



SUNY Geneseo First Response

Standard Operating Procedures

Introduction

What follows are the Standard Operating Procedures (SOP) of SUNY Geneseo First Response (GFR), as set forth by the Executive Officers (Captain, Lt. of Operations, and Lt. of Training), of the organization. These SOP are to be followed in conjunction with any Bylaws set forth by the GFR Board of Directors. The guidelines in this document shall be enforced by the GFR Executive Officers and are subject to change by the GFR Executive Officers, with the input of other applicable college and county offices, such as: Lauderdale Center for Student Health & Counseling, Geneseo University Police Department, Livingston County Office for Emergency Medical Services. At the time of such a change, the updated SOP will be posted.

Name

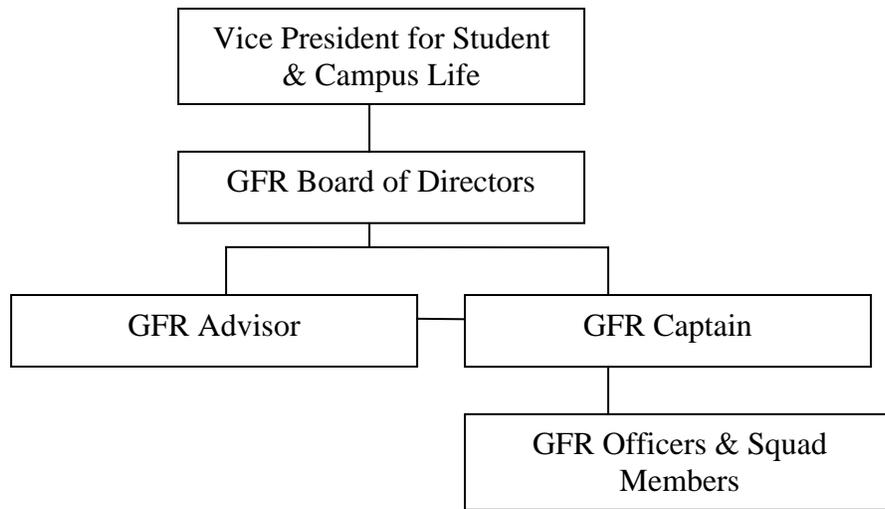
The Official name of the organization shall be known as SUNY Geneseo First Response, and may herein be referred to as GFR.

Purpose

The purpose of GFR is to provide efficient and professional emergency medical care to the students, faculty, staff, and visitors of SUNY Geneseo. GFR is a Basic Life Support Quick Response Agency.

Administrative Structure

GFR falls under the division of Student and Campus Life. It is governed by a Board of Directors which reports to the Vice President for Student and Campus Life, the advisor selected by the Board of Directors, the Captain of GFR selected by majority vote of GFR members, the two Lieutenants selected by majority vote of the GFR members, and any other officers appointed by the Executive Officers (Captain, Lt. of Operations, and Lt. of Training). The following organizational chart shows this structure:



Officers

The GFR Captain, Lieutenant of Operations, and Lieutenant of Training are the top three ranking officers of the organization, in that order.

Captain: Requires current certification as a New York State EMT-B or higher, and CPR certification. The Captain shall call to order and preside over meetings and act as the official liaison between the organization, Board of Directors, University Police, the Lauderdale Center for Student Health and Counseling staff, the Student Association, College Administration, and any other outside agency. The Captain may respond to any call to which GFR responds, and reserves the right to take control of the scene from the crew chief. The Captain is elected by a vote of the membership during the second to last business meeting of the spring semester.

Lieutenant of Operations: Requires current certification as a NYS EMT-B or higher, and CPR certification. Shall be responsible for maintenance of all GFR equipment, keeping track of supplies used, ordering new supplies as needed, and coordinating duty schedules. The Lt. of Operations shall become acting Captain should the duly elected Captain become unable to continue his/her duties. The Lt. of Operations may respond to any call to which GFR responds, and reserves the right to take control of the scene from the crew chief (but not the Captain). The Lt. of Operations is elected by a vote of the membership during the second to last business meeting of the spring semester.

Lieutenant of Training: Requires current certification as a NYS EMT-B or higher, and CPR certification. Shall conduct regular training sessions, orient members, and evaluate each member's effectiveness. Shall maintain accurate records of each member's current certification and training. The Lt. of Training is also the designated Infection Control Officer for the organization. The Lt. of Training may respond to any call to which GFR responds, and reserves

the right to take control of the scene from the crew chief (but not the Captain or Lt. of Operations).

