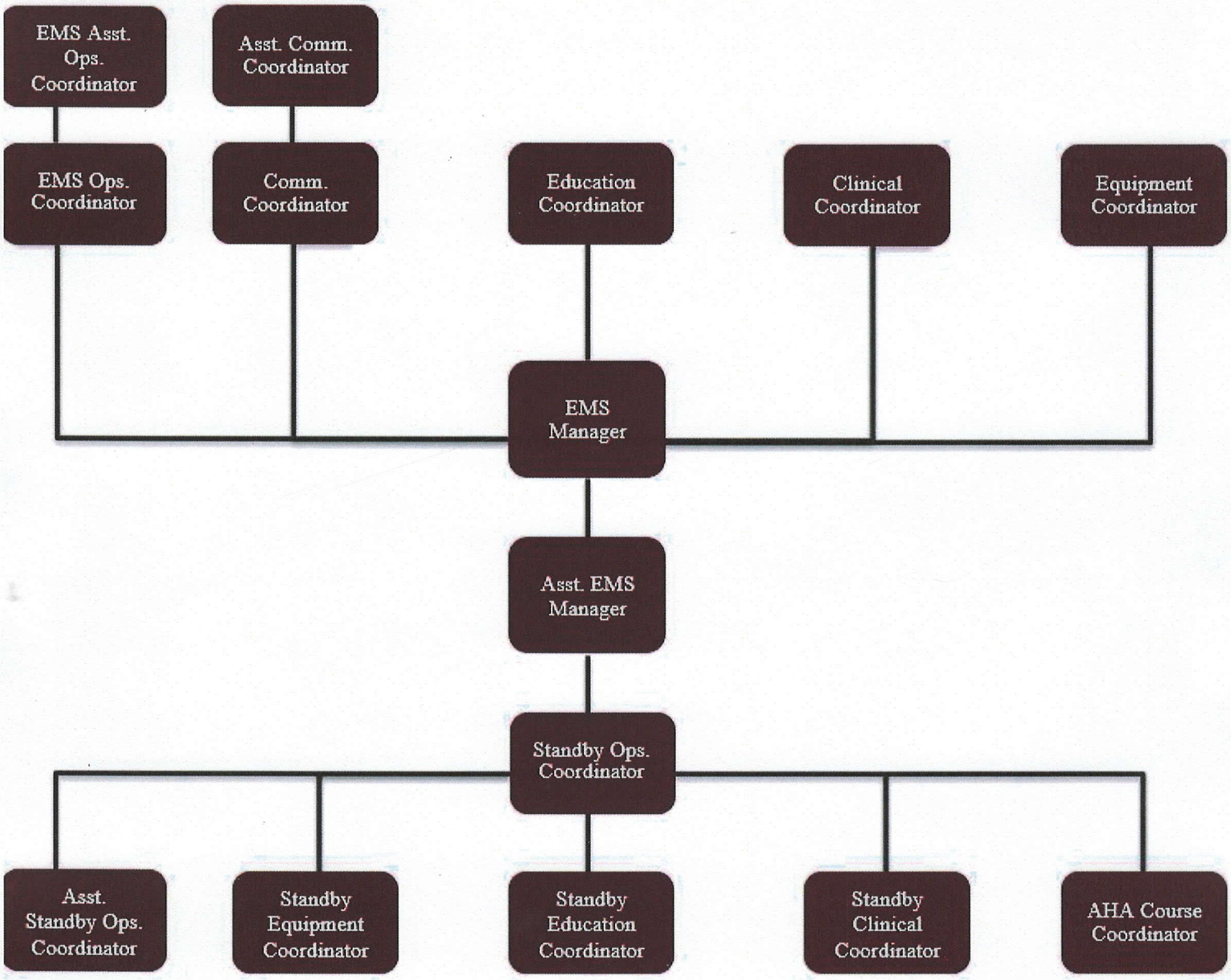
10. Will serve as Administrator On-Duty.

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M UNIVERSITY

Administration
Section 2

Standard Operating Procedures


EMS Asst. Ops. Coordinator
Asst. Comm. Coordinator
EMS Ops. Coordinator
Comm. Coordinator
Education Coordinator
Clinical Coordinator
Equipment Coordinator
EMS Manager
Asst. EMS Manager
Standby Ops. Coordinator
Asst. Standby Ops. Coordinator
Standby Equipment Coordinator
Standby Education Coordinator
Standby Clinical Coordinator
AHA Course Coordinator

Policy: 2.2
Category: Administration

ADMINISTRATIVE MEETINGS

The following guideline corresponds to all Administrative meetings:

1. Administrative meetings will be attended by the EMS Manager, Assistant EMS Manager, Coordinators, and Assistant Coordinators

2. Missing more than three Administrative meetings may be grounds for dismissal.

3. Emergency Administrative meetings may be called at any time with the approval of the Operations Coordinator.

4. Administrative meetings will be held monthly prior to the general meeting when the University is open.

5. General meetings will be held quarterly, at a minimum, when the University is open.

Policy: 2.3
Category: Administration

ADMINISTRATIVE POSITIONS

The following leadership positions shall exist:

1. **EMS Manager**
2. **Assistant EMS Manager**
3. **Operations Coordinator**
4. **Assistant Operations Coordinator**
5. **Communications Coordinator**
6. **Assistant Communications Coordinator**
7. **Standby Operations Coordinator**
8. **Assistant Standby Operations Coordinator**
9. **Clinical Coordinator**
10. **Standby Clinical Coordinator**
11. **Education Coordinator**
12. **Standby Education Coordinator**
13. **Equipment Coordinator**
14. **Standby Equipment Coordinator**
15. **AHA Course Coordinator**

Policy: 2.4
Category: Administration

OPERATIONS COORDINATOR

The intent of the Operations Coordinator position is to allow a student the opportunity to learn how to effectively run an organization while working in a leadership position. This will be accomplished with the help and mentorship of the Manager. The Operations Coordinator will help the Manager with day-to-day tasks and will be in charge of assisting the organization wherever they see fit.

The Operations Coordinator shall have the following responsibilities:

1. Will oversee field operations and station environment of Texas A&M University Emergency Medical Services.
2. Assist and provide input with the EMS Manager for all inter-agency agreements and communications, mutual aid procedures, coordination and direction of EMS Administrators.
3. Makes recommendations of appointments and removal of all field staff to the EMS Manager.
4. Shall report all relevant and necessary information and data concerning EMS operations to the EMS Manager.
5. Shall work in conjunction with the Medical Director, Clinical Coordinator, and EMS Manager to ensure that quality improvement goals are being met.
6. Will maintain and oversee all confidential EMS Personnel files.
7. Shall develop, implement, and maintain a Core Scheduling plan for all EMS units and Dispatch in accordance with the Scheduling Matrix on Policy 3.9. This schedule will need to be finalized and published on the TAMU EMS online scheduling system no later than the 25th of the month.
8. Responsible for operation and upkeep of TAMU EMS online scheduling system.
9. Shall develop, implement, and maintain a quality public relations program for EMS in conjunction with the Manager, Education Coordinator, and Communications Coordinator.
10. Shall be available for contact at all times, unless extenuating circumstances prevail.
11. Shall insure that all response-ready and in-service vehicles are staffed in accordance with the requirements of the Provider's licence.
12. Will function as the Administrator On-Duty.
13. Will be responsible for the mentorship of the Assistant Operations Coordinator
14. All other duties as assigned

The Operations Coordinator shall meet the following qualifications:

1. EMT-P or LP preferred, but not required. Must be minimally certified as an Emergency Medical Technician.

2. It is preferred that the Operations Coordinator is a student worker for the majority of their appointment.

3. Must be employed by Texas A&M Emergency Medical Services for a minimum of one (1) year, two (2) or more years preferred.

4. Must have a working knowledge of all EMS field operations, including duties of positions of those they directly supervise, and must be able to perform those duties as needed.

5. Will be appointed by the EMS Manager.

6. Must be in good standing with the EMS Manager.

The Operations Coordinator position will be appointed by the EMS Manager. Qualified individuals will submit a letter of intent with resume to the EMS Manager and be reviewed for interview by the Selection Committee. This process shall begin no later than April of each year or at the discretion of the EMS Manager.

Policy: 2.5
Category: Administration

ASSISTANT OPERATIONS COORDINATOR

The intent of the Assistant Operations Coordinator position is to allow a student the opportunity to learn how to effectively run an organization while working in a leadership position. This will be accomplished with the help and mentorship of the Operations Coordinator and Manager. The Assistant Operations Coordinator will help the Operations Coordinator and EMS Manager with day-to-day tasks and will be in charge of assisting the organization wherever they see fit.

The Assistant Operations Coordinator shall have the following responsibilities:

1. Will assist the Operations Coordinator to oversee field operations and station environment of Texas A&M University Emergency Medical Services, but must consult with the Operations Coordinator.

2. Will act as Operations Coordinator in the Operations Coordinator's absence.

3. Shall report all relevant and necessary information and data concerning EMS operations to the Operations Coordinator.

4. Shall assist the Operations Coordinator to maintain a Core Scheduling plan for EMS Units and Dispatch.

5. Shall assist the Operations Coordinator to develop, implement, and maintain a quality public relations program for EMS in conjunction with the EMS Manager, Education Coordinator, and Communications Coordinator.

6. Shall be available for contact at all times, unless extenuating circumstances prevail.

7. All other duties as assigned.

The Assistant Operations Coordinator shall meet the following qualifications:

1. EMT-P or LP preferred, but not required. Must be minimally certified as an Emergency Medical Technician.

2. It is preferred that the Assistant Operations Coordinator is a student worker for the majority of their appointment.

3. Must be employed by Texas A&M Emergency Medical Services for a minimum of six (6) months, one (1) year or more preferred.

4. Must have a working knowledge of all EMS field operations, including duties of positions of those they directly supervises, and must be able to perform those duties as needed.

5. Will be appointed by the Operations Coordinator with the EMS Manager's approval.

The Assistant Operations Coordinator position will be appointed by the Operations Coordinator. Qualified individuals will submit a letter of intent with resume to the Operations Coordinator and be reviewed for interview by the Operations Coordinator and EMS Manager. This process shall begin at the discretion of the Operations Coordinator.

Policy: 2.6
Category: Administration

COMMUNICATIONS COORDINATOR

The Communications Coordinator shall have responsibilities including, but not limited to, the following:

1. Oversee all Communication services, including operations, personnel and equipment.
2. Serves as a liaison, with conjunction of the EMS Manager, to other communications agencies.
3. Read and critique all dispatcher and trainee evaluations.
4. Develop, implement, and maintain an effective quality assurance/improvement program.
5. Responsible for ensuring map book, fire plans, disaster contingency plans, etc. are updated in conjunction of the EMS Manager and Operations Coordinator.
6. Responsible for development, implementation, revision, and maintenance of EMS communications protocols in conjunction with the EMS Manager.
7. Ensures proper maintenance and operation of EMS computers and networks in cooperation with Health Center IT Core Management and EMS Manager.
8. Shall hold employees specific training as needed.
9. Schedule all Dispatch Trainees with an approved CTO.
10. Will report to the EMS Manager.
11. Other duties as assigned.

The Communications Coordinator shall meet the following qualifications:

1. Certified EMT-B (TDSHS) and/or a certified EMD (NAED) is preferred but not required.
2. Must have held the position of dispatcher for a minimum of six (6) months, twelve (12) months or more preferred.
3. Current TAMU or Blinn College Student for the majority of their appointment.
4. Will be appointed by the EMS Manager.

The Communications Coordinator position will be appointed by the EMS Manager. Qualified individuals will submit a letter of intent with resume to the EMS Manager and be reviewed for interview by the Selection Committee. This process shall begin no later than April of each year or at the discretion of the EMS Manager.

Policy: 2.7
Category: Administration

ASSISTANT COMMUNICATIONS COORDINATOR

The Assistant Communications Coordinator will report directly to and is responsible to the Communications Coordinator.

The position will have the following responsibilities:

1. Assist the Communications Coordinator to oversee all communication services, including operations, personnel and equipment.
2. Assist the Communications Coordinator to develop, implement, and maintain an effective quality assurance/improvement program.
3. Shall conduct all Quality Assurance/Improvement reviews of the Communications Coordinator
4. Assist the Communications Coordinator to update map book, fire plans, disaster contingency plans, etc.
5. Shall hold employee specific training as needed.
6. Assist with the scheduling of all Dispatch Trainees with an approved CTO.
7. Will report to the Communications Coordinator.
8. Other duties as assigned.

The position shall have the following qualifications:

1. Must have held the position of dispatcher for three (3) months, six (6) months preferred.
2. Current TAMU or Blinn College student for the majority of their appointment.
3. Must be in good standing with the Communications Coordinator and EMS Manager
4. Will be appointed by the Communications Coordinator, the EMS Manager, and their delegation

The Assistant Communications Coordinator position will be appointed by the Communications Coordinator. Qualified individuals will submit a letter of intent and resume to the Communications Coordinator and be reviewed for interview by the Communications Coordinator and EMS Manager. This process shall begin at the discretion of the Communications Coordinator.

Policy: 2.8
Category: Administration

CLINICAL COORDINATOR

The Clinical Coordinator shall have responsibilities including, but not limited to the following:

1. Shall develop and implement an effective quality assurance/quality improvement for continuous system and patient care improvements.

2. Will oversee the development, revision, and authorization of protocols, policies, and procedures for all patient care activities from triage through treatment and transport in conjunction with the EMS Medical Director.

3. Will develop, implement, and maintain an EMS protocol exam in conjunction with the Education Coordinator.

4. Will coordinate with the Education Coordinator for evaluation of all TAMU EMS providers, including periodic spot checks on skills and knowledge.

5. Shall work in conjunction with the Medical Director, Operations Coordinator, and EMS Manager to ensure that quality improvement goals are being met and that proper information is made readily available to the Medical Director should they need to review any records or documents.

6. In conjunction with the medical director, EMS Manager, Operations Coordinator, and Education Coordinator, shall oversee the removal of a provider from medical care duties for due cause, using an appropriate review and appeals mechanism.

7. Will report directly to the EMS Manager.

8. Other duties as assigned.

The Clinical Coordinator shall meet the following qualifications:

1. Will be selected from full time paramedic staff.

2. Must be in good standing with the Medical Director and Manager.

3. Will be appointed by the EMS Manager.

Policy: 2.9
Category: Administration

EDUCATION COORDINATOR

The Education Coordinator shall have responsibilities including, but not limited to, the following:

1. Shall evaluate and keep records on all personnel for training needs, skills deficiencies, and employee certifications.
2. Shall validate and recommend Medical Authorization for all EMS providers and trainees to the Medical Director and Manager.
3. Will oversee the development, implementation, and continuation of all EMS training, and continuing education.
4. Will oversee the qualifications of pre-hospital personnel involved in patient care and dispatch by maintaining an on-going program involving education, testing, and credentialing.
5. Schedule all Attendant trainees with an approved FTO.
6. Will report directly to the EMS Manager.
7. Other duties as assigned.

The Education Coordinator shall meet the following qualifications:

1. Will be selected from full-time paramedic staff.
2. Will be appointed by the EMS Manager
3. It is recommended that the Education Coordinator be a certified AHA BLS Healthcare Provider Instructor.

EQUIPMENT COORDINATOR

The Equipment Coordinator shall have responsibilities including, but not limited to, the following:

1. Will recommend to the EMS Manager the need for all fleet maintenance operations.
2. Will ensure that all EMS vehicles, including EMS bikes, are properly stocked with appropriate equipment, medications, and supplies per EMS protocols, the TAMU EMS approved supply list, and Texas Department of State Health Services standards.
3. Will develop, implement, and maintain an inventory control mechanism to track usage, expirations, and par levels of supplies.
4. Will assist the EMS Manager in the purchase, use, and accountability of EMS station supplies.
5. Will assist the EMS Manager in keeping TAMU EMS vehicles in compliance with local, state, and national requirements.
6. Will oversee the general organization and cleanliness of the station and apparatus in conjunction with the Chief.
7. Will keep records of the unit check-off sheet.
8. Will report directly to the EMS Manager.
9. Other duties as assigned.

The Equipment Coordinator shall meet the following qualifications:

1. Will be selected from full time paramedic staff.
2. Must be in good standing with the EMS Manager.
3. Will be appointed by the EMS Manager.

Policy: 2.11
Category: Administration

STANDBY LEADERSHIP TEAM

The purpose of the Standby Leadership Team is to run the Standby EMS division efficiently and effectively. The Standby Leadership Team will consist of the following positions: **Standby Operations Coordinator, Assistant Standby Operations Coordinator, Standby Equipment Coordinator, AHA Course Coordinator, and Standby Clinical Coordinator**. The Standby Operations Coordinator will be selected by the Assistant EMS Manager; qualified individuals will submit a letter of intent with resume to the Assistant EMS Manager and be reviewed for interview by the Selection Committee. This process shall begin in the Spring or Summer of each year or at the discretion of the Assistant EMS Manager. The remainder of the coordinators will be selected by the Standby Operations Coordinator. Qualified individuals will submit a letter of intent with resume to the Standby Operations Coordinator and be reviewed for interview by the Standby Operations Coordinator and Assistant EMS Manager. This process shall begin at the discretion of the Standby Operations Coordinator.

Policy: 2.12
Category: Administration

STANDBY OPERATIONS COORDINATOR

The Standby Operations Coordinator shall have the following responsibilities:

1. Will oversee Standby EMS operations of Texas A&M University Emergency Medical Services.
2. Shall makes recommendation of appointments and removal of Standby EMT staff to the Assistant EMS Manager.
3. Shall appoint, with approval from the Assistant EMS Manager, members of the Standby Leadership Team.
4. Will assist with the duties of the rest of the leadership team.
5. Will assume the functions and duties of any vacant positions in the leadership team.
6. Shall report all relevant and necessary information and data concerning Standby Operations to the Assistant EMS Manager.
7. Shall work in conjunction with the Medical Director, Assistant EMS Manager and EMS Manager to ensure that quality improvement goals are being met.
8. Will maintain and oversee all confidential Standby EMT Personnel files.
9. Shall develop, implement, and maintain a Core Scheduling plan for all Standby EMT units and AHA Courses in accordance with the Scheduling Matrix on Policy 3.9. This schedule will need to be finalized and published on the TAMU EMS online scheduling system no later than the 25th of each month.
10. Assist the Ambulance Operations Coordinator for operation and upkeep of TAMU EMS online scheduling system.
11. Shall assist in maintaining a quality public relations program for EMS in conjunction with the EMS Manager, Assistant EMS Manager, Ambulance Operations Coordinator, Education Coordinator, and Communications Coordinator.
12. Shall be available for contact at all times, unless extenuating circumstances prevail.
13. Will function as the Administrator On-Duty.
14. Will be responsible for the mentorship of the Standby Leadership Team.
15. All other duties as assigned.

The Standby Operations Coordinator shall meet the following qualifications:

1. Must be minimally certified as an Emergency Medical Technician.
2. Status as a student worker for the majority of the appointment is preferred.
3. Must be employed by Texas A&M Emergency Medical Services for a minimum of one (1) year, two (2) or more years preferred.

4. Must have a working knowledge of all Standby EMS field operations, including duties of positions of those they directly supervise, and must be able to perform those duties as needed.

5. Will be appointed by the Assistant EMS Manager.

6. Must be in good standing with the Assistant EMS Manager.

Policy: 2.13
Category: Administration

ASSISTANT STANDBY OPERATIONS COORDINATOR

The Assistant Standby Operations Coordinator shall have the following responsibilities:

1. May be removed from the position at any time by the Standby Operations Coordinator with the approval of the Assistant EMS Manager.

2. Will assist the Standby Operations Coordinator to oversee field operations and station environments of Texas A&M University Emergency Medical Services, but must consult with the Standby Operations Coordinator.

3. Will act as Standby Operations Coordinator in the Standby Operations Coordinator's absence.

4. Shall report all relevant and necessary information and data concerning EMS operations to the Standby Operations Coordinator.

5. Will assume the functions of any vacant positions on the leadership team as delegated by the Standby Operations Coordinator.

6. Shall assist the Standby Operations Coordinator to maintain a Core Scheduling plan for Standby EMTs.

7. Shall be available for contact at all times, unless extenuating circumstances prevail. Will contact the Administrator On-Duty, or their delegate, as necessary.

8. All other duties as assigned.

The Assistant Standby Operations Coordinator shall meet the following qualifications:

1. Must be minimally certified as an Emergency Medical Technician.

2. Status as a student worker for the majority of the appointment is preferred. Must be employed by Texas A&M Emergency Medical Services for a minimum of six (6) months, one (1) year or more preferred.

3. Must have a working knowledge of all Standby EMS field operations, including duties of positions of those they directly supervise, and must be able to perform those duties as needed.

4. Will be appointed by the Standby Operations Coordinator with the Assistant EMS Manager's approval.

Policy: 2.14
Category: Administration

STANDBY EQUIPMENT COORDINATOR

The Standby Equipment Coordinator shall have the following responsibilities:

1. May be removed from the position at any time by the Standby Operations Coordinator with the approval of the Assistant EMS Manager.
2. Will report to the Standby Operations Coordinator
3. Will be responsible for the maintenance, upkeep, and oversight of all Standby EMS equipment.
4. Shall ensure that all facilities are adequately stocked and that all event equipment is ready for service.
5. Shall report all relevant and necessary information and data concerning EMS equipment to the Standby Operations Coordinator.
6. Shall be available for contact at all times, unless extenuating circumstances prevail.
7. Will contact the Administrator On-Duty, or their delegate, as necessary.
8. All other duties as assigned.

The Standby Equipment Coordinator shall meet the following qualifications:

1. Must be minimally certified as an Emergency Medical Technician.
2. Status as a student worker for the majority of the appointment is preferred. Must be employed by Texas A&M Emergency Medical Services for a minimum of six (6) months, one (1) year or more preferred.
3. Will be appointed by the Standby Operations Coordinator with the Assistant EMS Manager's approval.

Policy: 2.15
Category: Administration

STANDBY CLINICAL COORDINATOR

The Standby Clinical Coordinator shall have responsibilities including, but not limited to the following:

1. May be removed from the position at any time by the Standby Operations Coordinator with the approval of the Assistant EMS Manager.

2. Shall develop and implement an effective quality assurance/quality improvement for continuous system and patient care improvements.

3. Shall work in conjunction with the Standby Operations Coordinator and Assistant EMS Manager to ensure that quality improvement goals are being met and that proper information is made readily available to the Medical Director should they need to review any records or documents.

4. Will contact the Administrator On-Duty, or their delegate, as necessary.

5. Other duties as assigned.

The Standby Clinical Coordinator shall meet the following qualifications:

1. Must be minimally certified as an Emergency Medical Technician.

2. Status as a student worker for the majority of the appointment is preferred. Must be employed by Texas A&M Emergency Medical Services for a minimum of six (6) months, one (1) year or more preferred.

3. Shall have a very thorough knowledge of the SDOs

4. Will be appointed by the Standby Operations Coordinator with the Assistant EMS Manager's approval.

STANDBY EDUCATION COORDINATOR

The Standby Education Coordinator shall have responsibilities including, but not limited to, the following:

1. May be removed from the position at any time by the Standby Operations Coordinator with the approval of the Assistant EMS Manager.

2. Shall evaluate and keep records on all personnel for training needs, skills deficiencies, and employee certifications.

3. Shall validate and recommend Medical Authorization for all Standby EMS providers and trainees to the Medical Director and Assistant EMS Manager.

4. Will oversee the development, implementation, and continuation of all Standby EMS training, and continuing education.

5. Will oversee the qualifications of Standby EMS personnel involved in patient care by maintaining an ongoing program involving education, testing, and credentialing.

6. Will contact the Administrator On-Duty, or their delegate, as necessary.

7. Other duties as assigned.

The Education Coordinator shall meet the following qualifications:

1. Must be minimally certified as an Emergency Medical Technician.

2. Status as a student worker for the majority of the appointment is preferred. Must be employed by Texas A&M Emergency Medical Services for a minimum of six (6) months, one (1) year or more preferred.

3. Shall have a very thorough knowledge of the SDOs.

4. Will be appointed by the Standby Operations Coordinator with the Assistant EMS Manager's approval.

AMERICAN HEART ASSOCIATION COURSE COORDINATOR

The AHA Course Coordinator shall have the following responsibilities:

1. May be removed from the position at any time by the Standby Operations Coordinator with the approval of the Assistant EMS Manager.

2. Will oversee all AHA Courses taught by the department and coordinate classes through Dept. of Rec Sports.

3. Will be responsible for maintaining all AHA course equipment and paperwork.

4. Will develop and implement an AHA Instructor training program with the Standby Operations Coordinator and Standby Education Coordinator.

5. Will oversee and execute a quality inspection/quality assurance program to hold instructors to the highest standard.

6. Will contact the Administrator On-Duty, or their delegate, as necessary.

7. Other duties as assigned by Assistant Standby Operations Coordinator, Standby Operations Coordinator, Assistant EMS Manager, or EMS Manager.

The AHA Course Coordinator shall meet the following qualifications:

1. Must be minimally certified as an AHA Basic Life Support Instructor.

2. Must have worked as an instructor for the department for a minimum of six (6) months, one (1) year preferred.

3. Must have a working knowledge of all AHA Course operations, including duties of positions of those they directly supervise, and must be able to perform those duties as needed.

4. Will be appointed by the Standby Operations Coordinator and approved by the Assistant EMS Manager.

5. Must be in good standing with the Assistant EMS Manager.

QUALITY IMPROVEMENT

To maintain a high quality of patient care and to assure that proper, competent emergency medical care is provided to all patients, the following procedures must be followed:

Duty Crews

All patient reports should be completed as soon as possible after the call. All reports and associated paperwork must be completed by the end of the provider's shift, unless substantial circumstances arise in which case reasoning is to be discussed with the Administrator On-Duty immediately.

Clinical Coordinator

The Clinical Coordinator is responsible for providing documentation and QA/QI review for the TAMU EMS provider's, including but not limited to the EMS Manager, patient care reports. The Clinical Coordinator will review all patient care reports and will work with the Operations Coordinator to ensure proper documentation of all patient care reports. If any problems are found with the completeness of the report, it will be addressed on an individual basis. If problems are found with patient care, such as protocol deviation, lack of proper treatment, etc., the Clinical Coordinator will report their findings to the EMS Manager immediately for review. If problems are found with patient care, such as protocol deviation, lack of proper treatment, etc., for the EMS Manager's patient care reports, the Clinical Coordinator will report their findings to the EMS Medical Director immediately for review.

EMS Manager

The EMS Manager is responsible for reviewing all patient care reports in question by the Clinical Coordinator. If any problems are found with patient care, the EMS Medical Director must be notified as soon as possible. The EMS Manager is responsible for facilitating a meeting between the provider, Clinical Coordinator and Medical Director as needed. The Manager will then coordinate a plan of action with the provider, Operation Coordinator, Clinical Coordinator, Education Coordinator and Medical Director detailing remediation, suspension, or removal of Medical Authorization as needed. Any disciplinary action taken will be in accordance with the Standard Operating Procedures.

The EMS Manager will also be responsible for providing documentation and QA/QI review for the Clinical Coordinator and Education Coordinator's patient care reports as needed. If any problems are found with patient care, the EMS Medical Director must be notified as soon as possible. The EMS Manager is responsible for facilitating a meeting between the provider, and Medical Director. The EMS Manager will then coordinate a plan of action with the provider, Operations Coordinator, Medical Director, and other officers as needed detailing remediation, suspension, or removal of Medical Authorization as needed. Any disciplinary action taken will be in accordance with the Standard Operation Procedures.

Education Department

The Education Department is responsible for verifying all new and existing credentialed personnel and their certifications including, but not limited to, TDSHS certification, CPR, ACLS, BTLS, PHTLS, and drivers license. The Education Department will also be responsible for scheduling TDSHS approved continuing education for EMS personnel along with keeping copies of all personnel records which include, but is not limited to, emergency contact information, completed qualification cards, incident reports, and confidentiality statement. The Education Department will also be responsible for providing documentation and QA/QI review for the Clinical Coordinator's patient care reports as needed.

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M UNIVERSITY

Staffing
Section 3

Standard Operating Procedures

Policy: 3.1
Category: Staffing

STAFFING

The Operations Coordinator is responsible for scheduling all reoccurring shifts.

Minimum Staffing

Minimum staffing for an in-service Texas A&M EMS ambulance available for 911 response must be staffed by:

Paramedic with Medical Authorization of In-Charge Paramedic
EMT with Medical Authorization of EMT-Basic

TAMU EMS Dispatch center must be staffed by at least one authorized Dispatcher.

At a minimum, one (1) MICU capable ambulance will be staffed 24 hours a day. A second ambulance can be placed in service for second alarms provided there is qualified staff available. In the event of a second alarm, a MICU capable ambulance is preferred, however, a BLS/ALS ambulance can be placed into service if approved by the Administrator On-Duty, or their delegate. All other units will be staffed based on the needs of the department.

Scheduling

The Operations Coordinators will maintain staffing levels for all positions based on the needs of the department, qualifications required for the position, employee submitted availability, and then on a first come first serve basis. Additional staff will be scheduled by the Operations Coordinator for pre-approved events where additional staffing is needed, based on availability, then on a first come first served basis. Refer to Policy 3.7 for Standbys and Special Events.

The Operations Coordinators will schedule TAMU EMS resources based on the needs of the department, TAMU EMS staff will be required to turn in availability no later than the 20th of each month online via the TAMU EMS scheduling software. The Operations Coordinators will notify the EMS Manager if a shift is not covered 24 prior to the shift. Refer to Policy 3.9 for the Scheduling Matrix.

Shifts

For the purpose of this policy, shifts will run as follows:

- Day Shift 0700 – 1700
- Night Shift 1700 – 0700

Employees are encouraged to arrive 15 minutes prior to the start of their shift. Employees are considered late if they arrive later than the start of their scheduled shift. Refer to Policy 3.8 for tardies and absences. Oncoming personnel must notify the Administrator On-Duty, or their delegate, if they are going to be late. On-duty personnel that have not been relieved five (5) minutes after the end of their shift received notification that their relief is going to be late and need relief must contact the Administrator On-Duty, or their delegate, and inform them of the situation.

Personnel may not work more than 48 hours continuously in any capacity, except in emergency situations such as mass casualty incidents, severe staffing shortages, etc. Refer to Policy 3.4 for Maximum Shift Length.

Relief from duty

Personnel staffing an in service ambulance unit, a Medical Standby, or the dispatch center may not leave their duty post until relieved by an appropriate certified individual.

SHIFT DUTIES

Daily Duties

At shift change, the off going In-Charge AND the incoming In-charge will sign the Narcotic Tracking Log in accordance with SDO GC 30.

Prior to completion of a 24-hour shift, or as needed, the following should be completed:

- Perform a complete unit check, as per approved unit check sheet, for primary apparatus.
- Perform a complete unit check, as per approved unit check sheet, for secondary apparatus.
- Ensure general cleanliness of station and all apparatus's.
- Ensure all apparatus's are response ready, including restocked and tagged.
- Complete patient reports and associated documents.
- Complete daily squad room duties assigned for that day, or any duties not completed, as necessary.
- Other duties as assigned.

Prior to the completion on any shift, the Standby EMTs should complete following:

- Check off all in-service equipment
- Restock any equipment used during the course of the shift
- Will ensure the cleanliness of the Medic Office / First Aid Station that they are staffing
- Complete patient care reports and associated documents
- Other duties as assigned

SHIFT CHANGE

Ambulance
At shift change, the following will be done:

1. The off-going crew will report information to the oncoming crew concerning the status of supplies, the ambulance, the station, and any special items needing to be addressed.

2. The off-going In-Charge and the On-coming In-Charge will account for assigned narcotics in a "**face to face**" exchange, to insure there are no discrepancies with the sign-in sheet in accordance with SDO CG 30.

3. Both crews will account for all portable computers and communications equipment.

4. The off-going crew will replace any supplies not previously done prior to end of shift and secure all cabinets with initialed and dated tags, close and syncing all open calls on the portable computers.

5. The oncoming crew will inspect the station and unit to determine whether the off-going crew has completed all assigned tasks.

6. The off-going crew will exchange badges, keys, radios, and parking tags with oncoming crew.

7. The oncoming crew will perform a unit check, update crews on the Mobile Data Terminal, and the Electronic Patient Care Report Software.

Dispatcher
At shift change, the on-coming Dispatcher shall obtain a report from the off-going Dispatcher including, but not limited to, the following information:

1. The location of all units.

2. Any information concerning problems encountered by the off-going Dispatcher.

3. Any business messages pending for staff, crews and off-duty employees, including any items in Open Work.

4. Any undone duties.

The off-going Dispatcher should do the following:

1. Log off of all Dispatch computers.

2. The off-going Dispatcher will give the on-coming Dispatcher the following:

    a. The corresponding 700 MHZ Radio for the dispatcher.

    b. The parking tag if needed

3. The off-going dispatcher shall inform the on-coming dispatcher of any alarms currently being attended by TAMU EMS and brief the on-coming dispatcher appropriately with any pertinent information about the active alarm.

Once the off-going Dispatcher has logged off of all Dispatch computers, the on-coming Dispatcher should log in to all Dispatch computers and CAD.

It is the duty of the off going dispatcher to verify that this procedure has been completed before leaving the station

The off-going dispatcher shall complete any logging of alarms before leaving, if paper logging is in effect.

The on-coming dispatcher shall complete an inspection form for all dispatch equipment.

The on-coming dispatcher shall then go about their assigned duties.

Refer to Policy 2.2 in the Dispatch SOPs.

811

The off-going Provider shall relay all pertinent information to the on-coming Provider including the identity of the crews, their location and status, any equipment deficits or malfunctions, and any other needed information.

The off-going Provider shall hand over the following:

1. 700 MHz Radio
2. Badge
3. Keys

Accessory personnel should remain in uniform until they are relieved to avoid having to respond out of uniform to an alarm occurring while en route to shift change.

Standby EMT

At shift change, the following will be done:

1. The off-going crew will report information to the oncoming crew concerning the status of supplies, the station, the facility, and any special items needing to be addressed.

2. Both crews will account for all portable computers and communications equipment.

3. The off-going crew will replace any supplies not previously done prior to end of shift and secure all bags with initialed and dated tags, close and syncing all open calls on the portable computers.

4. The oncoming crew will inspect the station and unit to determine whether the off-going crew has completed all assigned tasks.

5. The off-going crew will exchange radios with oncoming crew.

6. The oncoming crew will perform a unit check and update crews the Electronic Patient Care Report Software.

Upon conclusion of event or facility hours, the provider should return any keys, radios, or other equipment to their designated location and secure any doors or vehicles, if applicable.

Policy: 3.4
Category: Staffing

SHIFT LENGTH

It is the intent of Texas A&M EMS to limit overtime to the minimum amount necessary. Excess overtime accumulates rapidly and creates additional expense from the personnel budget. Additionally because of the unique environment of EMS, it is imperative that the fatigue factor be closely monitored during worked hours to ensure that performance is not compromised. It is the responsibility of the individual employee as well as management to monitor the number of consecutive hours as well as total number of hours worked by the employees.

Maximum Shift Length
Employees shall not work more than forty-eight (48) consecutive hours.

If an employee has worked for more than forty-eight (48) consecutive hours, that employee must have twelve (12) hours of "off-duty" time. Shifts of less than forty-eight (48) hours do not require this twelve (12) hour break prior to the beginning of another shift.

The Operations Coordinator and other Administrators are responsible for ensuring that the employees are following this policy, and should contact the Administrator On-Duty, or their delegate, if this policy is not being followed.

The Administrator On-Duty, or their delegate, may waive this policy in times of severe staffing shortages or mass casualty incidents.

Overtime
If possible, part time personnel will be used prior to overtime authorization. Overtime shifts will be scheduled as follows:

- When a shift is open and cannot be filled by an employee without overtime, the Administrator On-Duty, or their delegate, is permitted to authorize overtime for the shift.
- When more than one person is being considered for an overtime shift, the assignment will be made first to persons at the same rank as the opening (e.g. Attendant for Attendant), followed by those of higher rank in ascending order.
- Within each rank, a student worker should be given priority over a non-student worker when being scheduled for an overtime shift.
- If multiple people who are the same rank and have the same student status are available for the overtime shift, the shift will be given to the employee who first responded as being available to work based on availability.
- Personnel assigned to an overtime shift may be replaced by a lower ranked or paid employee up to 72 hours prior to the start of the shift. After that they will not be involuntarily replaced unless the needs of the department dictate.
- The Operations Coordinator must contact the Administrator On-Duty, or their delegate, prior to scheduling any overtime shifts. The ultimate decision lies with the Administrator On-Duty, or their delegate.

Policy: 3.5
Category: Staffing

UNIFORM REQUIREMENTS

General Rules

1. Both crew members must wear matching uniforms.
2. Class B Uniforms shall be worn by the ambulance crews, unless otherwise requested by the Administrator on Duty, or their delegate.
3. Class A Uniforms must be worn to special events (Ambulance Division), unless otherwise approved by the Administrator On-Duty, or their delegate.
4. When working on a bike team, the Class B Uniform should be worn. Navy blue shorts and dark colored tennis shoes are allowed when working on a bike team.
5. Standby EMTs should wear the Class B Uniform. Navy blue shorts and dark colored tennis shoes are allowed while working outdoor events, unless otherwise specified.
6. Class instructors must wear matching uniforms. Instructors may either wear Class A, Class B Uniforms, or may wear the Office Polo with Khaki pants.
7. Administrators working in a setting where they may be visible to the public must wear, at the minimum, a Class B polo or the Office Polo. Full uniform or the Office Polo with Khaki pants is preferred.
8. Badges will be worn with Class A Uniforms.
9. The 811 Provider or Administrator while on duty will match the primary ambulance crew.
10. During an ambulance shift change, the on-duty provider will not be relieved until the relieving provider has a complete uniform.
11. A TAMU EMS Picture ID (badge) must be worn with all uniforms.
12. Tattoos should not be visible while on duty.
13. Approved TAMU EMS hats and beanies may be worn on duty, except where prohibited.

While in uniform:

1. Shorts will not be worn, unless the provider is working on a Bike Team crew or other approved event.
2. All buttons, except the collar button, shall be buttoned at all times when in view of the public.
3. Sunglasses should not be worn while providing patient care.
4. Jewelry shall be worn with discretion in order to protect the crew and the patient with exception of piercings, which shall not be worn while on duty. Discreet ear and nose piercings, as defined by the Operations Coordinator, are acceptable.
5. Make-up shall be used with discretion and in a professional manner.
6. Insulated underwear shall follow the same guidelines as undershirts.

7. The use of tobacco products is prohibited, except in designated areas out of public view.

8. Facial hair shall remain trimmed and well groomed (management reserves the right to define this standard). If a TB fit test is failed due to facial hair, the employee shall remove the facial hair.

9. Hair should be kept well groomed, and in a moderate style consistent with prevailing social standards. Sideburns should be kept clean shaven, ending in a horizontal line.

10. It is the duty of all employees to keep themselves in a clean and sanitary condition, promoting an image of health.

Class A Uniform: (White Uniform Shirt)

- Consists of navy EMS pants or slacks.
- A white button down shirt with TAMU patch on left sleeve and TDSHS certification on right sleeve.
- A black belt and a silver nameplate.
- Appropriate TAMU EMS badge.
- Polishable black leather boots.
- This uniform shall be worn Monday – Friday 0700 – 1700 when the University is open, as well as at all standby and public relation events, unless approved by the Administrator On-Duty, or their delegate.
- A solid white, grey, navy, or black undershirt with no printing can be worn, unless it is an approved TAMU EMS shirt.
- TAMU EMS picture ID.

Class B Uniform: (Polo Uniform Shirt)

1. Consists of navy EMS pants or slacks; navy EMS shorts may be worn if working on bike team or other approved event.
2. Approved polo shirts of matching color with TAMU EMS logo and Name/Certification on front and Texas A&M EMS on back shall be worn by both crew members.
3. A solid white, grey, navy, or black undershirt with no printing can be worn, unless it is an approved TAMU EMS shirt.
4. Polishable black boots.
5. TAMU EMS picture ID.

Dispatch Uniform:

1. During official business hours, the TAMU EMS polo must be worn with appropriate shorts or pants. No athletic pants should be worn during official business hours. Casual clothes may be worn during night shifts and on weekends, except when visitors may be in the station.
2. Midriff will not be shown at any time.

CHUTE TIMES

TAMU EMS personnel are expected to respond to calls or post assignments as follows:

0700 – 2200	60 seconds
2200 – 0700	90 seconds

The chute times are calculated from the time of crew notification.

SPECIAL EVENT/STANDBY STAFFING

When an ambulance is requested, a MICU capable ambulance will be assigned to Special Events or Standbys and should be scheduled in accordance with policy 3.1.

In certain circumstances, Attendant Level personnel will be authorized to function as an In-Charge for special events and Standbys. Refer to SDO CG 12 for more details.

EMS Dispatch should be notified whenever a Special Event and/or Standby unit is placed in service with Attendant Level employees as well as the location of the standby. Units with an Attendant Level Paramedic functioning as an In-Charge for the special event should not be dispatched to emergency alarms without approval from the Administrator On-Duty, or their delegate.

Units dedicated to any event usually do not transport from the site. When the crew encounters a patient, EMS Dispatch should be contacted to request an additional run number and, if the patient requires transport, another unit should be sent to their location. If the ambulance is a MICU capable ambulance staffed with a Paramedic with In-Charge Medical Authorization, and the patient requires immediate transport, the ambulance may transport the patient to the most appropriate facility. If the ambulance does transport the patient, EMS Dispatch should be contacted so that another ambulance, if available, can be sent to the Special Event or Standby. If the ambulance is not a MICU capable ambulance or is not staffed with a Paramedic with In-Charge Medical Authorization, the ambulance must remain on scene while care is provided. EMS Dispatch should be contacted so that another ambulance can be sent to transport the patient.

It is important that both employees should sign the Controlled Substance sign-in log as outlined in SDO CG 30.

Standbys

TAMU EMS may provide staffing for dedicated and non-dedicated standbys. Special Events and Standbys may consist of, but are not limited to, an Ambulance, Quick-Response Vehicle, Bike Team, or Field Personnel.
A Dedicated ambulance will be staffed as a MICU capable ambulance with appropriate staff unless otherwise requested.

A Non-Dedicated ambulance is staffed by the primary ambulance crew. If a request for service is received, the primary crew will respond to the request. Once the primary ambulance returns to service, they should return to the Non-Dedicated Standby Event.

A Quick-Response Vehicle will be staffed with approved First Responder personnel with a Medical Authorization of EMT-Basic or higher. A Paramedic with a Medical Authorization of Attendant Paramedic or higher is preferred. Employee should have a minimum of six (6) months released as an EMT-Basic with the Medical Authorization of EMT-Basic or higher in accordance with SDO CG 12 for more details.

A Bike Team will be staffed with two (2) personnel with Medical Authorization of EMT-Basic or higher. It is preferred that one (1) of the personnel be a Paramedic with a Medical Authorization of Attendant Paramedic or higher.

EMS providers may also function as First Responders and will be equipped based on the needs of the Standby/Event. First Responders will be staffed with a Medical Authorization of Standby EMT or higher. When functioning as a First Responder, the EMS Provider will function up to their approved Medical Authorization. If

further care is needed, the event unit is to contact EMS communications via radio to request an ambulance. The patient's age, gender, conscious and breathing status, chief complaint, and exact location must be communicated to dispatch. Standby EMTs should provide a concise radio secondary to the responding unit whenever possible, unless the responding unit is not a TAMU EMS unit.

Public Relations Events

A public relations event occurs when TAMU EMS is present but is not providing medical coverage. The number and type of personnel, apparatus, or supplies sent to the event will be determined based on the needs of the event. There must be a minimum of one (1) employee having Medical Authorization of an EMT-Basic or higher and have a minimum of six (6) months released as an EMT-Basic with the Medical Authorization of Standby EMT or higher in accordance with SDO CG 12.

Policy: 3.8
Category: Staffing

SCHEDULING ADJUSTMENTS

Approved Absence

Trades

Trades must be approved by the Operations Coordinator or the Administrator On-Duty, or their delegate. Trades are defined as the swapping of shifts or giving up a shift with another employee. Trades must be completed online via EMS online scheduling system at least 48 hours prior to the beginning of the shift. Last minute trades are discouraged but can be approved on case-by-case basis by the Administrator On-Duty, or their delegate. Approved Schedulers may not accept trade offers involving themselves without prior approval from an independent Department Scheduler. Any unapproved trades will be classified as an unscheduled absence and can result in disciplinary action up to and including termination.

Vacations

Vacations are approved scheduling absence for full-time budgeted employees. These requests must be approved by the EMS Manager. PRN and Non-Student workers are not eligible for vacation time. Requests should be made in writing with at least 72 hours notice. Last minute requests are discouraged but may be approved at the discretion of the EMS Manager in accordance with department needs and available staffing.

Sick Leave/FMLA

Full-time budgeted employees are eligible for Sick Leave/FMLA benefits. PRN and Non-Student workers are not eligible for Sick Leave/FMLA benefits. Any absences in excess of three (3) consecutive shifts could require proof of injury or illness by a doctor's note at the discretion of the EMS Manager.

If an employee is going to be absent due to injury or illness, the employee should notify the Administrator On-Duty, or their delegate, as soon as possible, but no later than 30 minutes prior to the start of their shift. Notification is made when the Administrator On-Duty, or their delegate, has acknowledged the employee's sick leave notification. If the employee has not received conformation that their notification was received by the Administrator On-Duty, or their delegate, ten (10) minutes prior to their shift, the employee should contact TAMU EMS Dispatch at (979) 845-4321.

Preventable illnesses or injuries, including but not limited to sunburns or being hungover, may be classified as an unexcused absence, and can result in disciplinary actions, up to and including termination.

Unexcused Absence

Tardy

A tardy is defined as being not in uniform and prepared to work at the beginning of the shift. Any employee that is not in uniform and at the station at the beginning of their shift is considered late. Any oncoming employee that is going to be late must notify the Administrator On-Duty, or their delegate, and as a courtesy, should notify the off-going employee. Being tardy can result in disciplinary actions, up to and including termination.

No-Show

A No-Show is defined as someone who is absent without notification or approval beyond 30 minutes at the start of the shift. This can result in disciplinary actions, up to and including termination.

Sick

If an employee is going to be absent due to injury or illness, the employee should notify the Administrator On-Duty, or their delegate, as soon as possible, but no later than 30 minutes prior to the start of their shift. If notification is not made within 30 minutes of the beginning of the shift, or the notification is not confirmed, it will be regarded as an unexcused absence that can result in disciplinary actions, up to and including termination. Notification is made when the Administrator On-Duty, or their delegate, has acknowledged the employee's sick leave notification.

Policy: 3.9
Category: Staffing

STAFFING MATRIX

This matrix will be used by the Operations Coordinator to ensure adequate hours are distributed. As a mainly student staffed department, the students will get the priority for scheduled hours, while ensuring staffing levels are maintained and appropriate for the needs of the department.

This will be used in conjunction with the needs of the department, qualifications for the position, and employee submitted availability to implement and maintain an effective schedule. This matrix will serve as a guide for the Operations Coordinator, but the EMS Manager will maintain the right to change the schedule as needed based on the staffing needs.

	Event Standby (BLS Division)	Dispatcher	Attendant	In-Charge Paramedic	Standby Attendant (Ambulance Division)	Standby In-Charge Paramedic (Ambulance Division)
Student Event Standby Medic	1	N/A	N/A	N/A	N/A	N/A
Non-Student Event Standby Medic	2	N/A	N/A	N/A	N/A	N/A
Student Dispatcher	N/A	1	N/A	N/A	N/A	N/A
Non-Student Dispatcher	N/A	2	N/A	N/A	N/A	N/A
Student Attendant Basic	3	N/A	1	N/A	1	N/A
Non-Student Attendant Basic	4	N/A	3	N/A	3	N/A
Student Attendant Paramedic	5	N/A	1	N/A	1	2
Non-Student Attendant Paramedic	6	N/A	4	N/A	4	3
Student In-Charge Paramedic	7	N/A	2	1	2	1
Non-Student In-Charge Paramedic	8	N/A	5	2	5	4
Full-Time In-Charge Paramedic	9	N/A	6	3	6	5

Station Policies

Section 4

SQUAD ROOM REGULATIONS

TAMU EMS will abide by the following rules while in the A.P. Beutel Student Health Center:

1. The Squad Room door to the clinic must remain closed at all times.
2. The noise in the Squad Room must remain low as Student Health Services patients may be in the vicinity.
3. Act in a professional manner at all times. Keep radio and pager noise at a minimum, especially while in patient treatment areas.
4. Non-EMS personnel will not be allowed in the building after 1700 hours or on weekends, unless approved by the Administrator On-Duty, or their delegate, or the On-Duty Crew.
5. EMS personnel not on-duty may stay the night at the discretion of the On-Duty crew. The On-Duty crew may ask off-duty personnel to leave at any time after business hours.
6. During business hours, there will be no parking in P.A. 27 at any time.
7. Parking tickets received as a result of not following policy will be the responsibility of the staff in violation.
8. The laundry room may be used to wash uniforms and linens only.
9. Parking tags shall be used by On-Duty crew only. Probationary employees may use parking tags if there is an extra parking tag after the On-Duty crew has parked their car.

These rules will be followed in the Squad Room at all times:

1. All personal items must be organized and kept out of the way or on beds in the bunk rooms.
2. Hallway lights of the Squad Room must be on during the business hours of A.P. Beutel Health Center.
3. Office hours are from 0800 to 1700 hours. The squad room is a business office during these times.
4. During business hours, the Office is reserved for officers, On-Duty crew, studying, and general use, in that order.
5. When an emergency call is received, only the On-Duty dispatcher is to remain in the Dispatch Office unless help is requested by the On-Duty dispatcher.
6. Employees may be allowed to sleep during their assigned shift provided the following criteria have been met: The unit has been stocked, cleaned and is presentable; All station duties have been completed; Sleeping does not interfere with other assigned projects; Sleeping does not interfere with chute times; And other duties as assigned. Sleeping should occur only in the designated sleeping quarters.
7. The radio or TV may be on at any time as long as the sound level remains at an acceptably low level.

STATION ENVIRONMENT

The Station Environment is defined as the entirety of the squad room, including room 204 through 211 of the A.P. Beutel Health Center. This room and its divisions serve as the living, eating, and sleeping quarters for TAMU EMS. This area also includes the Dispatch Office and will also be referred to as the squad room. This area will be protected from infection control hazards by incorporating the following policies:

1. At no time will equipment that has been contaminated or possibly contaminated with blood or bodily fluids be brought into the station, excluding the supply room.

2. All cleaning and disinfecting of patient care equipment will be done at designated locations within the Health Center or receiving facility.

3. The station will be used to store only patient care equipment that has not been put into service. (i.e. disposable items or unused permanent equipment).

4. All linen that has been stored or used outside of the station will be returned to the linen service as directed by current Health Center Policy regarding contaminated sheets. No used linen shall be returned to the station including blankets and pillows.

5. All waste generated on runs or while cleaning the ambulances will be disposed of immediately. Health Center Policy currently directs all waste to be red bio-hazard bagged and taken to Central Supply for treatment prior to disposal. Red bag waste may also be deposited in the large bio-hazard containers at both hospitals, or in the bio-hazard waste containers at A.P. Beutel Health Center. All bio-hazard waste, except sharps, must be removed from the ambulance prior to returning to service. No waste shall be returned to the squad room.

6. Any uniform parts that are contaminated as a result of patient care or cleaning of equipment will be removed and secured or cleaned prior to entering the squad room. Laundry facilities will be available to employees for the washing of uniforms only.