Officer on Duty: Either the Captain, Lt. of Operations, or Lt. of Training shall be the Officer on Duty or appoint a Sergeant whenever GFR is in service. The Officer on Duty shall act as a resource for GFR members or the on duty crew. For this reason, the Officer on Duty must be available to GFR members and the on duty crew by either cellular phone or pager. The Officer on Duty may take control of the scene from the crew chief if necessary but not over an officer of higher standing. The Officer on Duty may also respond to second calls and carry a medic bag. The Officer on Duty does not need to be on campus and will respond to a page as soon as possible. The Officer on Duty shall be on duty for shifts of one week and the Officer on Duty shall be noted, as well as how to contact him/her, on the duty crew schedule.

Sergeant: Requires current certification as a NYS EMT-B or higher, and CPR certification. Will operate as a delegate to perform assigned duties by either of the lieutenants. A Sergeant may act as the Officer on Duty but may only act as an officer of GFR while on Duty as the Officer on Duty.

The following officer positions are appointed by the Captain and approved by the Lieutenants. This is not a complete list but represents certain positions which have traditionally proved useful to the effective operation of the organization. A list of all appointed officers and positions shall be submitted to the GFR Board of Directors along with a short rationale for each appointment, within 30 days of appointments.

Secretary: Shall be responsible for correspondence within GFR. Shall record and keep accurate minutes of all meetings and prepare and distribute information to GFR members.

Treasurer: Shall keep accounts of funds available for use by the organization and of authorized expenditures. Shall also coordinate fund raising activities and attend weekly business meetings of the SUNY Geneseo Student Association Central Council as the organization's financial representative.

Director of Driver Training: Shall be responsible for training new members in the operation of the response vehicle(s), effective and proper radio communication, and maintenance of the response vehicle(s).

Membership

Membership is open to all full-time students enrolled at SUNY Geneseo. A prospective member must submit a written application with three (3) references and a copy of all valid certifications. The application is subject to the approval of the Executive Board (Captain, Lieutenant of Operations, and Lieutenant of Training) of SUNY Geneseo First Response and a majority vote of the membership present at a business meeting. Membership is divided into the following classifications:

1. **Crew Chief:** A member in good standing who has been active on GFR for at least one (1) semester, is CPR certified, and who has completed and is currently certified to the level of New York State Emergency Medical Technician- Basic or higher. A member becomes

a crew chief with the unanimous approval of the Executive Officers and has been approved as a GFR Driver.

2. **Driver:** A member who possesses a current New York State driver's license without any convictions or traffic violations. A driver shall also pass a driver's test administered by the Director of Driver Training. All drivers must also hold valid certification in Cardiopulmonary Resuscitation (CPR). A member becomes a driver with 2/3 approval of the Executive Officers.
3. **Attendant:** A member who is currently certified in CPR or higher certification. A member becomes an attendant with 2/3 approval of the Executive Officers.
4. **Auxiliary Member:** A member who does not fall under the other three categories (Driver, Attendant, or Crew Chief), either by personal choice or choice of the Executive Officers.

All members of GFR must maintain a good academic standing, defined as a cumulative grade point average of at least 2.0, as per college policy.

Membership Status

Active Operational Member: The following outlines the basic responsibilities and expectations of active members of GFR, but is not an all inclusive list. The following are not all the responsibilities and expectations. A member who does not uphold all the responsibilities and expectations, both those that are listed and those that are expressed by the Executive Officers, shall be subject to disciplinary action as specified below.

An active operational member shall:

- Take duty a minimum of 3 shifts per month, including 1 weekend shift, or as many as necessary to provide coverage.
- Attend all squad meetings and training sessions. If a member needs to miss a meeting or training session, it must be approved by the Captain prior to the meeting.
- Arrive for duty on time, with a neat appearance, and in the proper uniform.
- Fill out the pre-shift checklist and contact the Officer on Duty with any problems.
- Sign in and out.
- Inform the Officer on Duty, or email the squad account, if they encounter any equipment or personnel problems that affect their job.
- Complete all assigned shifts. If a shift cannot be made, it is the member's responsibility to find a replacement AND inform the Officer on Duty, as well as email the squad account, at least 48 hours in advance with who will be covering their shift.
- Complete an orientation, complete training in Bloodborne Pathogen, Airborne Pathogen, and Ryan-White Act Compliance according to OSHA, hold valid certification in Cardiopulmonary Resuscitation (CPR), and obtain a picture I.D. from the Livingston County Sherriff's Office (Livingston County EMS I.D.).
- Leave duty ONLY if they have secured a proper replacement for their GFR commitment.
- Carry current certification cards and a picture I.D. (Livingston County EMS I.D) on their person while practicing emergency care.
- Be in approved uniform attire while on duty. (appendix 13)
- Must comply with all guidelines as outline in GFR's SOP's.