7. The squad room bathroom and shower will be used only by EMS employees and visitors. No equipment will be cleaned or stored in the restroom. Appropriate soap, hot water, and single use paper towels will be provided for hand washing. Bath towels will be available in the squad room. Reserve supplies of bath towels are available in the clean linen room.

8. Bed linens in the sleeping quarters will be changed daily except when the same medic will be using the bed for more than one night. Adequate clean linen and blankets will be available in the squad room. Bed linens will be washed by EMS crews as needed. White linens and blankets are available in the clean laundry room, along with additional linens.

9. Colored sheets provided by EMS personnel use should be washed as needed on a regular basis using the facilities provided.

SAFETY RULES

Safety is to be given primary importance in every aspect of planning and performing all TAMU EMS activities. In order to protect against injury, and illness, as well as minimize the potential danger to others.

Please report all injuries (no matter how slight) to the Administrator On-Duty, or their delegate, immediately, as well as anything that needs repair or is a safety hazard. Below are some general safety rules. Administration may post other safety procedures in your work area:

1. Avoid overloading electrical outlets with too many appliances or machines.
2. Use flammable items, such as cleaning fluids, with caution.
3. Walk and do not run.
4. Use stairs one at a time.
5. Report to your Administrator On-Duty, or their delegate, if you or a co-worker becomes ill or injured.
6. Ask for assistance when lifting heavy objects or moving furniture.
7. Smoke only in designated smoking areas.
8. Keep cabinet doors, file and desk drawers closed when not in use.
9. Never empty an ash tray into a waste basket or open receptacle.
10. Sit firmly and squarely in chairs that tilt or roll.
11. Wear or use appropriate safety equipment as required in your work.
12. Avoid "horseplay" or practical jokes.
13. Wear appropriate personal protective equipment.
14. Keep your work area clean and orderly, and the aisles clear.
15. Stack materials only to safe heights.
16. Watch out for the safety of fellow employees.
17. Use the right tool for the job, and use it correctly.
18. Operate motorized equipment only if authorized. All operators must be approved by TAMU EMS.

Failure to adhere to these rules will be considered serious infractions of safety rules and will result in disciplinary actions, up to and including termination.

EMERGENCY MEDICAL SERVICES

STANDARD OPERATING PROCEDURES

Policy: 4.4
Category: Station Policies

REFRIGERATOR / FREEZER POLICY

The following guidelines will be followed regarding the refrigerator / freezer in the EMS Squad Room:

1. All personal food items will be clearly labeled with a date and name. Any unlabeled food items will be thrown away.

2. All personal food items will be properly sealed. Any unsealed food items will be thrown away.

3. No personal food items will be stored in the refrigerator / freezer for more than forty-eight (48) hours. Any personal items more than two days old will be subject to being thrown away.

4. The refrigerator / freezer should be cleaned and defrosted as necessary by the on-duty EMS personnel as per daily operations guidelines.

5. Employees should be respectful of other employee's meals and beverages, and should get approval from the owner prior to consumption.

6. Medications may not be kept in the refrigerator unless otherwise designated as a medical refrigerator. Only approved items may be kept in a refrigerator designated for medical supplies.

Policy: 4.5
Category: Station Policies

MEAL POLICY

All employees are responsible for providing their own meals.

Meals are not scheduled and may be taken as call volume allows. Meals should not be taken until normal duties are completed, including but not limited to: restocking necessary supplies, maintaining a proper fuel level, and expected vehicle readiness.

The following applies when eating away from the station:

1. The following types of eating establishments listed are not acceptable eating establishments while on duty:
    - No establishment where >51% of sales are from alcohol.
    - No business with the words "icehouse" or "bar & grill" is in the name.
    - No business where food is not their primary source of business draw.
2. The selected establishment should have access to major thoroughfares to ensure a prompt response, even during peak traffic hours.
3. Units should park in a manner that promotes an expedient response. Units should not be parked or left unattended in undesignated parking areas, such as loading zones, traffic lanes, fire lanes, or handicapped parking spaces.
4. Employees must provide adequate security for the vehicle. This should include locking unit and compartments.
5. If a call is received, notify your server that you have to leave, but that you will return to collect remaining food and pay later.
6. Regardless of the call priority, meals will not delay or interfere with response time.
7. If a call is received, return and pay for your food immediately after the call, provided your unit is in-service and response ready.

The following applies to Standby EMTs eating at events and facilities:

1. At the Rec. Center, food should be consumed in the lobby, near the Café. Food should not be consumed in the medic office and meals should not interfere with patient care.
2. At Reed Arena, food should be consumed in the break room adjacent to the medic office.
3. At PEAP, food may be eaten discretely in the medic office. Food waste should be properly disposed of as to not leave unwanted smells in the office.
4. At Penberthy and at Special Events, food should be eaten discretely and meals should not affect patient care.

EMERGENCY MEDICAL SERVICES

STANDARD OPERATING PROCEDURES

Policy: 4.6
Category: Station Policies

SECURITY

Station:

- All access doors to the station will remain secured.
- Access to supply cabinets will be restricted to TAMU EMS employees. The In-Charge is ultimately responsible for content accountability.
- All personnel will take necessary precautions to maintain personal safety. Keep doors locked, secure personal vehicles, etc.

Event Standby:

- When practical, the supply cabinets at the Penberthy Sports Complex should be locked while unattended.
- The cabinets at PEAP should remain locked when the facility is not staffed by TAMU EMS.
- Keys to gators, any other vehicles, and facilities should be retained on your person when not in use.
- While Fist Aid Stations are unoccupied, the doors should be closed and the lights turned off. If a key is provided, the doors should also be locked.
- Employees must immediately report to the Administrator On-Duty, or their delegate, when the keys to a facility have been lost or its contents stolen.

Fleet:

- In most situations, the vehicle doors will remain locked when the ambulance or staff vehicles are left unattended. (This includes while parked at the station)
- Whenever a vehicle is unoccupied, the engine should to be shut off. This includes when parked in the hospital bay.
- All exterior doors and compartments of out-of-service units must be locked.
- Employees must immediately report to the Administrator On-Duty, or their delegate, when the keys to a TAMU EMS vehicle have been lost or its contents stolen.

Employee Expectations

Section 5

Policy: 5.1
Category: Employee Expectations

TRAINING REQUIREMENTS

Personnel

1. All employees must complete NIMS 100, 200, 700 and 800.

2. All active dispatchers will be trained and certified in CPR for both adults and children. Opportunities for the completion of the approved CPR class will be provided by the Education Department on a regular basis.

3. All prospective employees will be subject to a background check and driver's license history prior to their employment. It is recommended that a letter of recommendation accompany all applications for employment from a person outside the applicant's immediate family. Records of background checks and driver's license histories will be kept in the employee's personnel file or with the Department of Student Health Services.

4. All personnel will provide valid proof of certification with the Texas Department of State Health Services and copies of all certification cards or certificates will be kept in the employee's personnel file.

5. New personnel will be provided with a written personnel orientation in the form of the TAMU EMS Training Manual provided by the Education Department at the time of employment.

6. The Education Department will organize and conduct field training for new personnel prior to full employment. Each trainee will participate in training shifts in which skills are evaluated by the shift supervisor, field training officer (FTO), or In-charge. Evaluations will be kept in the employee's training file.

7. All personnel will be provided with all pertinent information regarding professional liability insurance provided by the University. This information will be provided at one of the scheduled training in-services offered by the Education Department.

8. The Education Department will provide all pertinent information regarding University and TAMU EMS policies and responsibilities. This information will be distributed in the form of the Training Manual or other written materials provided during the in-services offered by the Education Department.

9. The screening of personnel conducted by the Education Department will consist of a verbal interview and a practical skills exam. The interview panel will consist of at least one (1) member of the Education Department and at least two (2) other TAMU EMS employees. Written evaluations of the interviews and the score sheet from the practical exam will be kept in the employee's personnel file.

10. Evaluations of active personnel will be conducted annually by the Education Department, Administrators, and EMS Manager. Written proof of the evaluations will be kept in the employee's personnel file.

11. All employees who drive Texas A&M EMS vehicles will have sufficiently mastered an Emergency Vehicle Operations Course (EVOC) to be provided in-house by the Education Department as part of the Training Program. Proof of completion will be kept on file in the employee's personnel file. Employees who drive Texas A&M EMS vehicles must possess and carry a valid drivers license with a minimum of Class C.

12. All employees who drive Texas A&M Gators / UTVs will have sufficiently mastered the UTV Safety Course, as required by the TAMU System. This must be done on an annual basis.

Policy: 5.2
Category: Employee Expectations

EMPLOYEE IMMUNIZATIONS

Each person is required to show proof of the following immunizations upon employment.

1. Hepatitis B – This is a series of three injections given over a six-month period.
2. German measles (rubella) – This is a one-time injection required if you did not have the German measles as a child. This will protect pregnant patients.
3. Mumps – This is a one-time injection.
4. Varicella (Chicken Pox) – immunity is noted by record of two doses of varicella vaccine, history of varicella or herpes zoster (shingles) based on physician diagnosis or a titer showing immunity.
5. Tetanus-diphtheria – A booster is required every ten years after the initial injection.
6. Flu (influenza) – This is a yearly inoculation based upon the upcoming "flu season." Although, not complete protection, it will help build up your immunity over time. Theoretically, this will lessen your need to take sick days and it will result in less exposure to our patients.

If one has not had the Hepatitis B immunization, it must be obtained by the eighth month anniversary of employment and proof thereof submitted to personnel by that time.

Additionally, each person shall show proof of a TB skin test within the last six months. All positive reactors must show proof of additional evaluation (chest X-Ray, etc.) and/or treatment.

EMS personnel will have a TB skin test every 1-year. If the employee is exposed, the employee will follow direction of the Medical Director.

Due to the nature of EMS employment, these vaccinations are necessary for employee and patient safety. Student Health Services and the A.P. Beutel Health Center agree to absorb all costs associated with routine and exposure vaccinations.

Policy: 5.3
Category: Employee Expectations

DUAL EMPLOYMENT

Employees who work more than one job within the Texas A&M University System should complete a Dual Employment Agreement Form, available through Payroll Services. It is important to note that hours worked between **both** jobs will be used to calculate overtime, and as such, employees should not exceed 40 hours within a pay week without the prior authorization of **both** direct supervisors. Similarly, non-student, wage employees should not exceed and average of 20 hours per pay week, as calculated between both jobs without prior consent.

Failure to abide by these policies is subject to disciplinary action, up to and including termination.

Policy: 5.4
Category: Employee Expectations

BACKGROUND & DRIVING RECORD

Employees whose work requires operating of a motor vehicle must present and maintain a valid driver's license, with a minimum of a Class C, and a driving record acceptable to our insurer. Employees will have their driving record audited every two (2) years; any items that require attention will be addressed by the EMS Manager. Any changes in your driving record must be reported to EMS Manager immediately. Employees deemed uninsurable are subject to disciplinary action, up to and including termination.

Any arrests must be immediately reported to the EMS Manager. Disciplinary action will be dealt with on a case-by-case basis and may be up to and including termination.

Policy: 5.5
Category: Employee Expectations

TRAFFIC CITATIONS

Employees responsible for violation of the law while operating TAMU EMS vehicles will personally satisfy the payable fine or the penalty. The EMS Manager will accompany the employee to court for all moving violations while on duty. Employees convicted of DUI/DWI or other reckless driving will be terminated immediately.

Employees who have received a moving violation off-duty are expected to report the violation to the EMS Manager on the next business day following the violation. Employees that are determined to be uninsurable by the system's insurance carrier will be suspended until either placed in a non-driving position within the system or terminated from TAMU EMS.

Employees that do not adhere to this policy may face disciplinary action, up to and including termination.

Policy: 5.6
Category: Employee Expectations

THIRD RIDERS

1. All third-out riders must sign a Third-Out Rider Release Form prior to riding out. A new release form must be signed each time an individual rides out.

2. Only authorized persons will be allowed to ride on an EMS vehicle.

3. Third-out riders must follow all requirements and rules prior to and while riding.

4. No one under 18 years of age may ride, without expressed written consent from the EMS Manager.

5. It is the responsibility of all EMS personnel to assure that the rider has been approved by the EMS Manager to ride and a Third-out Rider Release Form has been signed. Third-out Riders should also watch and pass the HIPAA test and cover the appropriate SOPs.

6. It is the responsibility of all EMS personnel to note the personal appearance of each rider when s/he reports to ride. If s/he does not meet the rules and regulations pertaining to dress, s/he will be advised by the EMS personnel and will not be permitted to ride until s/he has complied with the rules.

7. Crews must receive permission from the Administrator On-Duty, or their delegate, to have a rider. Crews must ensure that there is no probationary employee scheduled to ride out at the same time as the Third Rider. Crews should consult the Education and Operations Coordinators when scheduling a Third Rider. It is the responsibility of the crews to ensure the Third Rider has completed the necessary paperwork prior to the ride-out.

Third-out riders fall into two groups – Observers and Student Interns.

Observers
These are individuals who for some personal reason may desire the experience of pre-hospital care by observation. Frequently this is to gain a sense of EMS roles in the community and to understand the interaction of various agencies.

Observers should not be involved in the patient care process, and are only allowed to observe the EMS personnel render care to the patient.

Observers must be scheduled no later than two (2) business days prior to the scheduled shift, and must be approved by the EMS Manager.

Observers may only be scheduled from 07:00 – 19:00.

Be aware that representatives of the media or legal profession may observe events that they feel compelled to make public. These persons should be screened carefully and apprised of the terms of the Rider Release Form before being allowed to ride.

Student Interns

An intern's role is to interact in the patient care process by performing duties as delegated by affiliate agreement with their training institution. The amount of involvement is to be determined by the In-Charge on the ambulance.

Interns should perform the skills, as determined by the In-Charge, which fall within the practice for the certification the student is obtaining.

Please note that interns are "in training" and should never be left in the role of providing sole care for the patient. All decisions should be agreed upon by the In-Charge. All students should be documented on medical reporting forms.

Student interns are never allowed to operate TAMU EMS vehicles. This applies to TAMU EMS employees that are functioning in the role of student intern.

Acceptable Uniform

EMS third riders are to dress neatly and conservatively at all times. The generic third rider uniform shall consist of:

- Conservative-type shoes including black athletic type shoes or boots may be worn. It is recommended that sturdy shoes be worn. Sandals are prohibited.
- Navy pants should be worn.
- White uniform shift, dress shirt, or plain white polo-style shirt should be worn.
- Blue jeans, shorts, and t-shirts are prohibited.
- Hair should be groomed. Cleanliness and appropriate physical hygiene are required at all times.
- Student Interns must wear their appropriate training institution uniform.

Conduct

All EMS observers are to conduct themselves with proper decorum. Observers are to refrain from the following:

- Use of alcoholic beverages 12 hours prior to and during the shift;
- Use of profane or abusive language;
- Use of excessive conversations which may interfere with radio communications while riding in unit;
- Making remarks, or voicing opinions to patients or family members, bystanders, police officers, fire personnel, or first responders in any manner, which would tend to provoke or degrade anyone or escalate tension/anxiety;
- Making known to any person not authorized, any information concerning the emergency call, patient information or outcome;
- Using information gained thorough TAMU EMS third rider program for personal gain;
- Wearing on their clothing any article, sign or symbol that advertises any product, business or organization.

Policy: 5.7
Category: Employee Expectations

RELATIONSHIP POLICY

Regarding related employees and employees in a relationship, it is important that the employees do not give or receive special treatment. In order to achieve this, the following must take place:

- Employees must exclude themselves from all quality control and performance evaluation of their family member or related employee, including but not limited to: Clinical review, Documentation review, and Dispatch reviews.
- Employees must exclude themselves from all disciplinary action against their family member or related employee. All disciplinary action should be handled up the Operations Coordinator and EMS Manager.
- Employees may not be involved in the direct training of anyone who is related.

Examples of these relationships includes but is not limited to: Parent/Child, Sibling, Spouse, or Spouse/Boyfriend/Girlfriend of a Sibling.

While dating and romantic relationships among co-workers are not prohibited, the following rules have been established to eliminate the potential for a conflict of interest. For the purpose of the SOP, the term "partner" is defined as an individual whom is in a relationship with another individual.

For Prospective Employees:

- TAMU EMS personnel must exclude themselves from the interview and hiring process of their partner or relative.

For Current Employees:

- All relationships must be reported to the Operations Coordinator and EMS Manager within a reasonable amount of time.
- Employees must exclude themselves from all quality control and performance evaluation of their partner or relative, including but not limited to: Clinical review, Documentation review, and Dispatch reviews.
- Employees must exclude themselves from all disciplinary action against their partner or relative. All disciplinary action will be handled by the Operations Coordinator and EMS Manager.
- Employees may not be involved in direct training of their partner or relative.
- Those in relationships should not be scheduled together on the same time without prior approval from the Operations Coordinator and EMS Manager.
- Employees are reminded to use good judgment in regards to inappropriate physical contact, whether at Beutel or any official TAMU EMS function
- Employees in a relationship are not to be in a closed room with each other with no one else in the room.

- Each relationship will be handled on a case-by-case basis, and the Operations Coordinator and EMS Manager will have the ultimate decision on scheduling employees who are related or in a relationship.

If a conflict of interest or inappropriate workplace behavior is noticed, the appropriate disciplinary action will be taken, up to and including termination.

Policy: 5.8
Category: Employee Expectations

SOCIAL MEDIA POLICY

With the increase use of Social Media Outlets, one must be careful about what they post online. TAMU EMS employees, both probationary and active employees, should refrain from posting anything online that portrays TAMU EMS in a negative way. Some such examples include but is not limited to the following:

- Pictures while at work that do not show professionalism
- Taking pictures while on the scene of a call
- Taking pictures of the crew that is on the scene of a call
- Off duty personnel wearing Texas A&M EMS clothing and having illicit materials and/or alcohol

Violation of this policy could result in disciplinary action up to and including termination.

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M EMS
TEXAS A&M UNIVERSITY

Disciplinary Policies
Section 6

Standard Operating Procedures

Policy: 6.1
Category: Disciplinary Policies

GENERAL STANDARDS OF CONDUCT

The purpose of this guideline is to note some of the more obvious unacceptable behaviors and activities. Your avoidance of these activities will be to your benefit as well as the benefit of TAMU EMS. If you have any questions concerning any safety rule, or any of the unacceptable activities listed, please contact the Operations Coordinator or EMS Manager for an explanation.

Each employee is to act in a mature and responsible way at all times. Employees shall uphold a professional attitude and appearance that is exemplary of our organization and our affiliates.

1. Occurrences of any of the following violations, because of their seriousness, may result in disciplinary actions up to and including termination. This list is not all-inclusive and, notwithstanding this list, all employees remain employed "at will."

a) Willful violation of any University rule; any deliberate action that is extreme in nature and is obviously detrimental to TAMU EMS's efforts to operate successfully.

b) Willful violation of security or safety rules or failure to observe safety rules or TAMU EMS safety practices; failure to wear required safety equipment; tampering with TAMU EMS equipment or safety equipment.

c) Negligence or any careless action which endangers the life or safety of another person.

d) Being intoxicated or under the influence of any substance while at work or on TAMU EMS Property; use or possession or sale of controlled substance drugs or alcohol in any quantity while on company premises except medications prescribed by a physician which do not impair work performance.

e) Possession of a weapon or firearm in a location prohibited by University Policy.

f) Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone on University premises or when representing TAMU EMS; fighting, or horseplay or provoking a fight on University property, or negligent damage of property.

g) Insubordination or refusing to obey instructions properly issued by a Administrator On-Duty, or their delegate, pertaining to your work; refusal to help out on a special assignment.

h) Threatening, intimidating or coercing fellow employees on or off the premises—at any time, for any purpose.

i) Engaging in an act of sabotage; willfully or with gross negligence causing the destruction or damage of company property, or the property of fellow employees, patients, or visitors in any manner.

j) Theft of TAMU EMS property or the property of fellow employees; unauthorized possession or removal of any property, including documents, from the premises without prior permission from management; unauthorized use of equipment or property for personal reasons; using TAMU EMS equipment for profit.

k) Dishonesty; willful falsification or misrepresentation on your application for employment or other work records; falsifying a reason for a leave of absence or other information requested by TAMU EMS; alteration of records or other documents.

l) Violating the non-disclosure agreement; giving confidential or proprietary TAMU EMS information to competitors or other organizations or to unauthorized TAMU EMS employees; breach of confidentiality of personnel information.

m) Malicious gossip and/or spreading rumors; engaging in behavior designed to create discord and lack of harmony; interfering with another employee on the job; willfully restricting work output or encouraging others to do the same.

n) Indecency on University property.

o) Any action, whether on duty or not, that gives a negative impression on the University, TAMU EMS, or its employees.

p) Unsatisfactory or careless work; failure to meet quality standards as explained to you by your Operations Coordinator or EMS Manager; mistakes due to carelessness or failure to get necessary instructions.

q) Any act of harassment, sexual, racial or other; telling sexist or racial-type jokes; making racial or ethnic slurs.

r) Leaving work before the end of a shift or not being ready to work at the start of a shift without approval of your Administrator On-Duty, or their delegate.

s) Smoking in restricted areas or at non-designated times, as specified by department rules.

t) Creating or contributing to unsanitary conditions.

u) Failure to report an absence or late arrival; excessive absence or lateness.

v) Obscene or abusive language toward any employee or patient; indifference or rudeness towards a patient or fellow employee; any disorderly/antagonistic conduct on University premises.

w) Speeding or careless driving of any University vehicles.

x) Failure to immediately report damage to, or an accident involving TAMU EMS equipment.

y) Failure to maintain a neat and clean appearance in terms of the standards established by the University; any departure from accepted conventional modes of dress or personal grooming; wearing improper or unsafe clothing.

DISCIPLINARY POLICY

Administration has a responsibility to maintain an orderly working environment. The purpose of this guideline is to establish the disciplinary process for employees. This guideline applies to all employees.

This policy pertains to matters of conduct as well as the employee's competence. However, an employee who does not display satisfactory performance and accomplishment on the job may be discharged, in certain cases, without resorting to the steps set forth in this policy.

Under normal circumstances, the Operations Coordinator and EMS Manager, or their delegate, are expected to follow the procedure outlined below. There may be particular situations in which the seriousness of the offense justifies the omission of one or more of the steps in the procedure. Likewise, there may be times when the department may decide to repeat a disciplinary step.

To insure that TAMU EMS business is conducted properly and efficiently, you must conform to certain standards of attendance, conduct, work performance and other work rules and regulations. When a problem in these areas does arise, your Operations Coordinator and EMS Manger, or their delegate, will coach and counsel you in mutually developing an effective solution.

The following outlines the department's discipline without punishment procedure:

1. Counseling Memo

    a. If an Administrator or the EMS Manager becomes aware of an infraction of any TAMU SOP or TAMU EMS Protocol, a Counseling Memo will be made to you. This form of discipline without punishment is meant to remind you of the policy or guideline and our expectation that you will abide by it in the future. The Counseling Memo should be approved by the Operations Coordinator or their delegate.

    b. The Counseling Memo will remain in effect for 90 days.

    c. Documentation of the incident will remain in the EMS Manager's file and will not be placed in your permanent record, unless other disciplinary transactions occur.

When coaching and counseling fail, formal discipline begins. The following outlines the department's formal disciplinary procedure:

1. Step One: Oral Reminder

    a. The Assistant Operations Coordinator, Operations Coordinator, or EMS Manager will meet with you to discuss the problem, making sure you understand the nature of the violation and the expected remedy. The purpose of this conversation is to remind you of exactly what the rule or performance expectation is and also remind you it is your responsibility to meet that expectation.

    b. You will be informed that the Oral Reminder is the first step of the formal disciplinary procedure. The Assistant Operations Coordinator, Operations Coordinator, or Manager will fully document the Oral Reminder, which will remain in effect for 180 days.

    c. Documentation of the incident will remain in the EMS Manager's file and will not be placed in your permanent record, unless other disciplinary transactions occur.

2. Step Two: Written Reminder

   a. The Operations Coordinator or EMS Manager will meet with you to discuss the problem, making sure you understand the nature of the violation and the expected remedy.

   b. You will be informed that the Written Reminder is the second step of the formal discipline procedure.

   c. Following the conversation, the Operations Coordinator or EMS Manager will write a memo to you summarizing the discussion. The original memo will go to you and a copy will be routed to your permanent personnel file. The Written Reminder will remain in effect for 365 days.

3. Step Three: Suspension

   a. If your performance does not improve within the 365 day period following a Written Reminder, or if you are again in violation of TAMU EMS practices, guidelines, policies or standards of conduct, you will be placed on suspension.

   b. You will be informed that Suspension is the third step of formal discipline procedure.

   c. Employees on suspension will spend the time away from work deciding whether to correct the immediate problem and conform to all of the department's practices, guidelines and standards of conduct.

   d. During the six months following Suspension, the employee is ineligible for all Administrative positions.

   e. If your decision following the Suspension is to return to work and abide by TAMU EMS practices, guidelines, and standards of conduct, you will write a letter to the Operations Coordinator and EMS Manager explaining your commitment to TAMU EMS, including a corrective action plan. If agreed upon by the employee, Operations Coordinator, and EMS Manager, the corrective action plan will be placed in the employee's personnel file.

   f. You will be allowed to return to work with the understanding that if a positive change in behavior does not occur, or if another disciplinary problem occurs within the next 365 days, you will be discharged.

   g. If you are unwilling to make such a commitment, you will be discharged.

4. Step Four: Discharge

   a. Employment with TAMU EMS is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either TAMU EMS or yourself, except as otherwise provided by law.

   b. Discharge is the fourth and final step of the formal discipline procedure.

   c. If your performance is unsatisfactory due to lack of ability, failure to abide by TAMU EMS rules, or failure to fulfill the requirements of your job, you will be notified of the problem. If satisfactory change does not occur, you will be discharged.

If you commit any of the actions listed below, or listed in Policy 6.1, General Standards of Conduct, or any other action not specified but similarly serious, you will be subject to disciplinary action up to and including termination. This is *not* an all-inclusive list.