An active operational member shall not:

- Be under the influence of any mind altering or intoxicating substance. No Member will be on duty or in uniform or any GFR apparel while under the influence of any mind altering or intoxicating substance. **CREW MEMBERS WILL ARRIVE FOR DUTY STONE COLD SOBER.** As an absolute minimum, no mind altering or intoxicating substance will be consumed within ten (10) hours of arrival for a shift. If ten hours is insufficient, the Member will remove themselves from duty for as long as it takes to meet the rule as stated above.
- While on duty or in GFR uniform, be in the area of heavy alcohol use (i.e. parties, bars that are not restaurants, etc.), unless responding to an emergency call.
- Breach patient confidentiality. No information shall be given out except for the crew chief's name and hospital destination. The transporting agency can be given necessary medical information regarding the patient.
- Act in a manner that could be perceived to lead to an unfavorable image for GFR.
- Render emergency care above his current level of certification.
- Carry a firearm.
- Provide medical care that is not in accordance with NYS or Monroe/Livingston County EMT-B medical protocols.

If a member does not adhere to a responsibility or expectation:

- It shall be brought to the attention of the Captain.
- Any member found to be exhibiting a behavior that appears to interfere with the ability to do their job may be removed from duty by the Crew Chief, Executive Officer, or Officer on Duty and may be suspended by the Captain. An unusual occurrence report shall be completed. If a crew member feels a Crew Chief or other member is exhibiting unusual behavior an Executive Officer should be advised immediately.
- Anyone on a GFR crew who becomes involved in an altercation at the scene of an emergency shall notify the Executive Officers immediately. Any such incidents which you witness should be reported to the Executive Officers immediately.
- The Captain, Lt. of Operations, and Lt. of Training shall discuss the infraction and do one of the following:
 - Give a verbal warning
 - Give a written warning, signed by the executive board.
 - Give a suspension, in writing, for a designated amount of time.
 - Terminate the member from the squad.

Auxiliary Member: The following outlines the basic responsibilities and expectations of auxiliary members of GFR, but is not an all inclusive list. A Member may only be an Auxiliary for a maximum of one (1) semester. The following are not all the responsibilities and expectations. A member who does not uphold all the responsibilities and expectations, both those that are listed and that are not listed, shall be subject to disciplinary action as specified below.

An auxiliary member shall:

- Attend all squad meetings and training sessions. If a member needs to miss a meeting or training session, it must be approved by the Captain prior to the meeting.

An auxiliary member shall not:

- Provide any patient care in the name of GFR.
- Partake in any activity in the name of GFR unless given specific permission by an Executive Officer.

- Act in a manner that could be perceived to lead to an unfavorable image for GFR.

If an auxiliary member does not adhere to a responsibility or expectation he or she shall be dealt with in the same manner as active members, as explained under the active member section.

Leave of Absence/Suspension: An active member may request a leave of absence for a maximum of two (2) consecutive semesters. This request must be submitted to the Captain in writing. The duration of such leave should be stated in the request. All leaves will be subject to the approval of the Executive Officers of GFR. While on leave, or suspended, a member is:

- ineligible to vote
- ineligible to run for office
- exempt from active duty (suspended members are ineligible)
- exempt from attendance at regular business meetings (suspended members are ineligible)

While taking a leave of absence, or while suspended, a member may not, in any way, act in any capacity, on behalf of GFR. A request to return to active duty must be submitted in writing to the Captain.

Dismissal: For just cause, a member may be dismissed with the unanimous consent of the Executive Officers.

Responding to a Scene

Upon receiving a call, the duty crew shall respond to a primary dispatched scene in an efficient and safe manner. It is the responsibility of the duty crew (crew chief, driver, and attendant when applicable) to make the appropriate arrangements to be able to arrive at a scene in the GFR fly car as quickly as possible. Members who are not on duty *shall not* respond to a primary dispatched scene unless directly authorized to do so by an executive officer or if asked for assistance by the duty crew chief. The only exception is for executive officers who can respond to any scene. The highest ranking officer is in charge of the scene while the highest medical authority is in charge of patient care.