1. Theft or fraud.
2. Falsification of records or not completing patient care reports as directed.
3. Threat or the act of doing bodily harm to a co-worker.
4. Patient abuse.
5. Breech of confidentiality.
6. Willful or negligent destruction of property.
7. Possession of a firearm or prohibited weapon.
8. Selling intoxicants, drugs, or narcotics on TAMU property.
9. Neglect of duty.
10. Refusal to perform assigned work or to follow a direct order.
11. Being under the influence of any substance on or off duty while on Student Health Services Property.

Discipline Deactivation

1. Discipline without punishment Counseling Memo will be in effect for 90 days.
2. Step 1 (Oral Reminder) will be in effect for 180 days.
3. Step 2 (Written Reminder) will be in effect for 365 days.
4. Step 3 (Suspension) will be in effect for 365 days.
5. If no further disciplinary or performance problems occur during the active period, the discipline procedure will be formally deactivated at the end of the appropriate time period.

Policy: 6.3
Category: Disciplinary Policies

SELECTION AND REMOVAL

Each Coordinator with answer directly to the EMS Manager.

Coordinators

1. The Operations Coordinator will be appointed by the Selection Committee. Candidates for each Coordinator position will submit a letter of intent and resume to the EMS Manager. Candidates will be reviewed and selected for interview. The EMS Manager will organize and lead a committee to select each coordinator.

2. In the event a Coordinator resigns or is removed before the end of their term, the EMS Manager will appoint a new Coordinator within 2 weeks. This Interim Coordinator will serve for the remainder until a new Coordinator can be selected. The Assistant Operations and Communications Coordinators should serve as the Interim Coordinator for there respective areas.

Assistant Coordinators

1. The appointed Operations / Communications Coordinators will choose an assistant for their department. Interested individuals should submit a letter of intent and resume to the respective Coordinator. The Coordinator will choose an assistant within 2 weeks of their appointment. The EMS Manager must approve Assistants.

2. In the event an Assistant resigns or is removed before the end of their term, the Coordinator will choose a replacement in the same fashion as described above.

Removal

Coordinators and Assistants may be removed for not meeting minimum qualifications, conduct unbecoming to staff, or any serious violation of the Standard Operating Procedures. The EMS Manager may call for the resignation of any Coordinator at any time. A replacement will be selected as described above.

Policy: 6.4
Category: Disciplinary Policies

APPEALS

When an employee wishes to make an appeal, they shall adhere to the following procedure:

1. Submit in writing to the Operations Coordinator a detailed account of the incident in question and why the actions taken against said employee was unjust. State as many facts as possible and make reference to specific policies and/or governing documents. The Operations Coordinator may elect to carry the matter before the EMS Manager, and in such occurrence, the Operations Coordinator shall notify the complaining party prior to the meeting.

2. If satisfactory results are not obtained from the Operations Coordinator within ten working days after the Operations Coordinator receives the complaint, the employee should forward the same documentation to the EMS Manager who shall review the appeal.

3. The EMS Manager may request the complaining party and/or victim to be present at a meeting in which they may provide further information to explain the situation. The EMS Manager shall have the final say on personnel matters.

Policy: 6.5
Category: Disciplinary Policies

INCIDENT REPORTS

The Unusual Occurrence Form is used to report incidents involving EMS personnel, equipment, response delays, abuse, accidents, conflicts/confrontation, dead on scene, violent crimes, or other concerns necessitating documentation. An Incident Report does not necessarily record a procedural infraction, but is a record of an unusual operating condition or occurrence.

An Incident Report should be completed whenever an unusual occurrence occurs, or when requested by an Administrator.

If a situation arises and an Incident Report is deemed necessary, the Administrator On-Duty, or their delegate, should be notified immediately and be provided with a copy of the Incident Report.

Incident Reports should be concise, complete, and objective, and should state only facts and direct observations.

If the Incident Report is involving another EMS employee, the reporting party should first attempt to rectify the situation with that individual and then if necessary notify the individual of the report.

Incident Reports should be completed immediately, and no later than prior to the end of the shift.

The Administrator requesting the Incident Report is responsible for assuring that Incident Reports are completed by their crew on time. The Unusual Occurrence Form should be given to the Operations Coordinator or EMS Manager. If further action is deemed necessary, the Operations Coordinator will forward a copy to the EMS Manager.

Policy: 6.6
Category: Disciplinary Policies

PERSONNEL GRIEVANCES

All employees will follow their set chain of command. Personnel grievances will be resolved at the lowest possible level in the chain of command and it is always preferable that employees resolve disagreements or issues among themselves.

- Any employee having a grievance will submit that grievance in written form to the Operations Coordinator or their delegate.
- If, however, the grievance involves the Operations Coordinator, or their delegate, the submitting employee may seek counsel from the EMS Manager.
- Any employee who feels the Operations Coordinator, or their delegate, has not resolved an issue or grievance may seek the counsel of the EMS Manager, if and only if they have exhausted all efforts at resolution following the chain of command.

SUBSTANCE ABUSE POLICY

Diagnostic Procedures

Any TAMU EMS employee who is observed in a state which strongly indicates the use of alcohol or controlled/dangerous substances while on duty is subject to undergo immediate screening process to determine their fitness for duty. Failure to comply with the order for such screening can result in disciplinary action up to and including termination. All diagnostic screenings in this category must have the prior approval of the Administrator On-Duty, or their delegate.

In-service physical examinations may include testing mechanisms for controlled, dangerous substances. Any individual attempting to circumvent the entry or in-service screening process via deception or fraud will be assumed to be under the influence of a controlled, dangerous substance and subject to disciplinary action, up to and including termination, if already employed. Applicants for entry into TAMU EMS will be subject to the provisions above, if such deception or fraud is detected.

Disciplinary Action

Personnel shall be made aware that the use, possession, or distribution of controlled, dangerous substances will not be tolerated by TAMU EMS.

In the event of a fleet accident, a drug test may be administered upon the crew's return to station.

In addition, the abuse of legal drugs, such as alcohol and other over-the-counter drugs which may affect the performance of one's duties, shall not be acceptable and will be subject to disciplinary action, up to and including termination. **Employees should refrain from using alcohol 12 hours prior to a shift.**

Possession of or detection through approved testing and/or observed impairment which results from the use of a controlled, dangerous substance shall be any such substance so defined in the *1985 Texas Department of Public Safety Texas Drug Laws.*

Observed impairment and/or consumption of alcohol while on duty is also prohibited and will result in disciplinary action up to and including termination.

Policy: 6.8
Category: Disciplinary Policies

WEAPONS POLICY

No EMS employee, while on duty, is allowed to clean, carry, or utilize any type of firearm and/or other type of weapons in violation of local, state or federal law; except the specific circumstances outlined below:

1. Small personal pocket knives or large "buck" type knives which are worn in a holster on the belt utilized for cutting (i.e., seatbelts) are acceptable.

2. While not specifically prohibited, the carrying of any chemical protective sprays is strongly discouraged.

Other types of prohibited weapons shall include but not be limited to: switchblade knives, boot knives, or any double edged knives.

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M UNIVERSITY

Territory
Section 7

Standard Operating Procedures

Policy: 7.1
Category: Territory

TERRITORY

Texas A&M University Emergency Medical Services primary territory consists of the Main and West Campuses of Texas A&M University in Brazos County. TAMU EMS will respond to all alarms on Texas A&M University Main and West Campuses.

TAMU EMS will respond to all alarms received that are near or border Texas A&M and TAMU EMS territory. Any problems should be reported to the Administrator On-Duty, or their delegate, immediately following the incident.

All alarms received by TAMU EMS that are definitely outside our primary territory, where TAMU EMS is clearly not the closest unit, shall be directed to the appropriate agency. If the jurisdiction is questionable or TAMU EMS is clearly the closest unit, TAMU EMS shall be dispatched for the alarm. The Dispatcher shall then inform the appropriate agency of the incident. When TAMU EMS is responding to an incident outside of TAMU EMS territory, the responding TAMU EMS unit shall continue response until definitive patient contact is established on-scene.

All alarms outside of TAMU EMS primary territory shall be coordinated with the Administrator on Duty to ensure coverage of primary territory.

TAMU EMS will respond to mutual aid calls when requested, and will respond on the main radio channel they are requested by.

All calls received for the Texas A&M University Fire School should be forwarded to College Station Fire Department unless mutual aid is requested.

All calls received for the Texas A&M University - Riverside Campus (Highway 21 Research Center) will be forwarded to Bryan Fire Department unless mutual aid is requested.

All calls received for the Texas A&M University – Health Science Center will be forwarded to Bryan Fire Department unless mutual aid is requested.

All calls received for the University Services Building or System Offices on Tarrow will be forwarded to College Station Fire Department unless mutual aid is requested.

All calls received for the McKenzie Terminal will be taken by TAMU EMS, while calls received for the Easterwood Airfield will be transferred to College Station Fire Department unless mutual aid is requested.

All TAMU EMS units operating within the jurisdiction of another agency shall operate within the regulations set forth by that agency.

Additional information about territory may be found in the Communications Protocols.

Policy: 7.2
Category: Territory

GEOGRAPHICAL AREA / DUTY STATUS

Geographical Area

The TAMU EMS Patient Treatment Protocols shall be utilized under the Medical Director's approval in the TAMU EMS 911 service area, mutual aid areas, and special event areas.

Duty Status

TAMU EMS personnel shall utilize these protocols under the Medical Director's approval when acting in their official capacity when representing TAMU EMS as defined in the Standard Operating Procedures. The approved TAMU EMS protocols shall **NOT** be used when working for another EMS system.

Vehicle Operations

Section 8

Policy: 8.1
Category: Vehicle Operations

UNIT DESIGNATIONS

In accordance with Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter A, Rule §157.3, TAMU EMS operates under a *BLS with MICU capabilities* license.

The unit designations are as follows:

1. **BLS** - when response-ready or in-service - two emergency medical technicians (EMT's.)

2. **BLS with ALS capability** - when response-ready or in-service below ALS - two EMT's. Full ALS status becomes active when staffed by at least an emergency medical technician (EMT)-Intermediate and at least an EMT.

3. **BLS with MICU capability** - when response-ready or in-service below MICU - two EMT's. Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT.

4. **ALS** - when response-ready or in-service - one EMT-Intermediate and one EMT.

5. **ALS with MICU capability** - when response-ready or in-service below MICU - one EMT-Intermediate and one EMT. Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT.

6. **MICU** - when response-ready or in-service - one certified or licensed paramedic and one EMT.

Policy: 8.2
Category: Driver Training

DRIVER TRAINING

Only personnel certified as a Technician or higher may operate any vehicle belonging to TAMU EMS. The only exception is personnel current in training for ambulance operations. The personnel in training must have been placed on payroll and insurance by Student Health Services and must have approval from the Education Department for vehicle operations. All employees operating TAMU EMS vehicles must have taken and satisfactorily completed the EVOC course put on by the Education Department. The initial course will be completed either as the course is implemented or during the Attendant Training Program.

Dispatchers have the option to become EVOC trained to drive vehicles other than the ambulance. The Dispatcher must have completed the EVOC course put on by the Education Department. Dispatchers are only authorized to drive vehicles in the event of an emergency that requires moving Dispatch to a back-up site, and if the crew is on a call or otherwise unable to provide assistance in relocating the Dispatcher. The Dispatcher is prohibited from driving with the use of lights and/or sirens.

Should the need arise, individual employees may be mandated to complete all or any portion of the course for cause. *Example of cause but not limited to these: At-fault accident, repeated coaching required for driving habits, etc…*

Employees holding positions requiring regular driving, as a condition of employment, must inform the Operations Coordinator and EMS Manager in writing of any change that may affect their ability to meet the standards of this policy. This includes off-duty moving violations, accidents, DWI, or any incident that affects the employee's driving record.

Policy: 8.3
Category: Vehicle Operations

VEHICLE OPERATIONS

An authorized emergency vehicle is defined as a Department or personal vehicle that meets the standards established in the *TEX. TRANSP. CODE ANN. § 546.003.* Additionally an authorized emergency vehicle must meet the lighting and audible warning devices defined in *TEX. TRANSP. CODE ANN. § 547.702.*

Emergency lighting and siren shall only be used when responding to an emergency situation or when necessary to insure the safety of the public or employees. All personnel will operate the vehicle in accordance with the *TEX. TRANSP. CODE ANN. § 546.001 – 005.*

Employees are authorized to operate emergency traffic if:

1. Enroute to a designated emergency response;
2. The In-Charge deems it appropriate to upgrade a priority 3 non-emergency response to an emergency response;
3. The EMS crew determines the patient's condition is unstable

Wail shall be the primary siren tone. Air horns and alternate siren tones may be used to supplement the siren wail, especially at intersections. Personnel shall use the siren and air horns in a prudent and conservative manner as to gain attention of other drivers, but avoid being obnoxious. All emergency lighting will be used in conjunction with the audible warning system.

All TAMU EMS vehicles will be operated in accordance with traffic laws while operating non-emergency and emergency traffic. All TAMU EMS vehicles driving emergency traffic are required to operate with Due Regard. TAMU EMS emergency vehicles must be driven defensively and safely at all times. Crews are expected to respond to every call, regardless of the priority, in a prompt, calm, and safe manner. The driver will be personally liable for all traffic violations incurred while driving a TAMU EMS vehicle.

State law allows authorized emergency vehicles to exceed posted speed limits (*TEX. TRANSP. CODE ANN.§ 545.365)* when responding to an emergency as long as life and property are not needlessly endangered. TAMU EMS emergency vehicles should not be driven at speeds in excess of 10 mph above the posted speed limit. The maximum speed at which TAMU EMS emergency vehicles are to be driven is 80 mph while driving emergency traffic.

Under most circumstances, TAMU EMS personnel operating emergency vehicles should attempt to drive in the left-most lane for traffic moving in the same direction. When traveling in the same direction as moving traffic, avoid passing vehicles on the right. TAMU EMS personnel operating emergency vehicles should not attempt to pass or overtake another emergency vehicle without radio contact with the other vehicle.

Authorized emergency vehicles may disregard regulations governing direction of movement or turning in an unspecified direction. Personnel should not drive against the flow of traffic on a one-way street unless it is the ONLY prudent way.

Authorized emergency vehicles will be required to slow and prepare to stop at controlled and uncontrolled intersections. A controlled intersection is defined as one where the right-of-way is controlled by a STOP sign (including ALL-WAY STOP), or a traffic signal displaying a steady or flashing red light directing traffic in the direction that the emergency vehicle is traveling. An uncontrolled intersection is one that has no signage or signal designating vehicle right of way.

Authorized emergency vehicles may not exceed the posted speed limit in an active school zone.

Treat railroad crossings the same as any "obstructed view" intersection. Turn off the siren and listen for the train, engine noise, or whistle, before attempting to cross the track.

Policy: 8.3
Category: Vehicle Operations

Seat belts will be worn at all times the vehicle is in motion. The only exception is when mobility is necessary for appropriate patient care in the patient compartment.

No TAMU EMS vehicles are to move until all doors and compartments are secured and all personnel on board are seated and secured. Medics in the patient compartment are required to secure themselves at all times when not needing to move to give patient care.

When family members will be following the ambulance to the hospital, it is the crew's responsibility to advise any family members present that they should not follow the ambulance too closely for safety reasons. Advise the driver that he or she should be prepared to adjust his or her driving to reduce the risk of accident created by following too closely or driving recklessly.

Policy: 8.4
Category: Vehicle Operations

ANCILLARY VEHICLES

Ancillary vehicles are to be used by employees to provide rapid and safe response to alarms. The vehicles are to be operated in a manner consistent with the regulations set forth by Texas A&M University. The driver must also consider their destinations to avoid parking the vehicle at places that may attract public attention and concern.

The vehicle is to be operated only by uniformed employees cleared by the Operations Coordinator and EMS Manager

The vehicle should remain locked at all times, except while on an alarm.

It is the responsibility of each employee to maintain vehicle readiness.

When not in use, the vehicle should be parked in an approved parking location, locked and the keys returned to the key rack.

The ancillary vehicles should be driven Emergency Traffic to Priority 1 alarms at the provider's discretion. Sound judgment should be used to minimize the instances where Emergency Traffic is utilized. Ancillary vehicles will be driven non-emergency to all Priority 3 and Priority 2 calls. Providers may respond Emergency Traffic to priority 2 alarms when they are closer than the responding ambulance or when requested to upgrade by the on-scene/en-route unit. If responding from outside TAMU EMS territory, the provider shall respond non-emergency if not clearly the closest unit.

Once the first TAMU EMS vehicle is on-scene, all other responding units may be directed to downgrade at the discretion of the first personnel on scene.

Approved Ancillary Vehicles may also be used to shuttle personnel and equipment to standby events. In these situations, the vehicle should **NEVER** be driven emergency traffic. If an emergency is encountered while en-route to a standby, the provider should notify TAMU EMS Dispatch and render aid, in accordance with Policy 8.10.

Employees should make every effort to ensure that they utilize all vehicles appropriately.

Policy: 8.5
Category: Vehicle Operations

PERSONALLY OWNED VEHICLES

Occasionally, it may be necessary to use Personally Owned Vehicles (POV's) to shuttle equipment and personnel to and from standby events. Though these vehicles do not say Texas A&M EMS on the side, they may still be associated with it, and thus should be driven responsibly.

Under no circumstances should any Personally Owned Vehicles be driven Emergency Traffic. The use of emergency warning devices, such as sirens or lights is strictly prohibited.

Personally Owned Vehicles may **never** be used to transport patients. In the event that a patient does require transport, EMS Communications should be contacted to dispatch an ambulance.

All occupants should wear seat belts at all times the vehicle is in motion. Under no circumstances should anyone ride in the bed of a truck. All personnel and equipment should fit safely and comfortably within the vehicle.

While in possession of EMS equipment, all doors should remain locked and vehicles secured. Any theft should be reported to the Administrator on Duty immediately.

If involved in an accident while on duty, EMS Communications and the Administrator on Duty should be notified immediately. If able, personnel should render aid until the arrival of responding units.

Policy: 8.6
Category: Vehicle Operations

BACKING POLICY

Backing is the responsibility of all crewmembers assigned to an emergency vehicle.

The following guidelines shall be followed when backing a vehicle:

1. Vehicles that do not have full 360 degrees of visibility require a backer. The driver shall perform a walk around the unit to ensure that all compartment doors are secured. During the walk around, it shall also be the driver's responsibility to evaluate potential hazards (apparatus, fire personnel, etc.) to the rear, above, and below the vehicle prior to backing. While performing a walk around the driver and backer shall agree on a path the driver will be taking. If no backer is available, the driver shall perform a 360 degree walk around the unit to look for obstructions

2. The backer shall position themselves at the driver's side rear corner of the vehicle, approximately ten feet from the rear bumper using hand signals to direct the driver while backing. The backer shall never position themself between an obstacle and the vehicle when backing. If a patient is present, the provider should remain at the patient's side. The driver should consider pulling forward into the patient loading and off loading area of the hospital's emergency department, or the provider should watch out the back windows and direct that driver in this manner.

3. It is acceptable to have qualified personnel direct the driver while backing, such as other responders, fire department personnel, or police department officers. It shall be the driver's responsibility to insure that both driver and backer agree on a path and on appropriate hand signals prior to backing. This should eliminate any confusion.

4. While backing the ambulance at night, the backer shall use a flashlight to make sure the driver can see the backer at all times. If the driver cannot see the backer, the driver should stop the vehicle until the backer makes himself visible. If the patient is unstable, the provider is unable to assist with backing, and there are no qualified emergency personnel, it is especially important for the driver to note potential hazards during the walk around. Once the driver is certain of his/her path, the driver should proceed slowly reassuring his/her progress.

5. Violations of any TAMU EMS safety standard can be grounds for disciplinary action, up to and including, termination.

Policy: 8.7
Category: Vehicle Operations

VEHICLE PLACEMENT AND SCENE LIGHTING

When responding to an incident, the TAMU EMS vehicles should be placed as near as possible to the patient. The following guidelines should be followed regarding vehicle placement and scene lighting:

1. TAMU EMS vehicles should not be operated on grass, except in emergent situations.
2. TAMU EMS vehicles should be placed to protect the patient and TAMU EMS personnel while at accident scenes and provide adequate warning for other automobiles.
3. When parked in the street on emergency alarms, TAMU EMS ambulances will utilize all emergency lights.
4. When parked off-road, TAMU EMS ambulances will, at a minimum, have the primary emergency lights on.
5. Providers will use their discretion on the placement and scene lighting of the any ancillary vehicle.

Policy: 8.8
Category: Vehicle Operations

UNIT SECURITY

Vehicle doors will remain locked when ambulances and other department vehicles are unattended, this includes while at the station. All exterior doors and compartments of out-of-service units must be locked.

Employees must immediately report to the Administrator On-Duty, or their delegate, when the keys to a TAMU EMS vehicle have been lost or its contents stolen.

The crew will lock the cab doors, the curb side door, and the rear doors. The driver will also be responsible for engaging the parking break anytime the unit is parked with the engine running. This will allow the high idle to charge the unit if equipped, and prevent the unit from causing a preventable accident if the unit is inadvertently placed out of the park position.

Avoid leaving the engine and generator running when not necessary. Turn units off when posting, out at hospital, out for meals, etc. The generator should be turned off when it does not need to be running in order to maintain the patient compartment temperature while the crew is not inside the ambulance. It is appropriate to leave the generator running while the crew is in the ambulance and when it is in motion.

Both crew members will carry an extra key to the cab and patient compartment doors to allow unrestricted entry to all doors and compartments by both crew members.

Any employee not adhering to these standards can face disciplinary action up to and including termination.

Units parked outside the station will be locked according to the above stated policy

Policy: 8.9
Category: Vehicle Operations

VEHICLE AND EQUIPMENT CLEANING AFTER PATIENT USE

After patient use, the unit shall be cleaned, organized, and restocked up to the standards set forth by TAMU EMS protocols. This allows for the expedient and sanitary response of the next emergency run. If a long decontamination process is expected (greater than 20 min), the dispatcher shall be informed.

Infection Control:

All personnel shall be in acceptable infection isolation precautions while performing clean up of the unit. Gloves shall be worn at a minimum when cleaning the unit or equipment. If there is a chance of airborne pathogen, (TB, etc.) or after transporting a high-risk patient, it is highly recommended that a HEPA mask be worn through the decontamination. For severe trauma patients or runs where there is a considerable amount of blood in the unit, a gown shall be worn for the provider's protection.

Bio wastes and grossly contaminated items:

The non-biohazard trash may be emptied at the trash receptacle of the receiving facility or the trash dumpster of the Health Center. RED BIOHAZARD BAGS must be disposed of in an appropriate Biohazard container. You may dispose of full biohazard bags in appropriate biohazard containers at the receiving facilities. SHARPS CONTAINERS must be sealed and shall only be placed in the biohazard bin in the basement of the Health Center in the lab. SHARPS CONTAINERS shall NOT be disposed of at facilities.

Grossly contaminated non-disposable equipment that cannot be cleaned by the on-duty crew shall be placed in a separate red bag, labeled where the contamination is, and placed in the EMS supply room. Replacement of equipment shall be restocked if available. The Administrator On-Duty, or their delegate, shall be informed immediately so that they may notify the Equipment Coordinator of the incident. The Equipment Coordinator will be responsible for returning equipment to usable condition or for disposing of equipment.

Equipment cleaning after patient use:

All disposable items that are used on a patient shall be properly disposed of after use. Examples of disposable items include, but are not limited to:

1. Oxygen masks, nasal canullas, and all plastic airway adjuncts
2. Personnel Protection Equipment
3. All IV administration materials
4. Spinal immobilization head blocks and collars

All non-disposable equipment shall be cleaned in a 10% bleach-water solution and a clean towel. For bloodstains, soak the area with the solution for two minutes before attempting to clean. This will allow proper disinfecting of the area.

Vehicle cleaning after patient use:

After patient use, contaminated areas of the unit shall be cleaned with a TAMU EMS MSDS registered disinfectant cleaner on board the unit. The seats, floor, and shelves shall be lightly coated with the cleaner, allowed to sit for about 2 minutes, and then wiped dry. This will allow proper disinfecting of the area.

If the floor of the unit is soiled with dirt, mud, etc., the unit shall be swept and mopped clean. All bodily fluids (blood, vomit, urine, etc.) shall be cleaned BEFORE sweeping the unit so as to not get fluids onto the broom. For airborne pathogen/high-risk patients (i.e. possible or confirmed TB, Meningitis, Influenza, SARS, etc.) the unit shall be ventilated for approx. 10 minutes with doors open with the AC on. After this time, the AC filter shall be disposed of and replaced. Replacement filters are located in the supply closet. For calls in which the ambulance itself gets dirty, the unit shall be washed at the Health Center.

ENCOUNTERING EMERGENCIES

TAMU EMS has a duty to act when confronted with any emergency scene encountered within its territory and surrounding area.

The following guidelines should be followed if an employee encounters an emergency while "on the air".

- Incidents with no injuries should be reported to the EMS Communications if creating a hazard.
- Major accidents or incidents with obvious illnesses or injuries should be reported to EMS Communications. The crew should stop and assess, treat and/or transport as necessary.

The following guidelines should be followed if an employee encounters an emergency while responding to a call or to a hospital:

- Incidents with no injuries should be reported to EMS Communications if creating a hazard.
- Major accidents or incidents with obvious illnesses or injuries should be reported to EMS Communications.
- The dispatcher should determine whether the unit should proceed to the original call or be assigned to the new incident.
- If transporting a non-urgent/non-critical patient, stop and assess the scene for injuries.
- At least one crew-member should stay with the initial patient in the ambulance.
- If transporting an urgent/critical patient, contact EMS Communications and advise of the incident, but do not stop and assess.

The following guidelines should be followed if an employee encounters an emergency in a neighboring service area:

- Notify EMS Communications of the incident and have the appropriate service respond.
- Stop and render aid
- Await the arrival of the appropriate unit
- TAMU EMS will transport patients if asked to do so by representatives of the agency assigned to that territory. All patient care provided by TAMU EMS personnel should adhere to the Standing Delegated Orders and Guidelines provided by the TAMU Medical Director.

FLEET ACCIDENTS

Any time an accident occurs, including minor and major accidents, the following guidelines will be followed:

1. All accidents involving TAMU EMS vehicles must be reported immediately to EMS Communications and the Administrator On-Duty, or their delegate, the situation assessed by law enforcement and other back-up requested, as needed. Collisions or accidents will be reviewed in order to determine the preventability of the accident according to Emergency Vehicle Operator's Course (EVOC) standards and to prevent future accidents. The University Police Department will be notified regarding all TAMU EMS vehicles involved in accidents on Texas A&M University property. The appropriate police agencies will be notified of accidents outside of Texas A&M University property.

2. The Administrator On-Duty, or their delegate, will advise Communications to notify the EMS Manager and Operations Coordinator.

3. If it is a major accident, the Administrator On-Duty, or their delegate, will respond to the scene without delay. The Administrator On-Duty, or their delegate, will be responsible for the well being of the crew, serve as the interagency liaison, and assist or direct in the recovery of the ambulance, equipment, and supplies from the scene.

4. The EMS Manager will be notified by the Administrator On-Duty, or their delegate.

5. The driver involved in any major accident will be immediately suspended from duty until the ensuing investigation is complete. This investigation will not exceed three days. If the driver is found at fault, appropriate action will be taken. All EMS vehicular accidents will be reviewed. The driver involved in an accident will have the opportunity to submit a written statement in addition to any Incident Reports filed.

6. A written report from the driver of the vehicle will be submitted to the Operations Coordinator **within 24 hours**. A separate written report from each crew member telling what they saw and/or heard will also be submitted to the Operations Coordinator. The Operations Coordinator will forward these reports to the EMS Manager.

7. TAMU EMS personnel involved in a collision while on duty will not make any statements regarding responsibility to the investigating officer or anyone else at the scene. The only person that the information will be discussed with is the Operations Coordinator and EMS Manager.

8. All TAMU EMS personnel will document any injuries received during or from the accident.

9. The appropriate critical incident response team member, Operations Coordinator, or EMS Manager is responsible for notification of family members if TAMU EMS employees are injured or killed as a result of the accident.

The following guidelines will be followed for accidents involving TAMU EMS vehicles en-route to emergency calls:

1. Immediately stop to assess the damage to the vehicle and check for injuries.

2. If there are injuries, notify EMS Communications so that appropriate units may be sent to the initial call and to the current location if TAMU EMS will be unable render care or transport. Remain on scene for the arrival of law enforcement and the Operations Coordinator or EMS Manager.

3. If there are injuries or if unable to continue due to damage, notify EMS Communications so that appropriate units may be sent to the accident location and to the initial call. Remain on the scene for the arrival of law enforcement and the Operations Coordinator or EMS Manager.

4. If there are no injuries incurred from the accident, notify EMS Communications to send an appropriate unit to the initial call. Remain on scene for the arrival of law enforcement and the Operations Coordinator or EMS Manager.

5. If no injuries are incurred, damage to the unit is negligible, and the vehicle can be operated safely, advise the other party(ies) involved to remain on the scene for the arrival of law enforcement, and then proceed to the initial call. Notify the Administrator on Duty, who will then notify the Operations Coordinator. If there is no response from the Administrator on Duty, the Operations Coordinator should be contacted directly by EMS Communications. After the completion of the call, check with EMS Communications as to whether or not to return to the scene of the accident.

6. The Operations Coordinator will notify the EMS Manager of the incident.

The following guidelines will be followed for TAMU EMS vehicles involved in accidents while en-route to local hospitals with a patient:

1. If the patient is stable and no injuries are incurred, stop and check the party(ies) involved for injuries. Make contact with EMS Communications with an appropriate scene size-up and advise of any injuries. The dispatcher will contact the appropriate law enforcement agency and Fire/EMS department if needed. The ambulance crew shall advise the other party(ies) involved that law enforcement is en route and then proceed to the hospital.

2. If the patient is unstable and no serious injuries are incurred, advise the other party(ies) involved that law enforcement and another EMS vehicle (if necessary) are en route, then proceed to the hospital.

3. In situations where the patient is stable and serious injuries are incurred, advise EMS Communications to send an additional EMS vehicle, remain on scene until that unit arrives, then proceed to the hospital.

4. In situations where the patient is an unstable patient and serious injuries are incurred, the crew should exercise their best judgment and request appropriate assistance from EMS Communications or the Administrator on Duty.

VEHICLE MAINTENANCE

All EMS vehicles will be kept in the best possible condition. This will be accomplished through regular unit checks on shift, regular preventative maintenance, and repairs as needed.

The Equipment Coordinator is responsible for the operational status of all TAMU EMS vehicles.

Maintenance

All TAMU EMS vehicle maintenance will be performed by the TAMU Transportation Center. The Transportation Center is responsible for scheduling and tracking all preventative maintenance, repairs, etc. Vehicle maintenance will be scheduled in advance, except in situations where emergency repairs are needed.

Unit Checks

On duty EMS crews will be responsible for completing the mechanical portion of the unit check sheet. The Equipment Coordinator will be responsible for checking all other items not included in the daily unit check sheet. If TAMU EMS crews find any problems during a unit check, they must notify the Administrator On-Duty, or their delegate, of such as soon as possible.

Policy: 8.13
Category: Vehicle Operations

EQUIPMENT INSPECTION AND MAINTENANCE

The vehicles in the TAMU EMS fleet are highly rugged pieces of engineering and are subject to high stresses when used. Due to this fact, preventive maintenance and regular inspection are required to keep the vehicle in operation.

Vehicle Inspections:

The on duty crew is responsible for inspecting the engine compartment and generator. The crew shall check the following:

1. Engine oil is of proper level (with cold engine)
2. Generator oil is of proper level if equipped
3. Cooling fluid is of proper level and is green in color (with cold engine)
4. Engine belt is tight to pull
5. Windshield washer fluid is of proper level
6. Transmission Fluid is of proper level (after engine has idled for 5 mins)
7. Headlights, signal lights, clearance lights, back up lamps.
8. Emergency lights
9. Sirens

If any item is not in compliance, the Administrator On-Duty, or their delegate, shall be notified and proper action shall be taken. If the situation warrants, the Administrator On-Duty, or their delegate, shall notify the Equipment Coordinator so that they may rectify the situation.

Vehicle maintenance and repairs:

The vehicles in the TAMU EMS fleet are to be maintained and repaired at TAMU Transportation Center (TAMU TC). At no time shall major repairs be made by TAMU EMS personnel. All major repairs that involve the engine, drive train, transmission, air-ride suspension, breaks, and electronics are to be made at TAMU TC.

To report a problem, a written incident report must be completed that describes the problem that a particular vehicle is experiencing. This incident report shall be placed in the Equipment Coordinator's box.

TAMU TC keeps records on when each vehicle is due for Preventive Maintenance (PM) and is responsible for contacting TAMU EMS to notify that a vehicle is nearing PM. As each vehicle reaches its time to have PM done, the EMS Manager shall coordinate with scheduling to allow each vehicle to be sent to TAMU TC while keeping one in service unit at station.

Equipment maintenance and repairs:

TAMU EMS Equipment Coordinator is responsible for the purchasing of equipment used on the units. It is the responsibility of the on duty crew to notify the Administrator On-Duty, or their delegate, of defective equipment so that the Administrator On-Duty, or their delegate, will notify the Equipment Coordinator. It is the responsibility of the Equipment Coordinator to coordinate repair of equipment.

Policy: 8.13
Category: Vehicle Operations

The on duty crew shall conduct an inspection of all capital equipment on the units including stretcher, stair chair, suction units, oxygen system, glucometer, etc. Any problems shall be reported to the Administrator On-Duty, or their delegate, who will notify the Equipment Coordinator.

Policy: 8.14
Category: Vehicle Operations

UNIT CHECK-OFF AND INVENTORY

Each employee is responsible for the care, accountability, and cleaning of all equipment on the unit and in the station. Care includes daily inventory and inspection of all equipment to ensure it is available for use and proper functioning when needed, securing all equipment from unauthorized access or use, and maintaining a working knowledge of all equipment. Investigation of lost or missing equipment determined to be the result of negligence can result in disciplinary action, up to and including termination.

The duty crew is responsible for completely checking off the primary and secondary unit each day. Standby Event Medics should do the same for their respective facilities. To assist the on-coming crew, the off-going crew is responsible for the restocking of the unit after every call and the cleanliness of the unit and all equipment. Turning an under stocked or dirty unit over to an on-coming crew can result in disciplinary action, up to and including termination.

All equipment should be cleaned after each use following the sanitation procedures in this manual. Monitor/defibrillator batteries will be rotated for deep discharge on a regular schedule. The batteries should be left on the charger only long enough to obtain a full charge.

Monthly Check-Off

Every vehicle and standby facility is to be checked for expiring/missing drugs and supplies by the last day of each month by the on duty crew. The reserve ambulance and ancillary vehicles should be completed the day before the end of the month, while the in-service ambulance should be checked on the last day of the month. This includes vehicles 2206, 7055, and 7056, as well as any ancillary units. Drugs that are expired or soon to expire shall be reported to the Equipment Coordinator. Expired medications should not be pulled from the units until replacements are available.

Policy: 8.15
Category: Vehicle Operations

SUPPLIES AND MEDICATIONS

All in-storage equipment and supplies will be stored in a locked supply room, which providers will have access to. The in-storage controlled substances will be stored in Knox Boxes, with the Operations Coordinator, EMS Manager, and Equipment Coordinator. Access to in-storage controlled substances will require one of the above, and any on-duty crew member who has access to controlled substances in the unit.

Refer to Policy 8.16 for replacement of Narcotics and Controlled Substances.

The crew will procure equipment after each call and once the crew gets back to the station. The In-Charge will be be responsible for vehicle readiness at all times, including have a stocked unit.

All drugs will be stored at the drug manufacturer's desired temperature. The ambulance will be plugged into the shoreline at all times the ambulance is at station and not running. The temperature control in the patient compartment will be set to a normal room temperature at all times.

All usage of medication will be documented on the patient run reports and the In-Charge will ensure proper medication levels are maintained.

All medications and supplies in the ambulances, ancillary units, and supply room will be checked for expiration on the last day every month to check expiration dates for the upcoming month. Meds or equipment will not be pulled if restock is not available. All expired drugs will go into the expired drug box in the supply room.

If the medication or supply par level falls below acceptable limits, the Administrator On-Duty, or their delegate, will be notified.

Medications should be ordered at least 3 months prior to the expiration date of the medication in stock.

Policy: 8.16
Category: Vehicle Operations

NARCOTIC / CONTROLLED SUBSTANCE POLICY

The In-Charge Paramedic responsible for the vehicle is also responsible for the accountability of issued narcotics. It is required that anytime the In-Charge Paramedic on the unit changes, the off going In-Charge Paramedic must sign the narcotics out. At the same time, the oncoming In-Charge Paramedic is required to sign for the narcotics and verify the records are accurate and all the drugs are accounted for. This formal exchange requires that both employees go to the ambulance and account for the medications found by signing for them, which must be done face-to-face.

Peak and Special Event Units
TAMU EMS employees assigned to a Peak Unit (In-Charge and Attendant) or covering a Special Event (refer to SDO CG 12), when a face-to-face exchange of the controlled medications with an off-going crew is not practical, the controlled medications should be counted with their partner and both employee signatures should be in the "oncoming" space. At the end of shift this process should be repeated as the "off-going" crew and the controlled medications should be secured.

Administration and Replacement of Controlled Medications
Controlled medications are administered only after a person with appropriate medical authorization has ensured that the patient meets criteria as outlined in the specific SDOs. Paramedic students are allowed to administer controlled medications and other medications under the direction of their preceptor.

After administration of a controlled medication, the Paramedic administering the medication should complete the appropriate fields of a Controlled Substance Usage and Tracking Form. Controlled medications **will not** be replaced without complete and accurate documentation of usage. Only TAMU EMS employees should witness the disposal of any unused controlled medication and their name and signature should be documented on the replacement form. If the controlled medication was administered by a student, the preceptor should complete the top portion of the replacement form and have his/her partner witness the waste of controlled medications that were not administered to the patient. Contact the Administrator On-Duty, or their delegate, if required to maintain service level.

Controlled medication should not be replaced by the Operations Coordinator, EMS Manager, or Equipment Coordinator if they are an on-duty crew member when the controlled substance was used. An exception can be made in the event that the unit is out or in low stock of a controlled medication, but will require the approval of the Operations Coordinator and EMS Manager.

The completed usage and tracking form should remain with the controlled medications until replaced.

Expired Controlled Medications
All medications should be checked frequently for expiration dates and may be administered through the end of a month (e.g. expires 6/07), unless the expiration date specifies the day of the month (e.g. 6/20/07). If possible, medications nearing their expiration date should be administered first in appropriate situations as controlled medication cannot be returned or exchanged. The Operations Coordinator, EMS Manager, or Equipment Coordinator should be contacted for replacement before the medication expires. Units with expired medications may result in disciplinary action, up to and including termination, for all Paramedics who have been responsible for maintaining the chain of custody for the controlled medication.

MEDICATIONS / DRUG KITS

The following policies and procedures will be followed in regards to TAMU EMS medications:

1. During every In-Charge shift change, the oncoming and off going In-Charge will sign the controlled medications form.

2. Before the beginning of each month, the crew will conduct a drug check of all kits and the replacement drug supply, noting expiration dates and whether replacements need ordering. Refer to Policy 8.15.

3. Drugs on climate controlled ambulances can remain on the ambulance at all times as long as they remain secure and a constant temperature is maintained. To maintain a constant temperature, the heater or air conditioner will remain on at all times.

4. Drugs will be removed from the units anytime a temperature cannot be maintained within the manufacturer's recommendations and will be stored in the supply room.

The following policies and procedures must be followed for all Controlled Medications that TAMU EMS carries:

1. Controlled Substances must be ordered by the Medical Director.

2. Must be kept in a double-locked cabinet.

3. Shall be stored in the narcotic Knox Box on the ambulance.

4. In case of waste, whether full or partial, two providers must sign narcotic sheet. The amount given and amount wasted in units (mcg, mg, etc.) and volume (mL) should be recorded on the Controlled Medication Usage and Tracking Form.

When ordering Controlled Substances, follow these procedures:

1. Obtain a DEA Form 222 and have the Medical Director place the drug order.

2. A copy of the DEA Form 222 shall be filed with a list of all narcotics individually numbered for a period of no less than five (5) years.

Policy: 8.18
Category: Vehicle Operations

SAFETY APPAREL AND ROADWAY INCIDENTS

In accordance with Federal Highway Administration Rule 23 F.R.R Part 634, all personnel operation on a TAMU EMS Unit will be require to wear the department issued ANSI Class II or above hi-visibility safety vest when operation on or immediately adjacent to any roadway. The department issued ANSI compliant rain jackets are an acceptable alternative.

There shall be a minimum of four ANSI Class II or above hi-visibility vests on each in-service ambulance and a minimum of two vests in any ancillary vehicles.

Transport Procedures

Section 9

Policy: 9.1
Category: Transport Procedures

EMERGENCY TRAFFIC

TAMU EMS uses a priority dispatch system to reduce the number of Emergency Traffic responses. However, when Emergency Traffic is used, the following guidelines will be followed:

1. There will be two types of response driving:
    a. **Priority 1 & Priority 2: Emergency** – calls will be run with all emergency lights and continuous sirens.
    b. **Priority 3: Non-Emergency** – calls will be run using headlights only.
2. First unit on scene may downgrade or upgrade incoming units if appropriate.
3. Ancillary vehicles can be operated Emergency Traffic on Priority 1 responses or any time the providers feel it prudent to do so.
4. All vehicles will be operated at a safe and reasonable speed at all times with due regard to the safety of others. The vehicles should not exceed ten (10) mph of speed over the posted speed limit in any situation. Additionally, no TAMU EMS vehicle shall exceed 35 mph in the Northgate area of University Drive at any time. All vehicles will follow the speed limit posted in active school zones, regardless of priority. Refer to Policy 8.3 for Vehicle Operations.
5. The vehicles shall come to a complete stop at all red lights and stop signs, and after the right-of-way has been granted, will proceed slowly through the intersection.
6. There will be **only** two types of traffic to the local hospitals:
    a. Priority 1: Emergency Traffic
    b. Priority 3: Non-Emergency Traffic

PATIENT STATUS DETERMINATION

Patient status updates allow for the prioritization of the patient's clinical status. When crews update the patient status, it signifies that the crew has recognized the urgency of their patient. Additionally, it allows supervisory, and dispatch personnel, as well as receiving facilities, to react accordingly.

Patient status should be report to EMS Communications as soon as the crew arrives on scene and determines the status of the patient. Additionally, any change in patient status should be voiced over the radio to EMS communications.

1. Priority 1 (Critical)
    a. Critically ill or injured patient (immediately life-threatening illness or injury) needing immediate intervention
    b. Examples might include:
        a) Cardiac arrest or post cardiac arrest
        b) Head injury with GCS < 8
        c) Penetrating trauma to the head, neck, chest or abdomen

2. Priority 2 (Urgent)
    c. Potentially life-threatening illness or injury
    d. Examples might include:
        a) GCS 8 – 12
        b) Altered level of consciousness
        c) Status epilepticus
        d) Unresponsive patient
        e) Unstable vital signs and/or clinical signs of shock

3. Priority 3 (Stable)
    e. Non-urgent condition which may require medical attention, but not immediate treatment
    f. Examples might include:
        a) GCS 13 – 15
        b) Stable vital signs
        c) Minor injuries
        d) Hemodynamically stable chest pain with no evidence of ischemia

Policy: 9.3
Category: Transport Procedures

PATIENT FAMILY MEMBERS AS RIDERS

All EMS calls should be regarded as true emergencies, with patient care being the single most important factor.

Family members or friends riding to the hospital in the ambulance are discouraged because they tend to place the medical staff in the position of sharing attention with the patient. These distractions of assuring family members or friends of the patient's condition, injuries and treatment given can present a significant problem to the EMS caregiver. Attentiveness toward the patient's chief complaint, injuries, vital signs, stabilization and psychological support can be critically compromised by these distractions.

However, it is recognized that occasionally there will be exceptional cases in which the EMS crew may decide that it is necessary to have a family member or friend accompany them in the ambulance. In such cases, the following guidelines should be used:

1. Requests by friend or family of the patient to accompany them to the hospital are left to the discretion of the crew.

2. Only one friend or family member may be allowed to ride.

3. They ride in the driver's compartment of the unit, unless the patient is a minor and the parents have a calming effect on the child, or the parents are needed for translation.

4. Seat belts and door locks will be used.

5. The emotional state of the passenger should be such that it will not interfere with the treatment of the patient.

The only exception to the above guidelines is if the patient is a child and both parents request to accompany him/her. In this case, one parent may ride in the treatment compartment (exact location is at the discretion of the medic attending the patient to the hospital) and the other in the driver's compartment.

The reason for allowing the rider as well as his or her name and relation should be documented in writing.

Policy: 9.4
Category: Transport Procedures

HOSPITAL COMMUNICATIONS

The Medic that is treating the patient is responsible for contacting the receiving facility as soon as possible prior to arrival. The following methods of communication are listed by priority:

1. Radio
2. Phone
3. TAMU EMS Communications (Dispatch)

Reports to the Student Health Services shall be given via the cellular phone. The phone numbers are programmed in the speed dials. EMS Communications is to be used as a secondary means.

Reports to College Station Medical Center should be given by the 700 MHz Radio. The channel is programmed under Bank H. EMS Communications or cell phone is to be used as a secondary means.

Reports to St. Joseph's Regional Hospital as well as Scott & White Hospital should be given by cell phone. The phone numbers are programmed in the speed dials. EMS Communications or the 700 MHz Radio is to be used as a secondary means.

Policy: 9.5
Category: Transport Procedures

HOSPITAL PROCEDURES

Upon arriving at the receiving facility, patient information concerning critical patients should be communicated directly to the receiving emergency physician or their designee. Every effort will be made to leave proper documentation for the patient's chart. If it is not possible to speak directly to the physician, personnel should attempt to give a complete report to the nurse caring for the patient. Complete the appropriate documentation, clean and restock the unit, and return to service as soon as possible after completing the call.

More specific procedures are as follows:

1. The provider attending to the patient will remain with the patient until a report is given to the receiving nurse or physician. As soon as the patient has been moved from the stretcher to the ER bed and a report has been given to the receiving nurse or physician, the crew shall call "Patient Released" on the radio to EMS Communications.

2. The ambulance is to be cleaned and restocked in accordance with the TAMU EMS Infection Control Policy as needed after each call. If the unit and equipment need extensive cleaning, it may be for the best for all crewmembers to begin clean up.

3. If any equipment is left at the hospital, notify the Administrator On-Duty, or their delegate.

4. Obtain signatures from patient and accepting healthcare worker (nurse, physician) before leaving the hospital unless dispatched to another alarm.

5. Advise EMS Communications by radio or MDT as soon as the unit is available for calls, even if documentation has not been completed.

6. Upon return to the station, all documentation should be completed, synced, and locked.

PATIENT VALUABLES

The procedure for the handling of patient valuables is as follows:

1. When the patient is conscious and coherent, the handling of valuables is discouraged.

2. If contact with patient valuables (purse, wallet, etc.) are necessary (i.e. to search for medication or identification) it should be done in the presence of at least one witness from outside of TAMU EMS, such as a law enforcement officer or other emergency personnel and documented.

3. If removal of patient valuables is justified by a need to reduce possible injury (i.e. rings to injured fingers), this should be witnessed by a law enforcement officer or other emergency personnel and the jewelry placed or taped to a safe location on the patient or bagged and placed in a safe location.

4. Prior to transport, firearms or any prohibited weapons should be secured by law enforcement. Firearms or prohibited weapons may be secured in the patient's residence or locked vehicle if needed, but law enforcement must be notified and have ultimate authority concerning storage. In case of extreme circumstances or extended delays by local authorities, these weapons may be secured in a locked, external compartment of the ambulance; in these situations, law enforcement must take possession at the receiving facility. Under no circumstances should a firearm or prohibited weapon be brought inside of a hospital, clinic, or other prohibited location. Providers should thoroughly document the weapon's storage, including agency, specific location, and names of all involved parties.

5. In all instances when valuables are handled, the description of the valuables and the identity of the witnesses should be clearly documented in the patient care report.

Policy: 9.7
Category: Transport Procedures

UNIT STATUS POLICY

The crews should update EMS Communications on their current availability. Such examples include, but are not limited to: In Service, Out of Service, Available on Radio, and Partially available. They may also choose to update their posting location or status via MDT.

The term "Available on Radio" (AOR) shall be used whenever the unit is out of the station but still available.

Crews will be free to go Available on Radio any place in territory, but shall let the dispatcher know where they are going before leaving Student Health Services.

Policy: 9.8
Category: Transport Procedures

DOCUMENTATION GUIDELINES

The following policies are in reference to patient care report documentation.

1. TAMU EMS documentation shall include, but not be limited to: patient care reports (PCRs), insurance verification, incident report, Student Health Services paperwork, infection control, continuous quality improvement, and continuing education paperwork.

2. Patient Care Reports MUST be completed using ESO. All other EMS documentation shall be completed in black ink and be written legibly if not completed using a computer, and scanned into ESO.

3. All documentation should be filled out in its entirety with no blank spaces. All mistakes should have one line drawn through them and be initialed.

4. All documentation will be completed **by the end of the shift**. All documents should be completed, synced, and locked immediately following the call or incident so that they may be turned over to other agencies or authorities. In the event that a provider is unable to finish the required documentation by the end of their shift, they must contact the Administrator On-Duty, or their delegate, and explain why it is incomplete and their plan to complete the required documentation.

5. Personnel not having their documentation in by the end of the shift may be subject to disciplinary actions, up to and including termination.

CONFIDENTIAL INFORMATION

Healthcare professionals have an important ethical and legal duty to guard and respect the confidential nature of the information conveyed during patient contact. All personnel implicitly promise to preserve patient confidentiality.

Under the *Tex. Health § Safety Code Ann. § 773.091(g)*, the following items are not considered confidential information and may be disclosed:

- Information regarding the presence, nature of injury or
- Illness
- Age
- Sex
- Occupation
- City of residence of a patient

Confidentiality is not absolute. Confidential patient information may be disclosed when patients or their legal guardians agree to the disclosure, when mandated by law, or when there exist compelling or overriding ground for the disclosure, such as prevention of substantial harm to identifiable other persons. See *Tex. Health & Safety Code Ann. § 773.091095.*

Employees may be questioned about past responses by law enforcement, attorneys, insurance agencies, or other agencies. When this occurs, those persons should be directed to the Administrator On-Duty, or their delegate. Patient Care Reports are confidential and can generally only be released by a subpoena.

No one is permitted to remove or make copies of any TAMU EMS records, reports, or documents without prior approval by the EMS Manager.

Personnel should refrain from speculating on a patient's diagnosis or prognosis. You should not discuss your speculations with or around the patient, family, bystanders or the media.

Disclosure of confidential patient information is a serious transgression, and in some cases is considered a criminal offense. Employees that violate patient confidentiality will be called upon to justify their actions and may be subject to disciplinary action up to and including termination.

PUBLIC RELATIONS

Each employee is responsible for promoting a favorable impression of the department to the visitors and patients we may see daily. Patients and visitors may not understand the complexity of care that is provided, but they will understand the courtesy, kindness, and compassion demonstrated by TAMU EMS employees.

Because of the widespread impact of what is printed or broadcasted, all contacts with the media (newspaper, radio, or television) should be directed to the Administrator On-Duty, or their delegate.

Disclosure of any confidential information or any information that could cause negative public relations will be considered cause for immediate dismissal. When an employee is in doubt about releasing information, please consult the Administrator On-Duty, or their delegate.

Employees who receive a request for demonstration or speaker should obtain the name and telephone number of the caller, the nature and date of the event. The information should be forwarded to the EMS Manager who will then consult with the Operations Coordinator regarding event scheduling. Any issues or concerns regarding public relation events should be brought to the attention of the Operations Coordinator or Assistant Operations Coordinator.