A minimum crew will consist of a GFR approved Crew Chief. A crew can also include up to two attendants. A crew should not exceed four people.

During the Shift:

Each crew member will be responsible to maintain the Squad Room, this will include cleaning and keeping the Squad Room presentable at all times.

Each crew will check out all equipment and the vehicle so it is ready for an emergency.

At the end of the shift the crew will clean the vehicle and the Crew Chief should give a report on the vehicle and equipment to the next crew.

Appendix 1- Dispatch

All medical calls that reach the University Police Department (UPD) dispatcher shall be forwarded to the Livingston County Sheriff's Office. The Livingston County Sheriff's Office will then dispatch GFR, the appropriate transporting agency, and ALS if necessary. GFR will be dispatched to all medical calls, occurring on campus, using the following protocol agreed upon by the Livingston County Sheriff's Office and the University Police Department.

Dispatch Protocol

SUNY Geneseo First Response (GFR) will be dispatched, by tones, by the Livingston County Sheriff's Office.

The GFR crew will take a portable radio, programmed to the Livingston County Emergency Communications Fire frequency, on all calls. County Fire & EMS units will also work on this frequency.

The GFR duty crew will be designated by the unit number "3310" for the Livingston County Sheriff's Office 911 Center and "3310" for University Police (UPD) dispatch.

The GFR duty crew will call "in service" and "out of service" to both the Livingston County Sheriff's Office 911 Center and UP Dispatch.

The GFR duty crew will call "on scene", "clear from scene", and "back in quarters" to both the Livingston County Sheriff's Department and UP when arriving at a scene or leaving a scene.

The GFR duty crew will communicate with an incoming agency, when appropriate, to: update the agency on applicable changes to a scene, to get an estimated time of arrival (ETA) when appropriate, to downgrade/upgrade the response of an incoming agency, or to cancel an incoming agency.

The GFR duty crew will communicate with the Livingston County Sheriff's Office 911 Center and UPD using a mobile phone if there is a problem with radio communications.

Appendix 2- Medical Protocol

GFR is a Basic Life Support Quick Response agency.

This means that GFR shall provide patient care up to the Basic Life Support level in accordance with New York State and Monroe/Livingston Regional Emergency Medical Advisory Committee (MLREMAC) medical protocols and policies.

This also means that GFR is the primary medical services provider to the Geneseo campus, but transportation of patients shall be done by an appropriate external agency (as dispatched by the Livingston County Sheriff's Office).

The medical director of the Lauderdale Center for Student Health & Counseling shall be the medical advisor for GFR. The medical advisor does not provide administration to the agency but acts as a resource and partner to help GFR provide the best medical care to patients. All of GFR's PCR shall be photocopied and provided to the medical advisor for review on a monthly basis. The Captain, or designee, shall then meet with the medical advisor on a monthly basis.

Medical Control shall be provided by Strong Memorial Hospital and Rochester General Hospital. The medical control numbers are as follow:

Strong Memorial Hospital: 585-271-2769
Strong Memorial Hospital Pediatrics: 585-756-3430
Rochester General Hospital: 585-338-3367

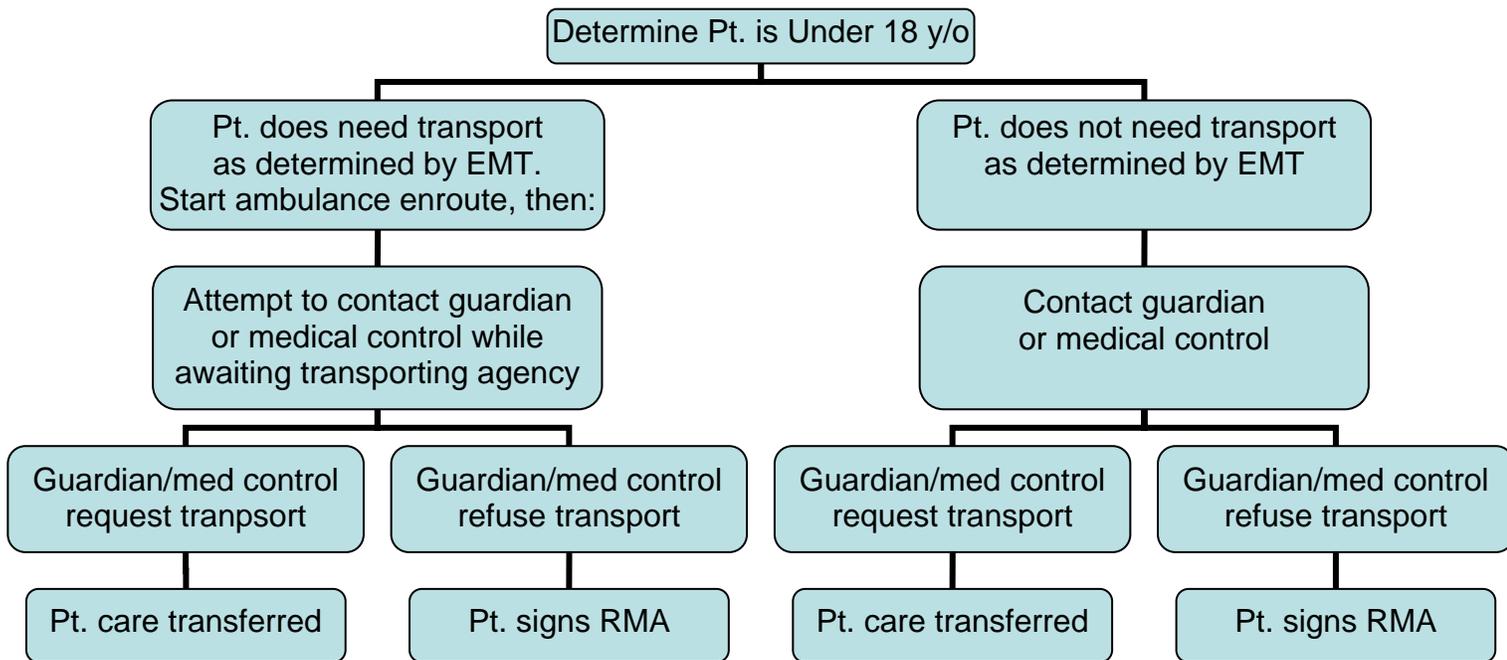
The New York State Basic Life Support protocols and Monroe/Livingston County Emergency Medical Services Protocols must be followed at all times.

Responsibility for patient care follows the following hierarchy listed below:

1. EMS medical director
2. Agency medical director
3. First on scene EMT-paramedic of an ALS response agency
4. First on scene EMT-critical care technician of an ALS response agency
5. First on scene EMT-intermediate of an ALS/ILS response agency
6. First on scene EMT-basic of a response agency
7. First on scene EMT of any level
8. First on scene person

Appendix 3- Minors

Patients who are under the age of 18 cannot refuse or consent to treatment/transport. Therefore, in the case of a minor, efforts must be made to contact the minor’s parent or guardian for consent or refusal of treatment/transport. Verbal permission, over the phone, is acceptable and the crew chief may use the cell phone to contact a parent or guardian. Should the crew chief not be able to contact a parent or guardian, medical control can be contacted. The following flow chart protocol was developed and approved by the Lauderdale Center for Student Health & Counseling, University Police Department, Dean of Students, and the Livingston County Office of Emergency Medical Services:



In the event of a life-threatening emergency, implied consent comes into play and appropriate treatment shall be rendered in order to preserve the patient’s well-being.

Appendix 4- Refusal of Treatment

Any patient who is judged to be in need of medical assistance shall be urged in strong terms, by the crew chief, to consent to medical treatment and transport to the hospital. A crew chief can also contact medical control and have the patient speak with a physician. Should a patient still refuse treatment, they will sign a Release against Medical Advice (RMA). No patient who has an altered level of consciousness shall be allowed to sign an RMA. Patients who are under the age of 18 shall follow the protocol outlined in Appendix 3.

As per NYS protocol, an altered level of consciousness means that a patient is either not Alert x3 and/or does not attain a perfect score of 15 on the Glasgow Comma Scale (GCS). Patients who do not meet these two requirements shall not be allowed to sign a Release against Medical Advice. For patients with an altered level of consciousness, the patient should be urged in the strongest possible terms to seek further medical treatment at a hospital. Medical control can be contacted for advice. If patient still refuses treatment, University Police Department will be contacted for assistance.

Patients who meet the requirements and are refusing medical treatment or transport must sign the Release on the back of the PCR and it must be witnessed.

NYS and Monroe/Livingston protocols should be consulted for more information.

Appendix 5- Emergency Vehicle Operations *(adopted from Department of Health Bureau of Emergency Medical Services Policy No. 99-02 Re: Ambulance Emergency Vehicle Operations)*

Purpose- There shall be established a system for the safe operation of all EMS emergency response vehicles.