During Events:

TAMU EMS employees' attention should be directed to the members of the public. You should be the first to greet them when they approach and show an interest in our organization.

TAMU EMS employees should be highly conscious of their speech and behavior while in public. A TAMU EMS employee should not smoke or use other tobacco products while engaged in any event. A TAMU EMS employee should not use vulgar language, slang, or act loud or boisterous.

It is inappropriate to discuss patient information and operational issues during events.

The contact with TAMU EMS might be the only contact the citizen has, so make it a good one. Members of the public are usually genuinely interested in what TAMU EMS does and love to hear about it.

Policy: 9.11
Category: Transport Procedures

MEDIA RELATIONS

The following guidelines will be followed for the request of any medical or call related information:

1. No personnel shall publicize or release confidential information (Refer to Policy 9.9).

2. Non-confidential call related information which may be released to the Media, Resident Advisors, and Resident Directors includes only the following:

    a. Location of the call.

    b. Hospital to which the patient was transported.

    c. General condition (stable/unstable) of the patient as call was received.

3. Caution should be exercised to **NOT** disclose the following:

    d. Information concerning the patient, including assessment of injuries and treatment given.

    e. Information prejudicial to law enforcement investigations.

    f. Information not based on fact.

    g. Information which might be an invasion of privacy, such as a suicide, overdose (OD) psychiatric, etc.

    In cases of death, Medical Examiners will have to give the exact cause.

The following guidelines will be followed for request for media interviews:

1. Personnel shall refer requests for Media interviews to the Administrator On-Duty, or their delegate. In the event that the Administrator on Duty is not on-scene or immediately available, ask for the media representative's name and telephone number. Advise the representative that a TAMU EMS representative will return the request as soon as possible.

The following guidelines will apply to all written materials concerning TAMU EMS:

1. Any articles, advertisements, or other written materials developed for publication in local, state, national or international publications on any matter of this EMS service, or referencing this EMS service directly or indirectly must have the approval of <u>both</u> the Operations Coordinator and the EMS Manager.

2. Written articles should be submitted to the Operations Coordinator <u>and</u> EMS Manager for editing, review, and approval prior to submission to the Media.

Policy: 9.12
Category: Transport Procedures

A.P. BEUTEL HEALTH CENTER TRANSFER POLICY

When called to A.P. Beutel Student Health Center because assessment has already been made by a physician that transport is necessary, it is the duty of the EMS provider to transport the patient. The determination for EMS transport constitutes a Medical Decision made by the transferring physician and constitutes a medical order. EMS personnel are under no obligation to volunteer other transportation alternatives to the patient, and should avoid do so.

If the patient spontaneously states that they do not want to be transported prior to the initiation of transport, the transferring physician must be notified immediately and TAMU EMS personnel may not leave until that physician has made a decision how to proceed.

In cases where the patient states they do not want to be transported by EMS after transport has begun, the physician ordering transport must be notified immediately. The crew should educate and encourage the patient to continue transport until arriving at the receiving medical facility, even if they agree to sign a waiver of transport.

In all cases, if the initiating physician cannot be reached, the EMS Medical Director should be notified.

In cases where the patient transport involves a psychiatric or emotional evaluation, those refusing EMS transport cannot be released, waiver or not, until the physician is notified and has made a decision on how to proceed.

If on-scene medical personnel have certified the patient for transport, EMS need not perform a full assessment unless the originating medical personnel request it, or if there is an obvious overriding medical necessity. Packaging for transport should follow standard procedure unless the initiating physician gives other orders.

If EMS is called to A.P. Beutel for a patient who has not been evaluated by a physician (after hours, etc.), standard protocols will apply.

If EMS personnel have concerns about a physician's directive, the EMS Medical Director should be notified so that the matter can be resolved on a physician-to-physician basis as necessary.

Mutual Aid Policies

Section 10

ON-SCENE ROLES

The In-charge of the first EMS unit on the scene assumes overall control and direction of other crews.

1. "FILO" First in, last out.
2. Scene control may be taken over only by designated personnel with approved training and credentials.
3. NIMS ICS should be followed.

Other medical personnel on scene:

1. PHYSICIAN - In instances where a physician who is not the patient's personal physician appears on the scene and elects to direct the care of the patent, thus assuming medical control of the scene, the following guidelines should be used:
    a. The physician should identify him/herself and his/her specialty and present credentials to the EMS In-Charge.
    b. The physician then MUST accompany the patient to the hospital and fill out necessary documents, including patient run form. The signature should be complete and legible; the form dated and witnessed.
2. OTHER EMS - At times, individuals with EMS certification from outside an organization's service area will coincidentally be passing through the service area at the time of an emergency and will offer assistance. These individuals should not be allowed to participate in patient care before showing written verification that their certification is valid. Regardless of the certification level of these individuals, scene control will remain with the In-Charge of the first in crew.
    c. Persons with advanced certification will not be permitted to administer invasive treatment unless:
        i. Medical control, in direct voice contact, delegated such treatment.
        ii. The assisting medic can be identified as being on a list with permission to use local protocols. If this verification cannot be immediately obtained through communications or medical control, the assisting medic will function only at the direction of the scene control medic and will be allowed to operate only at a BLS level.
3. NURSES AND OTHER ALLIED HEALTH PERSONNEL – These persons are not trained in pre-hospital care and are not certified or licensed to administer it. Before allowing these persons to assist in patient care their certification/license should be verified. These individuals will be allowed to operate only at a BLS level based on the In-Charge's discretion.

Other emergency personnel on scene:

1. FIRE DEPARTMENT PERSONNEL are responsible for all fire suppression, hazard control and heavy extraction.
    a. In all rescue and extraction operations the role of EMS personnel will be to direct patient care and advise rescue teams on phases of the operation which might compromise the patient's condition. Unless specifically trained, EMS personnel will not direct the technical aspects of patient rescue.

2. LAW ENFORCEMENT OFFICERS are responsible for traffic control and control of disruptive bystanders.

    b. All EMS vehicles should be parked so as to be clearly visible and not presenting a further traffic hazard or obstruction.
    c. All accident scenes should be cleared as soon as possible so that traffic flow can resume and the probability of more accidents is minimized.

Other EMS services on scene:

1. These situations usually arise when the exact location of the emergency is unknown and two or more services are dispatched to the general area where the emergency is thought to be. In the following, it is assumed that all parties are acting in a good faith manner solely in the best interest of the patient.

2. When approaching the scene of an obvious emergency which is out of the prescribed jurisdictional service boundary, the crew should continue their response and initiate patient care as required by protocols.

    a. If a crew from the area of jurisdiction does not arrive prior to the point in patient care when transport is needed, the crew should transport to their usual medical facility.

    b. If a crew from the area of jurisdiction does arrive prior to patient transport, then both crews should negotiate further patient treatment and cooperatively determine transport destination based upon the patient's best interest (considering patient condition, BLS vs. ALS capabilities of the services, distance and capability of medical centers, etc.) If there is any delay or conflict in making these decisions, the Administrator On-Duty, or their delegate, should be contacted for assistance.

3. If a crew arrives at a scene within their jurisdiction and finds another service from outside that jurisdiction has already initiated patient care, the arriving crew should **not** attempt to take charge of patient care, but should expeditiously negotiate with the attending crew as to who will continue patient care and to what medical facility the patient will be transported. If delay or conflicts arise in making these decisions, contact the Administrator On-Duty, or their delegate, immediately.

FIRST RESPONDERS

First responders are a vital link in the emergency medical system. All individuals attempting to care for patients prior to EMS arrival shall be treated with professionalism and all attempts should be made to document and obtain their identity.

If an off-duty TAMU EMS employee is the first responder, they shall give the In-Charge a report on all information, injuries, and treatments, and leave the scene unless requested by the crew.

Off-duty EMS personnel shall not respond to any call without approval.

No off-duty TAMU EMS employee shall approach an emergency scene after ambulance arrival.

A non-TAMU EMS bystander/first responder SHALL NOT be asked to accompany the crew if an 811, Administrator, Paramedic, or other auxiliary personnel are available.

Policy: 10.3
Category: Mutual Aid Policies

MUTUAL AID POLICY

College Station Fire Department

1. In the event all College Station ambulances are out of service, CSFD can request assistance from TAMU EMS if a unit is available.

    a. All EMS response to the City of College Station will be conducted on the CSFD primary frequency, or other frequency if specified.

    b. TAMU EMS ambulance will operate through City of College Station Fire/Police Dispatch while providing mutual aid.

    c. TAMU EMS crews will provide radio or MDT updates to TAMU EMS Dispatch in addition to the City of College Station Fire/Police Dispatch.

2. In the event all TAMU EMS ambulances are out of service, TAMU EMS can request assistance from the City of College Station Fire/Police Dispatch, if a unit is available.

Bryan Fire Department

1. In the event all Bryan ambulances are out of service, BFD can request assistance from TAMU EMS if a unit is available.

    a. All EMS response to the City of Bryan will be conducted on the BFD primary frequency, or other specified channel such as CSFD 1.

    b. TAMU EMS ambulance will operate through Bryan Fire/Police Dispatch.

    c. TAMU EMS crews will provide radio or MDT updates to TAMU EMS Dispatch in addition to Bryan Fire/Police Dispatch.

2. In the event all TAMU EMS ambulances are out of service, TAMU EMS can request assistance form Bryan Fire/Police Dispatch, if a unit is available.

Policy: 10.4
Category: Mutual Aid Policies

MULTIPLE EMS AGENCIES ON SCENE

If TAMU EMS is dispatched and responds to a call that another agency has responded to, the following guidelines should be followed:

1. If the patient is definitely on TAMU property and TAMU EMS is first on scene, the crew should continue doing patient care and ask the second EMS agency for assistance if needed or advise them that you have the situation under control.

2. If the patient is on TAMU property and TAMU EMS is the second unit on scene, the In-Charge should make contact with the other agency's crew and ask them if they would like any help. If they wish to continue care, offer any assistance, then return to service and leave the scene. Immediately report such events to the Administrator On-Duty, or their delegate.

3. If TAMU EMS responds to a patient that turns out to be outside of TAMU EMS's jurisdiction and the appropriate agency arrives on scene, TAMU EMS should continue patient care until the other agency takes over the patient or offers help.

4. AT NO TIME shall there be any arguments or "claim-staking" done by TAMU EMS medics. If another agency is insistent upon taking over a patient, they should be allowed to do so in order to prevent any more "discussion" in front of a patient. Any contact with the other agency after the call should be done by or referred to the Administrator On-Duty, or their delegate.

5. Treatment and transport of the patient will never be compromised by TAMU EMS over territory disputes.

6. All crew members involved shall fill out an Incident Report any time one of the above situations occurs.

STUDENT HEALTH SERVICES FIRE ALARM / BOMB THREAT PLAN

In the event of a Code Red (Fire Alarm) or Code Black (Bomb Threat) announcement, all TAMU EMS personnel will immediately follow these Evacuation Plans for their position:

DISPATCHER:

1. Notify all On-Duty personnel immediately of Student Health Services evacuation.
2. Notify UPD that TAMU EMS Communications is moving to UPD.
3. Notify CSFD Dispatch that all 911 calls will be transferred to their terminal.
4. Notify Brazos County 911 by phone to transfer all calls to CSFD.
5. Take the map book, EMD card file, and a 700 MHz Radio to UPD. All of this is located in the Fire Bag
6. Leave via the Northeast stairwell (closest stairwell).
7. Any In-Service unit will transport the Dispatcher to UPD dispatch immediately. If a unit is unable to transport the Dispatcher to UPD, and the Dispatcher has completed the required EVOC training, the Dispatcher may take an ancillary vehicle to UPD. Only Dispatchers who are EVOC trained to drive the ambulance may take the spare ambulance. If the Dispatcher is not EVOC trained, they should contact UPD to have an officer transport the Dispatcher to UPD.
8. Once at UPD, the Dispatcher will notify Brazos County 911 and CSFD Dispatch by phone to transfer all calls to UPD.

ATTENDANT:

1. Take all keys and necessary radios to the ambulances.
2. Leave via the Northeast stairwell (closest stairwell).
3. Move all units to P.A. 32 (across from Sbisa).
4. Go to North Parking Lot and Fishpond Area.
5. Await further instructions from In-Charge or Administrator On-Duty, or their delegate.

IN-CHARGE:

1. Assist TAMU EMS Communications.
2. Leave with the Dispatcher via the Northeast stairwell (closest stairwell).
3. Go to North Parking Lot and Fishpond Area.
4. Report to the Administrator On-Duty, or their delegate, that the area is totally evacuated or that certain persons are not accounted for.
5. Notify the Administrator On-Duty, or their delegate, ASAP if alarm is actual or false.
6. Transport TAMU EMS Communications to UPD Dispatch if another unit is not available.

OTHER PROVIDERS:

1. Monitor responding units and respond to station.
2. Maintain communication with On-Duty personnel.
3. Transport TAMU EMS Communications to UPD immediately.
4. Contact the Administrator On-Duty, or their delegate.

Policy: 10.6
Category: Mutual Aid Policies

FIRE RESPONSES

The purpose of this policy is to identify the roles and responsibilities of TAMU EMS personnel while on the scene of a fire standby as well as when they are the first emergency service unit on the scene of a fire situation. Special emphasis is placed on the safety of rescuers, bystanders, and victims in order to minimize or prevent injury.

If TAMU EMS is the first unit on the scene of a fire response, the following guidelines will be followed:

1. Upon arrival at a fire incident, the TAMU EMS unit will use approved procedures to notify the Fire Department.
2. The TAMU EMS unit should be parked in a location that will not interfere with incoming fire apparatus and Fire Department operations (i.e. parking by a fire hydrant).
3. If available, TAMU EMS personnel will wear protective clothing while on the scene of the fire incident.
4. Make every reasonable effort to alert occupants of a structure fire to evacuate immediately.
5. Make every reasonable effort to prevent people from entering a burning or smoking structure and establish a safe perimeter around the structure.
6. Attempt to obtain information from bystanders, witnesses, occupants, etc. in order to learn if the structure has trapped occupants or other such information. Relay all information to the Fire Department as soon as possible.
7. DO NOT attempt to enter a burning or smoking structure **under any circumstances.**
8. You may attempt to contain and suppress the exposed fire using garden hose, fire extinguisher or other means provided it can be performed without entering a dangerous area.
9. Once the Fire Department units arrive on the scene and assume control, TAMU EMS units will follow standby procedures.

If an injury or illness occurs at the scene of the fire, the following procedures will be adhered to:

1. Have the patient moved a safe distance before initiating any treatment. The safety of the rescuers and patients is a primary concern.
2. DO NOT take oxygen equipment near the actual fire, especially aluminum oxygen cylinders.
3. Notify the Fire Department officer in charge of any injury/illness, especially those requiring transport to a hospital.

If TAMU EMS is requested to STANDBY, the following guidelines will be followed:

1. Upon arrival at a working fire incident, the TAMU EMS Unit will be placed in an area that is a safe distance from the actual fire (200-300 feet minimum). This area will be designated by the Fire Department officer in charge on the scene.
2. While driving around the fire scene, avoid driving over fire hoses. Do not drive over a pressurized fire hose or hose couplings.

Crews will report to the Fire Department officer in charge on the scene in order to arrange the following:

1. The location of the TAMU EMS unit/crew that is mutually beneficial, based on good access in and out of the fire scene, at a safe upwind/uphill distance.

2. The method by which the TAMU EMS crew will be notified if our services are required (i.e. send fireman, through EMS communications, on FD frequency, etc.)

3. The method by which the TAMU EMS crew will be notified if our services are no longer required.

HAZARDOUS/FLAMMABLE MATERIALS

General Information
Emergency incidents that are suspected to involve a hazardous material will be treated as such until proven otherwise. Suspect hazard in any spill, leak, or rupture of containers (boxes, cans, barrels, etc.) whose contents are not IMMEDIATELY identifiable. Hazardous materials are likely to be present in locations such as:

- Chemical plants and warehouses
- Research laboratories
- Train derailments
- Accidents involving tanker trucks
- Storage facilities
- Gas line ruptures

Also, any vehicle displaying placards with an ID number (or orange panel on tank trucks,) is carrying a hazardous material. The ID number may be on the sides or on the ends of the vehicle, tank truck, or rail car.

Approaching the Scene
Park your vehicle in a strategic and safe area UPWIND and UPSLOPE of the scene or the suggested distance from the scene as noted in the DOT Hazardous Material Emergency Response Booklet based on the specific material hazards. If the material is unknown, a minimum distance of 1500 ft. will be utilized. A closer initial survey distance may be possible if there are no initial indications of HazMat – vapor cloud, fire, placards, shape of transport vehicle, etc.

Attempt to identify the material. (Binoculars may be utilized for this purpose.) Refer to the DOT Emergency Response Guidebook for Hazardous Materials.

Notify EMS Communications with an assessment of the situation to the dispatcher as soon as possible, including the nature of the incident and obvious hazards. Provide staging information for responding units.

Note: Regardless of the distress of the patient(s), employees must not jeopardize their own safety, the safety of their crew, or the safety of others. Employees should not enter the incident area until adequate assistance arrives and the hazardous material has been identified.

On-Scene Operations
Upon arrival at the scene of incident involving suspected hazardous materials, employees should first attempt to identify the material. If the material can be identified as HARMLESS, employees should carefully proceed into the incident area and attend to patient care. If the material CANNOT BE POSITIVELY IDENTIFIED or is IDENTIFIED AS HARMFUL, employees should not go into the incident area without proper protective gear and back up. Employees are prohibited from entering the rescue area until the material is positively identified and appropriate protective clothing and equipment has been acquired. Employees will only assess obvious dead patients on the scene of a hazardous material incident if there is absolutely no risk to the employees' safety.

Patient Extrication
EMS should not be involved in extrication or rescue of victim of a HazMat scene unless trained to the appropriate level and they have the appropriate protection gear. EMS personnel should be trained to treat contaminated victims after the fire/rescue team delivers them to the decontamination area.

No rescue or entrance into the rescue area will be performed until the material is identified and appropriate protective clothing and equipment has been acquired for EMS rescuers. In specific cases, with certain types of materials, EMS will not enter the hazardous material scene, because the proper protective equipment will not be available to them.

Rescue Procedure for Contaminated Patients of a Hazardous Material Emergency:

1. **Staging Area I (Red)**
   a. This is the hazardous material contamination zone and/or first contact of the patient. This should be performed by fire/rescue, unless EMS is trained to the proper level and has the appropriate protective equipment. Patient is to be extracted to a safe area and immediately stripped of all clothing. Patients clothing will remain in this area. Immediately after the patient has been stripped, s/he will be moved to Staging Area II.

2. **Staging Area II (Yellow)**
   b. One rescuer will perform priority care only, while the other will wash the patient as thoroughly as possible. Priority care will involve airway maintenance, control of major bleeding, and IV therapy only. Contaminated equipment that is not absolutely essential will remain in this area. The patient will be moved to Staging Area III.

3. **Staging Area II (Green)**
   c. The patient will be put on a stretcher and covered with a sheet. The rescuers' contaminated protective clothing and equipment will remain in this area before entrance into the ambulance. EMS personnel treating the patient during transport will put on a new set of disposable coveralls and gloves. Priority care and additional treatment will be initiated during transport. Respiratory protection might still be necessary. Make certain the hospital is notified that you are coming in with a contaminated patient.

HAZARDOUS MATERIALS IN THE WORK PLACE

Labeling of Hazardous Materials

Chemical manufacturers, vendors and distributors provide labels, tags or other markings for containers of hazardous chemicals. This label should bear the following:

1. Identity of the hazardous chemical.
2. Date acquired.
3. Appropriate hazard warning.
4. Name, address, and emergency phone number of the chemical manufacturer or vendor.

All containers of hazardous chemicals must be labeled with the appropriate warning and with other pertinent information related to the use of the chemical. In some cases signs, placards, or other similar written materials may be used in lieu of labels.

Portable containers of hazardous chemicals must be labeled.

Labels on incoming containers must not be defaced in any way. Observation of defaced labels or of someone defacing labels must be reported immediately to the Operations Coordinator or designee so that the labels can be replaced.

Material Safety Data Sheets

Material Safety Data Sheets (MSDS) are written or printed material from the chemical manufacturer or distributor that are written in English and contain the following information:

1. Name of the chemical.
2. The physical and chemical characteristics of the chemical.
3. The physical and health hazards related to the chemical and its use.
4. Exposure limits.
5. Precautions to be taken before, during and after use of the chemical.
6. Emergency and first aid information.
7. Name of manufacturer or imported of the chemical.
8. Emergency telephone number.

The TAMU EMS will request a Material Safety Data Sheet from Student Health Services be provided for any chemical purchased by the department.

No chemical will be used without a MSDS for that chemical being available. If an MSDS is not received by TAMU EMS prior to the receipt of the initial shipment of the chemical, use of that chemical will be delayed until the department receives the MSDS. If the MSDS is not received within 30 days of the receipt of the chemical, the Operations Coordinator and/or EMS Manager will be notified of the failure by the manufacturer or distributor to provide the MSDS.

TAMU EMS will maintain a central MSDS file on all chemicals purchased and used by the department. The central files will be maintained in the Manager's office. A copy of all MSDS and of this Hazard Communication Program will be kept in labeled notebook in the Storage Room. All employee will be made aware of the location of this notebook and it will be accessible to the employee at all times.

The MSDS file will be updated as chemicals are added or deleted from the list of chemicals regularly used by TAMU EMS. It will be the responsibility of the Operations Coordinator and the Equipment Coordinator to update the MSDS file. At a minimum, the MSDS files will be reviewed quarterly to insure that the files have been updated in a timely manner.

OSHA Requirements

TAMU EMS shall store and maintain compressed gases and flammable and combustible liquids in accordance with OSHA Subpart H – Hazardous Materials, 1910.101, 1910.106, and OSHA Subpart C – General Safety, 1910.20.

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M UNIVERSITY

Law Enforcement Policies
Section 11

Standard Operating Procedures

LAW ENFORCEMENT RESPONSE

In order to effectively serve the public, it is necessary for TAMU EMS personnel to maintain a positive working relationship with all of the Law Enforcement agencies serving the Bryan/College Station Community.

Patient care shall always remain the primary concern of TAMU EMS personnel during any joint EMS/Law Enforcement operation. Law Enforcement officers conducting an investigation are permitted to detain and question patients at the scene as long as such questioning does not interfere with the treatment of urgent/critically injured patients or jeopardizes the patient's health.

EMS Communications should automatically contact law enforcement when any of the following occur:

- Assaults/Sexual assaults
- Domestic disputes/disturbances
- Animal bites
- Motor Vehicle Accidents (MVA's)
- Overdoses
- Shootings
- Stabbings
- Attempted suicides
- Suspected/Known DOA's
- Working Codes
- Suspected child and/or elderly abuse
- Need for Texas A&M University's CIRT Response
- Unknown type emergencies

Employees should call for Law Enforcement assistance anytime a crewmember feels threatened or assistance is needed in controlling a scene or combative patient. Personnel requesting law enforcement response must state the reasons for the request and if they are needed urgently or emergently. Personnel making the request for the law enforcement must make themselves available to arriving law enforcement officers to inform them of the situation and our needs.

If the patient requests Law Enforcement assistance or for Law Enforcement Officers to take a statement, the crew should contact TAMU EMS Communications and request the appropriate Law Enforcement Officers to respond.

IMMEDIATE POLICE ASSISTANCE NEEDED

EMS personnel who encounter a dangerous situation where immediate response is needed from law enforcement shall signal "10-100" to the dispatcher or activate the Emergency Button on their 700 MHz Radio. It is important to note that the Emergency Button on the older, 800MHz radios will **not** alert dispatch.

This signal is to be used in situations where the safety of the EMS personnel, patients, or the public is threatened and asking the dispatcher directly for law enforcement would lead to further deterioration of the situation.

The dispatcher will immediately notify UPD or other appropriate law enforcement agencies that emergent assistance is required and inform the responding law enforcement agency in plain language the status of the crew and scene.

The dispatcher must **not** transmit traffic that includes "police", "UPD", "law enforcement", or other similar words in order to prevent further deterioration of the situation.

EMS personnel will always make leaving an unstable scene their first priority.

EMS personnel will always regard their safety and the safety of other crew members as their highest priority.

EMS Communications will notify the Administrator on Duty of any such incident as soon as possible, without impeding an appropriate response.

SELF-PROTECTION

This policy provides guidelines for TAMU EMS personnel to protect themselves from physical danger by a violent person with or without a weapon. The following guidelines will be followed in these circumstances:

1. In all cases where the threat of physical harm is probable (i.e. domestic violence, hostage situations, psychiatric patients, any situation where there may be weapons on the scene), EMS personnel should contact law enforcement through communications before entering the area. The EMS crew should NOT enter the area until law enforcement reports that the scene is secure. At no time should personnel attempt to manage the situation without aid. Primary emphasis in such situations should be on the safety of the crew.

2. If already on the scene, EMS personnel, when threatened with bodily harm either by serious verbal threat or weapon(s), should make every effort to avoid a confrontation by leaving the premises/scene and requesting law enforcement assistance.

3. Under situation where EMS personnel are exposed to serious verbal threat or threat by weapon(s) where efforts to avoid confrontation are unsuccessful and personal injury seems imminent, then EMS may use any measure reasonable and prudent to protect themselves from injury or death. Immediately notify law enforcement.

Self Defense

Self-Defense is the act or acts of an individual used to defend or protect him/herself from harm. TAMU EMS personnel can defend themselves against a combative patient but can only use the amount of force necessary to protect themselves.

TAMU EMS personnel may take any action necessary, including the use of reasonable force, to protect themselves or others against a combative person. However, TAMU EMS personnel are not authorized to seek revenge in a punishing manner.

TAMU EMS personnel confronted by a combative individual at the scene of an incident should make every effort to avoid confrontation by departing the scene and making an immediate request for law enforcement assistance. If efforts to avoid confrontation prove unsuccessful and personal injury to TAMU EMS personnel appears imminent, crewmembers on the scene may have to use reasonable force to address the situation. Crewmembers should inform Law Enforcement and the Administrator On-Duty, or their delegate, of the situation as soon as possible.