Types of Responses

Non-emergency Operations- anytime an EMS response vehicle is out on an assignment other than an emergency run shall be considered to be a routine, non-emergency operation.

Emergency Operations- shall be limited to any response to a scene which is perceived to be a true emergency situation. True emergencies are defined by EMD and dispatch policy as any situation in which there is a high probability of death or life threatening illness or injury. The risk of emergency operations must be demonstrably able to make a difference in patient outcome. The ultimate decision to authorize emergency operations comes from the crew chief on duty. In general, priority one and two calls should be considered emergency operations. Response to priority three and four calls should be at the crew chief's discretion.

Emergency Vehicle Operations

First and Foremost- DO NO Harm!

1. Emergency operations are authorized only to responses deemed by dispatch protocol to be emergent in nature where the risks associated with emergency operations demonstrably make a difference in patient outcome.
2. Upon dispatch emergency operations are only authorized when the dispatch call type justifies an emergency response.
3. All routine operations will be considered non-emergency and shall be made using headlights only- no light bars, beacons, corner or grill flashers or sirens shall be used. During a routine operation, the fly car should be driven in a safe manner and is not authorized to use any emergency vehicle privileges as provided for in the V&T Law.
4. Emergency operations are authorized at a scene when it is necessary to protect the safety of EMS personnel, patients or the public.
5. EMS response vehicle do not have an absolute right of way, it is qualified and cannot be taken forcefully.
6. During an emergency operation the vehicle's headlights and all emergency lights shall be illuminated and the siren used as necessary.
7. Once on the scene, the decision for determining the type of response for additional EMS vehicles responding to the scene shall be made by a NYS certified provider following assessment of the scene and all patients.
8. EMS response vehicles shall not exceed posted speed limits by more than ten (10) miles per hour.
9. EMS service vehicles shall not exceed posted speed limits when proceeding through intersections with a green signal or no control device.

10. When an EMS response vehicle approaches an intersection, with or without a control device, the vehicle must be operated in such a manner as to permit the driver to make a safe controlled stop.
11. When an EMS response vehicle approaches a red light, stop sign, stopped school bus or a railroad crossing, the vehicle must come to a complete stop.
12. When an EMS response vehicle uses the median (turning lane) or an oncoming traffic lane to approach intersections, they must come to a complete stop before proceeding through the intersection with caution.
13. When traffic conditions require an EMS response vehicle to travel in the oncoming traffic lanes, the maximum speed is twenty (20) miles per hour.
14. The use of escorts and convoys is not permitted.
15. The driver of an EMS response vehicle must account for all lanes of traffic prior to proceeding through an intersection.

Appendix 6- Use of response vehicle when not responding to emergencies

When not being used to respond to an emergency, the following guidelines are to be used:

1. While out of service, the vehicle may not be driven by anyone other than the Captain, Lt. of Operations, or Lt. of Training, unless being used for training purposes.
2. While in service, the vehicle must be in a convenient location that allows for quick, safe, and efficient response to a medical scene on campus with all crew members.
3. While in service, the vehicle may not be driven: further East than Wal Mart on 20A, further West than Route 63, further North than Volunteer Road, or further South than Route 36.
4. While in service, the vehicle should not be outside of the campus/Main street area for extended periods of time (30 minutes or more), with out permission of the Captain.
5. The response vehicle must be kept clean and neat.
6. Parking the vehicle, see Appendix 22.

Appendix 7- Training drivers

Any driver of the response vehicle will be trained with the following guidelines and approved by 2/3 of the executive officers. This appendix will be completed and filed in the driver's file by either the Captain, Lt. of Operations, Lt. of Training, or Director of Driver Training upon completion of training by one of the aforementioned officers. Each line is to be initialed by officer and trainee.

- _____ 1. Member knows all applicable "ten-codes" and radio procedures.
- _____ 2. Member knows layout of campus, all buildings, all roads, and best access routes.
- _____ 3. Member familiar with all vehicle controls, radio controls, equipment, and siren controls.
- _____ 4. Member given a copy of Appendix 5 and Appendix 6 of GFR SOP. Member shows knowledge of information contained in said appendices.
- _____ 5. Member given a copy of NYS DOH Policy Statement 99-02 and copy of sections of NYS V&T Law pertaining to emergency vehicle operation (both located in section 13 of Pre-Hospital Care Provider Student Reference Guide). Member shows knowledge of these documents.
- _____ 6. Copy of member's NYS driver's license in member's file.
- _____ 7. Member passes driving test administered by GFR Officer. Test sheet placed in member's file.
- _____ 8. Member passes written test administered by GFR Officer. Test sheet placed in member's file.
- _____ 9. Member's name submitted to Captain for submission to University Police.

Member print and sign full name

Date

GFR Officer print and sign full name and title

Date

Appendix 8- Transferring Care

Patient care is the responsibility of the crew chief.

Patient care can be transferred only to another individual of equal or higher medical certification.

GFR is as BLS QRS service. Therefore, if a patient does not sign an RMA, the crew chief will transfer care to: an Advanced Life Support (ALS) technician or a Basic Life Support (BLS) technician who has arrived with their transporting ambulance.

Until such time as a patient has signed an RMA or patient care has been transferred, the crew chief shall not leave the scene.

Transfer from lower level of medical certification to higher level is automatic.

Transfer from one person to another of the same level requires verbal transfer.

Transfer from higher to lower level requires verbal transfer and medical control authorization. (standing order or on-line)

Appendix 9- Equipment & Supplies

Equipment shall be checked at the beginning of each shift by the duty crew to make sure that it is present and in good order. Any deficiencies or malfunctions regarding equipment should be reported immediately to the Lt. of Operations or officer on duty.

Equipment maintenance shall be the responsibility of the Lt. of Operations.

Supplies in the fly car and trauma bag shall be checked at the beginning of each shift by the duty crew to make sure that they are present and in good order. Any deficiencies should be reported immediately to the Lt. of Operations or officer on duty.

Supply stocks shall be maintained by the Lt. of Operations. The Lt. of Operations shall submit a supply list to the Captain, on an as needed basis, who will approve the purchase of supplies.

The fuel level of the fly car should be maintained at or above a half tank. This too will be checked at the beginning of every shift and filled, if necessary.

When taking pagers and the low-band radio, the batteries need to be replaced from the fresh batteries in the charger by the crew that is beginning the shift.

A pre-shift checklist shall be completed and placed in the Lt. of Operations box at the beginning of every shift.

All equipment required for a GFR Vehicle is found on the pre-shift checklist.

Appendix 10- Executive Officer Notifications

Notify the Executive officers immediately by phone or pager (if necessary have fire control page for officers with tones):

1. A GFR Member becomes involved in an altercation
2. A Member is carrying a weapon of firearm (notify University Police as well)
3. A GFR vehicle is involved in a traffic accident
4. A Member is relieved from duty
5. A Member appears to be exhibiting a behavior that could interfere with their ability to do their job
6. A Member experiences an illness or injury on duty
7. Major Incident, Fire, MCI etc.
8. Major problem/disagreement with another agency

Notify in writing via report, log, and/or e-mail:

1. Repairs needed for any GFR medical equipment
2. Equipment breakdown or failure
3. Vehicle breakdown
4. Any unusual occurrence
5. Patient complaints
6. Bystander complaints
7. Minor problem/disagreement with another agency

Appendix 11- Crew Member Illness/Injury

The Captain must be notified of ALL injuries which occur to GFR personnel while on duty, no matter how minor the injury may be.

Any crew member who receives professional medical treatment for an injury while on duty shall be relieved of duty for a minimum of 24 hours unless cleared by the doctor giving treatment.

When an injury or illness occurs while you are on duty, contact the Executive officers or Officer on Duty immediately.

A GFR injury report needs to be completed and submitted to the Captain within 24 hours.

- A written statement from crew and crew member injured with the PCR number.
- A copy of the PCR filled out.

Appendix 12- Response of GFR Executive Officers and Officer on Duty

The Executive officers and Officer on Duty may respond to any incident to which GFR has been dispatched. The purpose of the response is as follows:

1. coordinating EMS activities at the incident
2. assisting and/or supporting GFR personnel at the incident
3. reviewing GFR operations

For these same purposes the Executive Officers and Officer on Duty should be requested to be dispatched by the Livingston County 911 Center to the following type of incidents:

1. incidents requiring more than one ambulance
2. structure fires
3. hazardous materials incidents
4. accidents involving GFR vehicles

Once at the scene of an incident the Officer is responsible for the follow-up of any issues resulting from that call, including but not limited to:

1. arranging/coordinating critical incident stress debriefing
2. arranging/coordinating critique or debriefing of the incident
3. investigating and reporting any complaints or incident reports resulting from the call
4. insuring proper return to service of all equipment

Appendix 13- Dress Code

All GFR personnel will be in uniform any time they are representing the organization.