Policy: 11.4
Category: Law Enforcement Policies

PATIENT RESTRAINT

Under normal circumstances, TAMU EMS personnel should not attempt to restrain a violent patient. Law enforcement personnel should be called for assistance. However, any patient who presents a significant threat to themselves or others may be physically restrained by TAMU EMS personnel.

When patient restraint becomes necessary, the follow procedures will be used:

1. Use techniques which will cause no injury to the patient, i.e. the minimum amount of force possible will be used to secure the restraints.

2. Soft wrist and ankle restraints shall allow for a small amount of movement in each extremity. In no case shall they be so secure as to prevent all movement. Use of soft restraints should be considered before using chemical sedation.

3. Pulses and other measures to assure distal circulation will be checked frequently following the application of restraints.

4. Refer to chemical safety sedation Standard Delegated Order in the patient care protocols when using chemical sedation to restrain a patient.

5. Get assistance from law enforcement when possible and, if available, get the officer to accompany the patient in the ambulance to the hospital (If the patient is handcuffed, the officer must accompany the patient in the back of the ambulance).

6. Patients will not be restrained in the prone position or between two (2) backboards. Restraints should not limit assessment, compromise airway, or prevent further resuscitation efforts.

7. At the termination of the call, fully document all pertinent details and obtain signatures of witnesses, if possible.

NOTE: A restrained patient has no way of exiting the unit in an emergency and is, therefore, totally dependent on the EMS crew for their safety.

EMOTIONALLY DISTURBED PATIENTS

At all times, when present, law enforcement is responsible for, and in control of, an emergency call involving an emotionally disturbed patient. TAMU EMS staff should not attempt to restrain an emotionally disturbed patient, who is violent, unless they are requested to assist law enforcement in restraining a patient, or if it is necessary for self-protection.

If a patient is found to be emotionally disturbed, but is not violent and does not have a history of violent tendencies, the EMS crew shall evaluate and treat the patient prior to the arrival of the police officer.

1. If the patient is willing to be transported to a hospital, and if the In-Charge determines the patient can be removed without restraint or police assistance, the crew members may remove the patient and transport the patient to the hospital without waiting for the arrival of a police officer.

2. If the patient does not desire transportation to a hospital, Medical Control is to be contacted for guidance in determining the patient's ability to knowingly decline treatment and/or transport. If necessary, a request for police assistance shall be made. In any event, the crew members shall make every effort to avoid agitating the patient while a transportation decision is being made.

If a patient is found to be emotionally disturbed and capable of violent action, the crew shall await the arrival of police officers before entering the premises, or attempting to treat the patient. The crew shall not knowingly approach or remove a violent emotionally disturbed patient without a police officer present and accompanying the patient.

1. If Police Officers are not present, inform the dispatcher to request law enforcement assistance.

2. If after 15 minutes on the scene no police officers have arrived, advise the dispatcher of the situation and make contact with law enforcement again.

If an emotionally disturbed patient is holding someone against their will, the dispatcher shall be notified immediately and Police shall be requested to respond.

If the police officer at the scene finds it necessary to utilize restraining equipment such as handcuffs, every attempt should be made to restrain and position the patient in such a way that will facilitate CPR should it become necessary. At least once police officer must ride in the body of the ambulance when a patient is restrained by law enforcement.

When an emotionally disturbed patient is to be transported in police custody from a police station or facility and police officers are not available to accompany the patient, the crew shall establish contact with the desk officer for assistance after evaluating the patient. If a police escort cannot be provided within 20 minutes of this request and the patient has no underlying medical or surgical problems requiring care, the crew shall inform the desk officer that they are unable to await the escort and that a unit will return for the patient when notification is made that an escorting officer is available. The unit will then transmit a disposition reporting that the patient was treated but not transported and document their patient care report accordingly and return to service.

TRANSPORTATION OF BELLIGERENT / VIOLENT PATIENTS

EMS personnel will, on occasion, have to deal with a belligerent/violent patient. The belligerent person, in all probability, will refuse treatment and refuse to sign a release. If possible, law enforcement should be called to witness the refusal and control the belligerent person. If the person does not need ambulance transportation, then law enforcement should assume responsibility for the patient.

Under normal circumstances, EMS personnel should NOT attempt to restrain a violent patient. Law enforcement should be called for assistance. When necessary, transportation to a hospital will be made following police arrest or restraint of patient. (See Patient Restraint Policy and Transportation of Prisoners Policy.)

INTOXICATED / UNDER THE INFLUENCE PATIENTS

Patients who present as being "under the influence" and require medical care are entitled to the same quality of care as given to any other patient. Several disorders, including hypoglycemia, epilepsy, and even some psychological disorders present as intoxication. Therefore, employees should not dismiss a patient as "under the influence" unless the patient confirms that the nature of the illness is the result of a moderate consumption of alcohol or other mind-altering-substances.

Any patient that presents with signs of intoxication in the custody or in the presence of Law Enforcement, treatment should follow the appropriate protocols for patient care.

Policy: 11.8
Category: Law Enforcement Policies

TRANSPORTATION OF PRISONERS / PATIENTS IN CUSTODY

Any patient that is in custody or "under arrest" shall receive the same quality of care expected to be given to any other patient.

If a patient in custody requires transport or if the arresting officer is requesting transport, TAMU EMS Personnel shall transport the patient to the most appropriate facility. If the arresting officer does not feel that the patient requires transport, and this conflicts with the opinion of TAMU EMS personnel, crewmembers shall exercise due diligence to convince the arresting officer of the necessity to transport the patient to a medical facility.

Any patient in the custody of law enforcement that is handcuffed must be accompanied by a law enforcement officer to the hospital. If at all possible, the patient should be cuffed in front or with hands at his or her side to facilitate IV access.

If crewmembers become uncomfortable riding alone with the patient, they may request that an officer accompany them in the back of the ambulance. Any questions should be directed to the Administrator On-Duty, or their delegate.

Patients / prisoners should never be handcuffed to the stretcher or directly to the ambulance.

Policy: 11.9
Category: Law Enforcement Policies

PERSONS INTERFERING WITH TAMU EMS

When TAMU EMS personnel encounter interference from anyone at the scene of an incident, a specific request shall be made to the appropriate law enforcement agency identifying the type of problem encountered and the desired action.

If the situation reaches a point where TAMU EMS personnel are physically endangered by an unstable situation, the EMS units will withdraw until law enforcement can stabilize the situation. Unstable civil situations are law enforcement's responsibility and EMS personnel and equipment will not be used in violent crowd control situations, except in self-defense.

Following an emergency for which no responsible party is available, it may become necessary to leave the premises or valuable property in the possession of the law enforcement.

SUSPECTED CHILD, DOMESTIC, OR ELDER ABUSE

State law requires all professionals to report suspected cases of abuse (*Texas Family Code § 261.101).* Therefore, all employees are required to report actual and suspected cases of abuse. However, it is not the responsibility of TAMU EMS personnel to confront and attempt to remediate abusive situations. When abuse is suspected, provide all assessment and treatment as indicated. Attempt to persuade the patient to be transported to the hospital regardless of the severity of the injuries.

Transport Situations – Upon arrival at the emergency room, privately and discreetly advise the nurse and/or physician of your suspicions.

Non-transport Situations – If transport is refused, leave the scene and request to meet with law enforcement at a near by location. When law enforcement arrives, advise them of your suspicions.

Documentation

In all cases, employees should include a detailed assessment of the actual or suspected abuse situation in the patient care report. The assessment should describe the patient's condition, emotional state, and the surrounding environment. Also, employees should include details in the patient care report concerning the circumstances that created their suspicions of abuse and the employees' actions. After completion of the incident and patient care report, the crew should notify the Administrator On-Duty, or their delegate, of the events that transpired.

Note: Do not make accusatory, confrontational, angry or threatening statements to the parties present, or attempt to conduct an investigation at the scene.

SEXUAL ASSAULT

In the event a patient reports that s/he has been sexually assaulted, the following procedure should be followed:

1. With the patient's permission, contact law enforcement immediately, if not already contacted. If a weapon is involved, then law enforcement must be contacted. To protect patient confidentiality, avoid using the patient's name or nature of the injury over monitored radio frequencies.

2. History taking should be limited to information pertinent to the patient's injuries and subsequent treatment. Any detailed description of the assault is unnecessary and may be psychologically injurious to the patient.

3. Injuries should be treated following standard triage principles. Wounds containing debris should not be cleansed at the scene, unless they are life threatening. The site of the sexual assault should not be examined by EMS personnel unless obvious bleeding needs to be controlled.

4. In addition to the treatment of physical injury, particular attention should be paid to the psychological injury suffered by the patient. Referral to the Sexual Assault Program will be helpful (i.e. Brazos Valley Rape Crisis Center 979-731-1000). A non-judgmental attitude must be maintained by the EMS crew.

5. The patient should be advised not to wash, shower, brush his/her teeth, use a mouthwash, douche, urinate or defecate (if at all possible) prior to the examination by the Emergency Department. If the assault was oral, they should be advised not to smoke or drink. (This is important so that potentially valuable physical evidence may be preserved prior to the hospital examination).

6. The scene should be treated as any other crime scene with special attention given to the preservation of evidence (also see Crime Scene Policy).

CRIME SCENES

The first priority of TAMU EMS personnel is the treatment of the patient. It is emphasized that while care is to be taken in minimizing patient and/or object movement, this is a secondary consideration and should not hinder resuscitative efforts.

For an injured patient, if resuscitative measures are in progress, the following guidelines apply:

1. Utilize the same route in and out of the crime scene, disturbing as little of the surroundings as possible.
2. Note the position of the body and other pertinent objects, weapons, medications, etc.
3. Avoid cutting through or tearing apparent bullet or knife holes. Clothing should be cut (if necessary) along seams or in areas which would not compromise entrance or exit wound markings on the clothing.
4. Place any clothing or materials in the patient's possession in paper bags and do not discard but give to the investigator.
5. Give the law enforcement officer on the scene a detailed, accurate description of body position, location of weapons and objects touched or left by EMS. If the scene or patient is disturbed in any fashion in order to perform patient care, document the "pre-disturbed" state of things on the reporting form, if at all possible, and report it to the investigator.

If the patient is obviously dead according to the TAMU EMS patient treatment protocols and the death appears to be due to other than natural causes, the following procedures are to be used:

1. DO NOT touch or move body.
2. Immediately request the appropriate law enforcement agency, if not already on the scene.
3. DO NOT touch or move any weapons, medication containers, suicide notes or any other items that may be pertinent to the incident investigation.
4. Avoid touching doors, windows, light switches, etc.
5. The Administrator On-Duty, or their delegate, should be notified following the incident.

Policy: 11.13
Category: Law Enforcement Policies

CRIME SCENCE PROTOCOLS

When law enforcement arrives on scene prior to EMS personnel, it is assumed that law enforcement officers are responsible for immediate first aid care of the patient(s) to their highest level of medical training until EMS personnel arrive.

When on-scene dangers complicate the rescue or patient care responsibilities, the designated In-Charge shall present him/herself on scene to the senior law enforcement officer. The law enforcement person shall escort a single EMS personnel to as near the patient(s) as possible. Under these circumstances, all other EMS personnel shall remain at an appropriate, safe area designated by the senior law enforcement official in charge until the danger is alleviated with respect to performing patient care.

EMS personnel entering a crime scene should follow direction from law enforcement personnel regarding preservation of evidence, but NOT with disregard to patient condition. All patient care decisions will be determined by TAMU EMS staff in conjunction with law enforcement.

POTENTIALLY VOILENT SCENES AND STAGING

Staging refers to the positioning of the medic unit in a secure location until Law Enforcement has cleared the scene or the crew has assuring that the scene is safe.
EMS Communications may advise a medic unit to stage when it receives information that is indicative of a hazardous or dangerous situation. If EMS Communications advises a medic unit to stage, the unit's crewmembers should position the unit at a safe distance from the scene.
Medic units should be staged by EMS Communications in the following situations:

- Assaults/sexual assaults;
- Any scene with known or possible firearm involvement;
- Known/suspected GSW or stabbing;
- Domestic disturbances;
- When Violent/Psychiatric/Suicidal patients are involved;
- When advised to stage by law enforcement; and
- During other situations deemed dangerous by EMS Communications

Unusual Incidents

Section 12

Policy: 12.1
Category: Unusual Incidents

DISASTER MOBILIZATION

In the event that EMS Communications is notified of a countywide Emergency Response or a Mass Casualty Incident, the Dispatcher shall immediately notify the Administrator On-Duty, or their delegate, and brief them on the situation. The Administrator On-Duty, or their delegate, will then staff all available ambulances with appropriate personnel. EMS Communications should send out a page to all Administrators alerting them of the incident as soon as possible.

The Operations Coordinator and EMS Manager will coordinate further actions and mobilization of personnel. If additional personnel are needed, the Response Four Procedure may be utilized. EMS Communications will be instructed to perform a Response Four Alarm as specified in the Dispatch Protocols. The Operations Coordinator will also have the EMS equipment and supply officers notified and instructed to report to station.

The Administrator On-Duty or their delegate will begin land-line notification of EMS personnel by contacting Administrators and assigning them a section of the phone list to call. The Administrators will relay a brief report of the incident and response instructions to each EMS employee contacted. TAMU EMS Communications may also page all employees as directed by the Operations Coordinator or EMS Manager.

The Operations Coordinator and EMS Manager will evaluate the situation and personnel response and determine if Standby Event Medics should be mobilized. If Standby Event Medics are needed, they will be notified via Assistant EMS Manager or Administrator on Duty.
All activated personnel shall meet at the assigned location and await briefing, supplies and equipment, and further instructions of the Operations Coordinator/EMS Manager or their designee.

MASS CASUALTY INCIDENT (MCI)

Multiple Casualty Incidents for the purpose of this policy are defined as any incident in which EMS personnel and equipment at the scene are overwhelmed by the number and severity of patients at that incident.

The Incident Commander is responsible for the coordination of patient care resources at the scene of mass casualty incidents and shall be initially established by the first on-scene unit. In the event TAMU EMS is first on-scene, for example, the In-Charge or 811 First Responder would establish incident command. The initial Incident Commander will remain in the position until replaced by an equally certified/more experienced Administrator or fire department officer.

Crews arriving on the scene of a call that appears to be an MCI shall quickly survey, size-up, and evaluate the incident. The first-in unit shall give EMS Communication a brief, but thorough scene size-up. The Incident Commander shall establish an incident command post and staging area, and begin triage procedures. The crew should maintain contact with EMS Communications providing updates as to the additional resources required.

Crews arriving at the scene of an MCI to which they have been requested to respond to, should proceed to the staging location designated by Incident Commander, and follow the instructions of the officer in charge at that location.

Triage Procedures:

In situations where the number of victims greatly exceeds the number of rescuers, the Emergency Medical Crew must immediately asses the physical status of all victims so that care can be delivered to those most likely to survive.

START – Simple Triage and Rapid Treatment – enables medics or personnel to quickly evaluate patients' respiration, circulations and CNS status and triage them quickly and efficiently.

Using START, patients are sorted into four (4) triage categories:

1. **Deceased/Non-Salvageable (BLACK TAG)** patients have no ventilations present after one attempt is made to reposition the airway.

2. **Immediate (RED TAG)** patients have ventilations present after repositioning the airway. This category also includes any patients:

    a. With a respiratory rate greater than 30 per minute, or
    b. In whom capillary refill exceeds 2 seconds, or
    c. Who is unable to follow simple commands.

3. **Delayed (YELLOW TAG)** patients do not fall into IMMEDIATE or MINOR category.

4. **Minor (GREEN TAG)** patients are the walking wounded.

When you enter the area of a Mass Casualty Incident (MCI), tell all patients who can walk to go to a previously designated "safe area." You then assess non-walking patients individually as they are encountered using respiration, circulation, and mental status as the evaluation criteria.

Respiration: The EMS personnel shall make a rapid estimate of the number of respirations per minute. When respiration exceeds 30 per minute, the patient is tagged IMMEDIATE (RED). If the patient is not breathing, one attempt is made to reposition the head, and loose dentures and foreign matter are rapidly removed. Cervical spine precautions may not be used if they will delay assessment. If the patient remains apneic, he is triaged as Deceased/Non-Salvageable (BLACK). Never start CPR when performing triage during an MCI. Patients who are placed in the IMMEDIATE (RED) category receive no further assessment.

Circulation: For patients who are breathing at a rate less than 30 breaths per minute, check the capillary refill. If the capillary refill is delayed longer than two seconds, the patient is placed in the IMMEDIATE (RED) category. When capillary refill cannot be assessed (poor lighting conditions, nail polish) check the radial pulse. If it is absent, you can assume the systolic blood pressure is less than 80 mm Hg, and the patient needs IMMEDIATE care. Apply direct pressure to any significant external bleeding and raise the patient's legs. The "Walking Wounded" or even the patient himself, if conscious, can help with this procedure. IMMEDIATE patients (delayed capillary refill or no radial pulse) require no further assessment.

Altered Mental Status: This is assessed by asking the patient to follow the simple command "Squeeze my hand." If the patient cannot do this he is categorized as IMMEDIATE (RED), if he can he is considered MINOR (GREEN). If an extremity injury prevents the patient from squeezing your hands, instruct him/her to "Open and close your eyes." No further assessment is performed and no additional care is rendered until all patients have been triaged and moved to the appropriate treatment areas. As more help arrives patients will be re-triaged, and appropriate care and/or transportation provided.

CRITICAL INCIDENT RESPONSE TEAM

C.I.R.T. is to be notified any time a student is involved in a serious incident or transported to a hospital and may be admitted. They are responsible for notifying the proper agencies within the University System of the event as well as answering questions from the media and other persons calling about the event. They are fully aware and respectful of patient confidentiality, but must have certain information to do their job.

The following procedure will be used when contacting C.I.R.T.:

1. If UPD is on scene, TAMU EMS does not need to contact C.I.R.T.
2. If UPD is not on scene, TAMU EMS will do the following:
    a. Once the call is completed and determined to fit the C.I.R.T. criteria, the dispatcher is to call UPD.
    b. The dispatcher will say the following: "TAMU EMS has just transported a student who may fit the C.I.R.T. criteria to _____ hospital."
    c. Information that can be released include: name, UIN, age, sex, and nature of injury/illness.

The following are considered C.I.R.T. criteria:

1. Death of a Student
2. Attempted Suicide
3. Life Threatening Injury/Illness
4. Prolonged Stay at Hospital
5. Sexual Assault
6. Mental Health Crisis
7. Drug/Alcohol Overdose
8. Campus Disturbance/Riot
9. Fire/Explosion with Injuries or Significant Damage
10. Natural Disasters
11. Airplane Crashes
12. Hostage Situation/Kidnappings

Policy: 12.4
Category: Unusual Incidents

DEAD ON SCENE (D.O.S.)

In case of a clinically dead patient (absence of pulse and respiration,) it is the responsibility of the on-scene EMS crew to determine whether or not resuscitative effort should be initiated. That determination should be based on the extent of injury and the length of down time. If there is any doubt, resuscitate and transport the patient.

Note: Should conflicts arise at the scene, contact medical control for a decision. In NO case should treatment be delayed to reach a decision.

EMS personnel will use sound judgment in providing for their personal safety, preserving the scene as needed, and providing aid to survivors.

Absence of vital signs does not automatically authorize EMS personnel to assume that the patient is dead. Only a licensed physician or Justice of the Peace may legally pronounce death. However, in certain circumstances, death is obvious. Therefore, a patient may be considered DOS if any of the following is present:

- Decapitation
- Decomposition
- Hemisection
- Rigor mortis
- Lividity
- Documented prolonged down time (> 20 minutes, except in cold temperature deaths)
- Extenuating circumstances: HazMat or Mass Casualty Incident

In the above circumstances the following procedure will be utilized:

1. Document the absence of vital signs (pulse, respirations, blood pressure).

2. Contact medical control to verify patient's status.

3. Contact EMS Communications and request a J.P. and law enforcement (if they are not already on the scene). EMS personnel are to remain on the scene until an officer from the appropriate law enforcement agency arrives.

4. The body should not be disturbed or removed without authorization by appropriate authority unless movement is necessary to maintain traffic flow or prevent loss or destruction of the body.

5. All requests for funeral homes to remove the body will be handled through the law enforcement agency on-scene.

6. Removal of the deceased generally will be the responsibility of the funeral home or medical examiner. EMS vehicles are NOT to be used to transport the known dead from the scene unless it is determined that removal of the body will alleviate a dangerous or hostile crowd situation.

7. EMS units and personnel should clear from the scene as soon as possible and return to service.

Policy: 12.4
Category: Unusual Incidents

If a physician is on the scene and says you may stop resuscitative efforts and the physician is willing to sign the death certificate, the following procedures are to be performed:

1. Remove the IV, but circle the site of the puncture wound with a ballpoint pen for the purpose of identification by the autopsy pathologist (in case an autopsy is done). Cover the wound with a band-aid if necessary to prevent leakage of blood from the site.

2. EKG electrodes should be left in place.

3. EGTA's and/or ET tubes should be left in place. Be sure that the tube is in the proper position and well secured.

4. Document in writing the physician's order and then have the physician sign it. Print the physician's name and mailing address under his/her signature.

Policy: 12.5
Category: Unusual Incidents

DNR PROCEDURES

The Texas Department of State Health Services established a statewide Out-Of-Hospital DNR Order on October 16, 1996. The rule is 157.25 of Title 25 Part I of the Health and Safety Code. This Protocol/Policy follows the provisions of rule 157.25 Title 25 Part I.

1. DNR order – A DNR order may be issued by an attending physician for any patient. That attending physician has responsibility for ensuring that the form is filled out in its entirety and that the information regarding the existence of a DNR order is entered into the patient's medical record.

2. The DNR policy will apply to all out-of-hospital settings, including cardiac arrests which occur during inter-facility transport.

3. The pre-hospital care provider shall withhold or withdraw all procedures indicated on the DNR order which may include:

   a. Cardiopulmonary resuscitation
   b. Advanced airway management
   c. Artificial ventilation
   d. Defibrillation
   e. Transcutaneous cardiac pacing

4. The pre-hospital care provider must be presented with the original or a copy of the original Texas Department of State Health Services standardized DNR form with DNR logo when a witness identifies the patient. If the patient is wearing a TDSHS approved identification device such as a necklace or bracelet, which matches the DNR identification number, a witness is not necessary. Always utilize a witness if possible. The full name, address, telephone number, and relationship to patient of any witness used to identify patient must be documented. Device specifications include:

   a. An intact, unaltered, easily identifiable plastic identification OOH DNR bracelet, with the word "Texas" (or a representation of the geographical shape of Texas and the word "STOP" imposed over the shape) and the words "Do Not Resuscitate," **shall** be honored by qualified EMS personnel in lieu of an original OOH DNR Order Form.

   b. An intact, unaltered, easily identifiable metal bracelet or necklace inscribed with the words, "Texas Do Not Resuscitate – OOH" **shall** be honored by qualified EMS personnel in lieu of an OOH DNR Order Form.

   c. The person or entity that provides an OOH DNR identification device to an individual shall send with the identification device a statement with the words, "Pursuant to Texas Health and Safety Code 166.090 this identification may only be worn by a person who has executed a valid out-of hospital DNR order."

5. In the event of a dispute or suspicious circumstances on scene, resuscitation should be initiated, and on-line medical control should be contacted for resolution of the dispute.

6. Each incident in which an Out-of-Hospital DNR order form or a DNR identification device is encountered must be documented. The data documented should include:

   a. An assessment of patient's physical condition

   b. Type of identification method (whether it be by witness or by DNR device)

   c. Any problems relating to the implementation of the DNR order

   d. Name of the patient's attending physician

   e. Witness information (See 4 above)

   f. Attach a copy of the original DNR form to the patient report.

7. The original DNR order form must be in the possession of the patient, a legal guardian, or the healthcare facility responsible for the patient's care. The pre-hospital care provider must have the original DNR form during transport. The original DNR form will be given to the receiving facility as part of the permanent medical record.

8. Personnel may accept any out-of-hospital DNR form or device that has been executed in any other state, if there is no reason to question the authenticity of the order or device.

9. If there are suspicions of unnatural or suspicious circumstances, the provider shall begin resuscitation efforts until such time as a physician directs otherwise.

10. A person may not withhold the designated treatments listed in subsection 3 above from a person known by responding health care providers to be pregnant.

Note: DNR orders are rendered to be invalid if the patient is known by EMS personnel to be pregnant.

Refer to SDO CG 26 for more details regarding OOH DRN patients.

Emergency Medical Services
Student Health Services
Texas A&M University Division of Student Affairs

TEXAS A&M EMS
TEXAS A&M UNIVERSITY

Infection Control
Section 13

Standard Operating Procedures

INFECTION CONTROL ROLES AND RESPONSIBILITIES

EMS Manager
The tasks of managing the department's program are delegated to appropriate officers and committees as noted below. The coordination of policy and procedure for the health and welfare of all employees will be the responsibility of the EMS Manager, or their delegate.

Department Physician
The department physician will also be known as the EMS Medical Director. The Department Physician is in charge of the Health Maintenance Program. This program includes baseline and annual health evaluations as well as return-to-work determinations. The Department Physician, in conjunction with the Infection Control Officer will:

1. Develop and implement an immunization program and a post-exposure program.
2. Provide technical assistance and guidance to the Infection Control Program.
3. Provide technical assistance and guidance in the development of appropriate Infection Control training.
4. Maintain confidentiality of all medical and exposure records.

Operations Coordinator or their delegate, will:

1. Support and enforce compliance with the infection control program.
2. Correct any unsafe acts, and refer employees for remedial Infection Control training if needed.
3. Refer for medical evaluation any employee possibly unfit for work for infection control or other reasons.
4. Administrators will not allow new employees to assume emergency response duties (including training) until initial medical evaluation, immunization, and infection control training has been completed.

Employees will:

1. Assume initial responsibility for their own health and safety by always using appropriate Personal Protective Equipment (PPE) as the situation dictates.
2. Immediately report any suspected occupational exposure to communicable disease to the Administrator On-Duty, or their delegate.
3. Report any diagnosis of communicable disease (occupational or non-occupational) to the Department Infection Control Officer.

Policy: 13.2
Category: Infection Control

INFECTION CONTROL POLICY STATEMENT

Purpose: To provide a comprehensive infection control system that maximizes protection against communicable diseases for all employees and for the public that they serve.

Scope: This policy applies to all employees of Texas A&M University Emergency Medical Services.

This department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response including in-station operations. The health and welfare of each employee is a joint concern of the employee, the chain of command, and this department. While each employee is ultimately responsible for his or her own health, the department recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide all employees with the best available protection from occupational acquired communicable disease.

It is the policy of this service:

1. To provide emergency medical services to the public without regard to known or suspected diagnoses of communicable disease in any patient.

2. To regard all patient contacts as potentially infectious. Universal precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious material (body substance isolation).

3. To provide all employees with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable diseases.

4. To recognize the need for work restrictions based on infection control concerns.

5. To encourage participation in employee assistance and Critical Incident Stress Debriefing (CISD) programs.

6. To prohibit discrimination of any employee for health reasons, including infection and/or seroconversion with HIV or HBV virus.

7. To regard all medical information as strictly confidential. No employee health information will be released without the signed written consent of the employee.

Policy: 13.3
Category: Infection Control

INFECTION CONTROL TRAINING

Infection control training will be completed in cooperation with several agencies including TEEX Fire Protection Training, the Student Health Center, and government agencies such as the Texas Department of State Health Services and the Occupational Safety and Health Administration.

TAMU EMS will provide initial training for all employees **before** they are assigned duties that involve possible exposure to infectious disease.

Employees will be required to attend refresher courses annually to maintain employment. All infection control training materials will be appropriate in content and vocabulary to the educational level, literacy, and language of employee(s) being trained.

Initial and annual training classes shall include, but not be limited to, the following:

1. A general explanation of the epidemiology and symptoms of blood-borne diseases.
2. An explanation of the modes of transmission of blood-borne pathogens.
3. An explanation of the department exposure control plan and how employees can obtain a copy.
4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
5. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
6. An explanation of the basis for selection of PPE.
7. Information on the Hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated; notification that the vaccine and vaccination will be provided at no charge.
8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
9. In explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
10. Information on the post-exposure evaluation and follow-up that the department is required to provide.
11. An explanation of the signs and labels and/or color coding required for biohazard materials.
12. Opportunity for interactive questions and answers.

Infection control trainers shall be knowledgeable in all of the program elements listed above, particularly as they relate to emergency services provided by this department.

Written records of all training sessions will be maintained for a minimum of five (5) years after the date on which the training occurs.

Training records will include:

1. The date of the training session.
2. The contents or a summary of the training sessions.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.
5. The training records shall comply with all TAMU EMS CE guidelines.

Policy: 13.4
Category: Infection Control

COMPLIANCE AND QUALITY MONITOR

To monitor the compliance of these policies, TAMU EMS will have frequent field evaluations completed by Administrators. The Administrators completing the evaluations will also be responsible for observing other aspects of the patient care and adherence to TAMU EMS Standard Operating Procedures. Other forms of monitoring Infection Control will include peer reviews and incident report monitoring.

Any exposure incidents or other related incidents will be reviewed by the Clinical Coordinator. The Clinical Coordinator will investigate any variations from the SOP and recommend any needed disciplinary actions to the Operations Coordinator of EMS. The Clinical Coordinator will also evaluate any trends in non-compliance and adjust the SOP as needed or prepare targeted continuing education.

Exposure incidents will also be investigated by the Medical Director or designee.

Policy: 13.5
Category: Infection Control

SCENE OPERATIONS

The blood, body fluids, and tissues of all patients are considered potentially infectious, and Universal Precautions/Body Substance Isolation procedures will be used for all patient contact.

Employees will be encouraged to use maximal rather than minimal PPE for each situation.

While complete control of the emergency scene is not possible, scene operations as much as possible will attempt to limit splashing, spraying, or aerosolization of body fluids.

The minimal number of providers required to complete the task safely will be used for all on-scene operations. Staff not immediately needed, will remain a safe distance from operations where communicable disease exposure is possible or anticipated.

Hand washing is the most important infection control procedure. Employees will wash hands:

1. After removing PPE.
2. After each patient contact.
3. After handling potentially infectious materials.
4. After cleaning or decontaminating equipment.
5. After using the bathroom.
6. Before eating.
7. Before and after handling or preparing food.

Hand washing with soap and water will be performed for ten to fifteen seconds.

Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at the scene of operations.

Used needles and other sharps shall be disposed of in approved sharps containers. Needles will **not** be recapped, re-sheathed, bent, broken, or separated from disposable syringes. Sharps containers will be easily accessible on scene and in the vehicles. **The most common occupational blood exposure occurs when needles are recapped.**

Mouth-to-mouth resuscitation will be used only as a last resort if no other equipment is available.

Disposable resuscitation equipment will be readily available at all times.

Patients with suspected airborne communicable diseases will be transported wearing face mask or particulate respirator whenever possible, and ambulance windows will be open and ventilation systems turned on full whenever possible.

Personal protective equipment will be removed after leaving the work area, and as soon as possible if contaminated. After use, all PPE will be disposed of as a bio-hazard. No contaminated or possibly contaminated PPE will be taken into the front cab of the ambulances or other emergency vehicles.

Required Application of PPE

Task/Activity	Gloves	Gown	Mask	Eyewear
Severe bleeding control	YES	YES	YES	YES
Minimal bleeding control	YES	No	No	No
Childbirth	YES	YES	YES	YES
IV starting	YES	No	No	No
Cleaning equipment	YES	No*	No	No
Checking B/P	No	No	No	No
Intubations	YES	No	No*	YES
Suctioning	YES	No	No*	No*
Giving an injection	YES	No	No	No

*Unless splashing is likely.

Policy: 13.6
Category: Infection Control

PERSONAL PROTECTIVE EQUIPMENT

TAMU EMS will be responsible for the purchasing, stocking, maintaining, and replacing of clean personal protective equipment for all providers. The department will provide standardized supplies of each type of equipment on each vehicle. It is the provider's responsibility to confirm the presence, cleanliness, and proper function of all PPE. Any discrepancies, malfunctions, or absence of PPE should be immediately relayed to the Equipment Coordinator. It is also the provider's responsibility to properly dispose of used PPE.

Personal Protective Equipment provided by TAMU EMS shall include:

1. Disposable latex or nitrile gloves
2. Eye protection
3. Face masks
4. Fluid-impervious gowns
5. Sharps containers
6. Leak-proof disposal bags

Selection and Use of Personal Protective Equipment

Emergency response often is unpredictable and uncontrollable. While blood is the single most important source of HIV and HBV infection in the workplace, in the field it is safest to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.

In general, providers should select PPE appropriate to the potential for spill, splash, or exposure to body fluids. No standard operating procedure or PPE ensemble can cover all situations. Common sense must be used. When in doubt, select maximum PPE rather than minimal PPE.

Disposable latex or nitrile gloves will be worn during any patient contact when potential exists for contact with blood, body fluids, non-intact skin, or other infectious material. All providers will carry extra pairs of disposable gloves on their person.

Gloves will be replaced as soon as possible when soiled, torn, or punctured. Wash hands after glove removal. Gloves will not be reused or washed and disinfected for reuse. Where possible, gloves should be changed between patients in multiple casualty situations.

Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a face mask and eye protection.

Fluid-resistant gowns are designed to protect clothing from splashes. Be cautious of tears in gowns from rescue and extrication.

POST RESPONSE

Any waste generated during cleaning will be immediately disposed of as bio-hazardous waste.

Upon return to the station, contaminated equipment will be removed and replaced with new equipment or cleaned immediately. Contaminated equipment will not be taken back into the squad room. Backboards, stair chairs, vacuum splints, and other large equipment will be cleaned and disinfected at the Health Center or at designated locations outside of the local hospitals. Gloves will be worn for all contact with contaminated linens and equipment. Other PPE will be worn if splashing or spraying during cleaning is possible.

Eating, drinking, smoking, handling contact lenses, or applying cosmetics is prohibited during cleaning or decontamination procedures.

During post response operations, no food or drink will be consumed in any area of the ambulances under any circumstances. Food or drink may be transported in sealed containers only in the front cab of the ambulances.

Disinfection will be performed with a 1:10 solution of bleach in water or other disinfectants provided by the Health Center.

Any damaged or broken equipment will be disinfected before being sent out for repair.

The manufacturer's guidelines will be used for cleaning and decontamination of all equipment unless otherwise specified.

Durable equipment (backboards, splints) will be washed with hot, soapy water, rinsed with clean water, and disinfected with approved disinfectant or the bleach solution. Equipment will be allowed to air dry.

Delicate equipment (radios, cardiac monitors) will be wiped clean of debris using hot soapy water, wiped with clean water, then wiped with a disinfectant. Equipment will be allowed to air dry.

Work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures and after spillage or contamination with blood or potentially infectious materials.

Seats on response vehicles contaminated with body fluids from soiled PPE will also be disinfected.

Contaminated boots will be brush scrubbed with a hot solution of soapy water, rinsed with clean water, and allowed to air dry.

Policy: 13.8
Category: Infection Control

EXPOSURE CONTROL PLAN

Purpose: To identify those tasks and corresponding job classifications for which it can be reasonably anticipated that an exposure to blood, body fluids, or other potentially infectious materials may occur; to establish a schedule for implementation of the department's infection control plan; and to identify the procedure for the evaluation of circumstances surrounding exposure incidents.

Exposure Determination

The following tasks are reasonably anticipated to involve exposure to blood, body fluids, or other potential infectious materials:

1. Provisions of emergency medical care to injured or ill patients.
2. Rescue of victims from hostile environments.
3. Extrication of persons from vehicles, machinery, or collapsed excavations or structures.
4. Recovery and/or removal of bodies from any situation cited above.
5. Response to hazardous materials emergencies, both transportation and fixed-site, involving potentially infectious substances.

All TAMU EMS employee classifications involved in patient care are reasonably anticipated to involve exposure to blood, body fluids, or potentially infectious substances in the performance of their duties.

Implementation

The Infection Control Program is applicable to all employee providing rescue and emergency medical services.

The Infection Control Program consists of a policy statement identification of roles and responsibilities. Standard Operating Procedures (SOPs), training, and recordkeeping. SOPs identify specific guidelines for all aspects of response and station environments where disease transmission can be reasonably anticipated, as well as training, administrative aspects of the program, and post-exposure evaluation/investigation.

Evaluation of Exposure Incidents

The procedure for the evaluation/investigation of circumstances surrounding incidents of exposure to blood, other body fluids, or other potentially infectious materials are detailed in SOP Post-Exposure. Medical follow-up, documentation, record keeping, and confidentiality requirements are also defined in SOP Post-Exposure.

Policy: 13.9
Category: Infection Control

POST EXPOSURE

The first and most critical portion of post exposure policy is to perform appropriate first aid and exposure reduction measures. This includes thoroughly rinsing the exposed area and then washing it with soap and warm water.

The medic will then notify the Administrator On-Duty, or their delegate, so that appropriate documentation will be completed.

1. The first sheet to be filled out will be the TDSHS Report of Possible Exposure of Transporter.
2. The second form to be filled out is the TAMU EMS Exposure Report Form Blood or Body Fluid.
3. Both forms are to be completed by the emergency worker at the time of the incident.
4. The TDSHS Report of Possible Exposure of Transporter form is to be given to the Charge Nurse at the Emergency Department the patient was transported to.
5. A copy of the TAMU EMS report should be left at the hospitals with the TDSHS form.
6. The original form should be hand delivered to the Administrator On-Duty, or their delegate.

Employees should be sent to an Urgent Care Center, if open, or the Emergency Room of their choice if Urgent Care Center's are closed. Injuries that exacerbate a pre-existing injury should be followed up with the employees Primary Care Physician.

A TAMU EMS incident report shall also be filled out and placed in the Operation Coordinator's box immediately after the call. The EMS Manager should also be notified immediately. The report shall not contain any patient identifying information other than the run number.

GENERAL INFECTION CONTROL INFORMATION

A. PERSONAL

1. HOW TO AVOID INFECTION AND PREVENT ITS SPREAD:

a. Rashes, fevers, coughs, and jaundice of unknown origin:

i. Patient may have a communicable disease that could be spread by contact with oral or respiratory secretions.

ii. Masks are considered appropriate.

iii. Gloves should be worn, especially in patients who have rashes with eruptions.

b. Body fluids (blood, dialysis shunts, feces, mucous, saliva, semen, sputum, urine, vomitus, etc.):

iv. The use of disposable latex or nitrile gloves is recommended in any patient where body fluids are visible.

v. If there is a possibility of body fluids splashing on the rescue worker, the rescuer should also wear a mask and a protective eye shield.

vi. If there is potential for large amounts of blood/body fluids, (this includes OB situations, arterial bleeds, etc.) a protective gown should be worn.

vii. Wear gloves when handling a patient who has the potential to expose the rescuer to blood or body fluids; or cleaning the ambulance and equipment after a call; or disposing of contaminated items.

viii. Hands should be washed after removing gloves.

ix. If there is gross contamination or exposure to body fluids, remove the contaminated gloves and replace them with new ones, so as to avoid contamination of equipment in the unit while transporting.

2. ARTIFICIAL VENTILATION:

a. It is always advisable that an ambu-bag or demand valve be used when providing ventilatory support.

b. When it is not possible to use either of the above devices, and mouth-to-mouth ventilation is required, it is advised that personnel use a protective pocket mask with a one-way valve.

c. The one-way valve should be replaced after each use.

d. Performing mouth-to-mouth without some form of protective device is only recommended when there is no other alternative.

3. HEALTH CARE WORKERS - WOUNDS AND SORES:

a. If you have a wound or open sore on your body it should be protected and covered, whether it is on your hand, arms, ears, etc., especially if you are working around patients.

b. You may unintentionally put your finger in your mouth, rub your eye, etc., thereby giving the germs potential to spread into your mucosa through an open sore, thereby allowing contamination to take place.

4. HANDWASHING/BODY CLEANSING TECHNIQUE:

a. A thorough hand washing technique with soap and water is the single most effective preventive measure for infection control.

b. It is often impossible for EMS personnel to wash their hands or skin in the field.

c. Alcohol in an alcohol based hand rinse may provide cleaning until soap and water is available.

d. If it becomes necessary to use this technique, remove all visible blood/body fluid with initial washing, dry with towel, and repeat procedure.

e. If blood/body fluid should go into mouth, immediately rinse mouth with mouthwash or alcohol.

f. Using alcohol or alcohol based cleaners does not take the place of good hand washing technique when water is available.

g. Hand washing with soap and water should be done immediately upon arrival in the ER.

5. STEPS IN HANDWASHING WHEN SOAP AND WATER IS AVAILABLE:

a. Transfer patient to ER stretcher.

b. Remove linen from squad stretcher and place in appropriate container. Dispose of trash, etc. in the appropriate container.

c. Use appropriate soap and work up a lather using friction for 30 seconds. Be sure to clean under the fingernails.

d. Rinse hands thoroughly. Repeat steps c & d. Dry hands.

e. Restock clean equipment and supplies, remake cot.

6. IV CANNULATION

a. It is important to protect the patient by properly cleansing the IV site with alcohol, povidone iodine, or approved antiseptic.

b. Remember: Entry into the venous system creates a direct pathway for bacteria to enter the system. Gloves should be worn when starting an IV.

c. DO NOT RECAP NEEDELES. Discard used equipment immediately into a contaminated materials container.

d. Do not insert needles in cushions in the ambulance.

e. Use caution when working with IV needles to prevent puncturing yourself.

f. If an accidental puncture wound should occur, cleanse the site with an antiseptic (alcohol prep) and report to the proper authorities

7. BLOOD/BODY FLUID EXPOSURE

a. If you feel a blood/body fluid exposure has occurred, register immediately at the receiving hospital so an appropriate record and follow-up treatment can be initiated. A blood/body fluid exposure is when:

i. Receiving a puncture wound from a sharp object that has previously been exposed to the patient's blood/body fluids;

ii. Get blood/body fluid in an open lesion, cut or rash, splash in to mucous membranes (mouth, eyes or nose) or have a large blood spill on your intact skin (without open cuts) or have a prolonged exposure.

b. If you get blood/body fluid on your skin, wash immediately with soap and water and decontaminated with alcohol.

8. PERSONNEL EXPOSURE FOLLOW-UP

a. If you are worried that you may have transported a patient who has a communicable disease, contact the Administrator On-Duty, or their delegate. The Administrator On-Duty, or their delegate, will then consult the EMS Manager, who will then consult the hospital's infection control practitioner (ICP) at the admitting hospital for further information.

b. When a hospital discovers that a patient you have transported has a communicable disease spread by respiratory route, the Infection Control Practitioner (ICP) will determine the patient's contact.

i. Upon determining who has had contact with the patient, they will notify the Medical Director of any information that you need to know.

ii. It is important that accurate call records be kept so that it can be determined who ran what calls and when.

B. EQUIPMENT

9. DISPOSABLE EQUIPMENT

a. Disposable equipment should not be reused at any time due to the increased chance of spreading infections.

10. CLEANING SUCTION EQUIPMENT

a. Throw away any disposable parts and replace them with new parts.

b. When emptying suction bottle, make sure splashing does not occur.

c. Clean tubing and containers with a germicidal or viralcidal agent (i.e., Staphene, Cidex).

d. Parts should be air dried.

11. MAST AND BP CUFFS

a. With removal bladder:

i. Remove air chambers.

ii. Wipe all parts with a cloth dampened in anti-septic soap.

iii. Rinse and allow to air dry.

iv. Never store damp or wet.

b. Non-Removable Bladder

i. Hand wash or machine wash (if directions allow), medium temperature, with standard laundry soap.

ii. Air dry.

iii. Never store damp or wet.

12. OTHER GENERAL EQUIPMENT (backboards, stethoscopes, etc.)

a. Wipe with germicidal solution and rinse.

b. Air dry.

C. <u>VEHICLE</u>

13. ROUTINE CLEANING OF TRANSPORT VEHICLES

a. Should be done daily, and after any run where the vehicle has been contaminated with blood, body fluids, etc. with special attentions to areas where patients have contact and to work areas. Standard cleaning agents are acceptable.

14. DISPOSAL OF TRASH AND WASTE

a. Used needles should be placed in a puncture proof container. Do not stick needles in the ambulance's foam cushions (cot, bench, jump seat).

15. DO NOT RECAP NEEDLES

a. This is when most needle sticks occur. If there is no other way to dispose of a needle at the scene, a one-handed recapping technique may be used. For your protection any trash which is contaminated with blood or other body fluids should be disposed of in a red plastic bag and placed in a designated contaminated container, at a hospital or at your agency. Remove all contaminated items from the scene.

DISCUSSION OF SPECIFIC DISEASES

A. **ACQUIRED IMMUNE DEFICENCY SYNDROME (AIDS)**: is not completely understood and studies are continuing. AIDS cannot always be detected by pre-hospital personnel. The high risk populations are: IV drug users, male homosexuals, prostitutes (male and female), heterosexuals with multiple partners, bisexual males, Haitians, and hemophiliacs.

B. **HEPATITIS & AIDS**: there are a number of viruses which may get inside the body and make you sick. Each has particular body cells that it prefers to attack. These cells are found within the immune system and/or the blood circulation system. Viruses cannot act without being attached to another cell. Once attached, they direct the activity of that cell. These viruses are most commonly carried into another person's body through an opening such as a wound, the mouth, and sexual organs. The virus then can be absorbed into the blood-stream. Some of these viruses are capable of stimulating the body to produce antibodies to defend it. If that has occurred from past exposure, the person may be immune to any later exposures. This is what happens in the case of Hepatitis B.

   a. For illness to occur, there must be (1) blood or other body fluids containing the virus, (2) an opening to the inner part of the body, (3) a means of getting the virus inside that opening, (4) a large enough amount of virus, and (5) a defense system that does not have immunity already built up.

   b. The most common vehicle for transmission of hepatitis B is exposure to blood from an infected person. The second most common vehicle for hepatitis B transmission is sexual contact since the virus may be present is semen or vaginal secretions.

C. **HEPATITIS A**: (infectious) is difficult to detect except in advanced stages and anyone can have it. In advanced hepatitis persons will appear yellow (jaundice).

D. **HEPATITIS B**: (serum) is difficult to detect except in advanced stages and anyone can have it. IV drug abusers are at high risk. In advanced hepatitis persons will appear yellow (jaundice), and IV drug abusers may show needle track marks and scars. The hepatitis germ may live for up to 7 days in dried blood. If an emergency service person is exposed to hepatitis B, appropriate treatment should be initiated within 7 days.

E. **HERPES**: viruses that cause blisters can be transmitted by fluid in the blister. Direct hand or other body part contact with the blister could cause infection of the body part making contact. The most common sites are face, mouth, genitals, and sometimes the hands. Herpes simplex can affect anyone. Persons with herpes are contagious only when sores are present, however, sores inside the mouth or on the genitalia will not be easily visible to responding personnel.

F. **MENENGITIS**: is an inflammation of the membranes linings that cover the brain and spinal cord. EMS personnel are often alarmed about meningitis because it has been considered a highly communicable disease. As with some other diseases, the mode of transmission is specific, and the risk to emergency care personnel is minimal. Should a patient who is transported by rescue squad personnel be found to have a contagious meningitis, the receiving hospital will contact the CDLO from the agency that transported the patient and investigation and possible treatment will be initiated. Appropriate treatment is best begun within 48 hours of exposure but may be done up to 10 days.

G. **TUBERCULOSIS**: although there are many germs in the air, which can cause disease, the concern is for the germs which particularly attack the lungs. TB may be in the air (1) if someone has recently coughed it into the air (it dies quickly outside the body), and (2) there are air currents keeping it in the air instead of falling to the ground. Even when breathed into the lungs, it is a slow growing disease which gives the body time to build defenses and fight it off. Ninety-five out of one hundred people who are exposed to TB successfully fight it off without getting sick or having to be treated with TB drugs. Most infections are not spread effectively through the air. It is recommended that all personnel handling emergency patients have a TB test every year. If you have been exposed to a patient with TB, appropriate treatment may be necessary.

Policy: 13.12
Category: Infection Control

HANDLING OF PATIENTS WITH SPECIFIC DISEASES

A. **AIDS** (Acquired Immune Deficiency Syndrome):

1. Mode of transmission: Contact with blood or body secretions or sexual contact.
2. Protective measures:
   a. Wear disposable gloves when in contact with blood or body fluids.
   b. Wash hands following patient care, even if gloves were used. Use portable CPR equipment, (disposable airway and ambu-bag), whenever possible.
   c. Purchasing special protective clothing is not recommended and is an additional expense.
   d. Wear gowns only when clothing may be soiled with blood or body fluids.
   e. If splashing is likely, wear protective eye wear.

B. **HEPATITIS A**:

1. Mode of transmission: Contact with stool, and very rarely blood of an infected individual.
2. Methods of protection:
   a. War disposable gloves when in contact with blood or body fluids.
   b. Wash hands following patient care, even if gloves were used.

C. **HEPATITIS B** (Serum Hepatitis):

1. Mode of transmission: Blood, mucous membranes, (saliva, sputum), sexual contact.
2. Protective measures:
   a. Wear disposable gloves when in contact with blood, saliva, or sputum.
   b. Use good hand washing technique. If splashes are likely, wear protective eye wear.

D. **HERPES SIMPLEX TYPE I** (cold sores, fever blisters):

1. Mode of transmission: Direct contact with mucous membranes.
2. Protective measures:
   a. Wear disposable gloves when in contact with lesions or mucous membranes.
   b. Use good hand washing technique.

E. **HERPES SIMPLEX TYPE II** (genital herpes):

1. Mode of transmission: Direct sexual contact with lesions or skin to lesion contact.

    a. This virus enters through breaks in the skin; it is not airborne and can not be contracted from toilet seats, pools, hot tubs, or sheets.

2. Protective measures:

    a. Wear disposable gloves when in contact with lesions.

    b. Use good hand washing technique.

F. **HERPES WHITLOW** (Herpes Simplex Infection of the finger):

1. Mode of transmission: Virus enters through breaks in the skin after contact with oral or tracheal secretions of patient shedding herpes virus.

2. Protective measures:

    a. Wear disposable gloves when in contact with oral or tracheal secretions.

    b. Use good hand washing technique.

G. **HERPES ZOSTER** (shingles):

1. Mode of transmission: Direct contact with infected vesicles. If you are not immune to chickenpox, you could develop chickenpox from contact with the fluid in the vesicles.

2. Protective measures:

    a. Wear disposable gloves when in contact with draining lesions.

    b. Use good hand washing technique.

H. **MENINGITIS** (bacterial):

1. Mode of transmission: Direct contact with discharges from nose or throat.

2. Protective measures:

    a. Wear disposable gloves when in contact with oral or tracheal secretions.

    b. Use good hand washing technique.

I. **MENINGITIS** (viral, aseptic):

1. Mode of transmission: Feces.

2. Protective measures:

a. Since diagnosis is unknown at the time of your patient contact, mask the patient or yourself.

b. Wear gloves when in contact with patient's stool.

c. Use good hand washing technique.

J. **RABIES**:

1. Mode of transmission: Direct contact with saliva of an infected animal.

   a. The virus may enter any area of broken skin.

   b. Human-to-human transmission has not been documented.

2. Protective measures:

   a. Wear disposable gloves.

   b. Use good hand washing technique when in contact with saliva.

   c. Wear mask.

K. **TUBERCULOSIS**:

1. Mode of transmission: Airborne droplets, primarily during sneezing, coughing, speaking, or singing.

   a. Prolonged contact with an active TB case is most significant, as is contact with thick, coughed up sputum.

2. Protective measures:

   a. Mask the patient, if possible.

   b. If not, mask yourself.

   c. Rapid fresh air ventilation, as available in your vehicle.