“On Duty” personnel should be neat, clean, and **MUST** be in uniform.

The uniform will consist of:

1. Shirt – Plain blue class A shirt or navy blue shirt with no insignias other than GFR or training identifiers. The shirt must cover the upper arms, entire chest, and the abdomen. A GFR patch may be displayed on the left sleeve and a training level / certification patch on the right sleeve.
2. Pants – Long dark blue or black pants covering the legs in their entirety. No wind pants or sweat pants are acceptable.
3. Jacket – must be of a uniform style and a GFR patch may be displayed on the left sleeve and a training level / certification patch on the right sleeve. Jackets should be dark blue or black in color.
4. Shoes and Socks – Sturdy boots or shoes are strongly recommended. Socks must cover the ankle and lower legs.
5. Variations – Plain blue sweaters or work shirts with no insignias other than GFR or training identifiers are acceptable.
6. Exclusions – Hats, shirts, and jackets from fire departments, other ambulance/rescue squads or advertising products are prohibited. Dresses, skirts, shorts, or inappropriate or open toed shoes are not allowed. For your protection, neckties, loose or dangling jewelry should not be worn.
7. Miscellaneous – Long hair is to be secured in the back.

Appendix 14- Safety – On Scene

The personal safety of the crew is a paramount concern and should always be the top priority of the entire crew. The Crew Chief will be responsible for crew safety.

- Crews should attempt to remain together whenever possible.
- A University Police and Livingston County portable radio should be kept with the crew chief at all times.
- Assure safety before entering any scene.
- Always retain an escape route for the entire crew at all scenes.
- Wear appropriate personal protective equipment (PPE, BSI) at all times.
- If any crew member becomes uncomfortable regarding a hazardous condition, advise the crew chief of the concern.

Approaching the Scene:

1. Park conveniently to allow the crew to exit the vehicle safely and access all compartments of the vehicle. If possible, park in such a way as to protect the crew from any oncoming vehicle traffic.
2. Approach all scenes with caution, taking special note of hazards and unusual occurrences/objects.
3. When appropriate, reduce siren use when approaching the scene.
4. Special scenes:
 - Dispatched calls relating to overdose, hanging, emotionally disturbed patients, etc.
 - a. Consider staging near scene until cleared by Police via Fire Dispatch, University Police, or direct personal interface.
 - b. Park the vehicle with an escape route from the scene.
 - c. At the crew chief's discretion, exit the vehicle and proceed into the scene.
 - Dispatched calls involving weapons or assaults.
 - a. Remain out of the line of fire, out of sight until cleared by police on scene via Fire Dispatch, University Police, or direct personal interface.
 - b. Turn off emergency lights and sirens before approaching the staging area or scene.
 - If fire rescue is already on scene, advise the officer in charge of their operations of your intended actions.
5. At the scene
 - Approach the scene with at least two crew members, if possible.
 - Plan an escape/exit route and determine potential hazards.
 - Assure proper lighting of the scene.
 - Assure that any equipment being carried by crew can be readily dropped in the event of a need to rapidly exit a scene.
 - Approach doorways from the side. Assure that crew is not standing in front of the door or windows.
6. Inside the Scene (building)

- Maintain exit for crew. Do not allow patient or bystanders to block your exit route.
- Stay with crew when possible.
- Turn on any needed lights.
- Require that televisions, radios, etc. are turned off to prevent interference with crew duties.
- Require cigarettes, candles, and other burning objects be extinguished.
- Require all pets to be secured.
- Remove weapons from patient and bystander reach or access. If possible, have a law enforcement officer perform this task. If weapons are involved leave the scene until Police has secured the scene.

7. Special Scene Situations

- Scene zones – Each emergency scene has its own dangers and set of variables. As such, the need to maintain personal and crew safety is important. In all possible situations, check with the incident commander to determine where it is safe to position vehicles and crews. Crews should never be in the hot zone. Due to the duties we perform, much of our action occurs in the warm zone, however, when possible, crews should be in the cold zone.
 - Cold Zone – No danger of exposure to incident, safe for all personnel
 - Warm Zone – Some danger of exposure to incident, generally safe for trained personnel, possible need for protective equipment
 - Hot Zone – Dangerous area where incident is considered on-going. Only trained personnel with appropriate protective gear allowed access.
- Motor Vehicle Collisions
 - Do not enter vehicle until safe (assure no hazard from fire, fluids, or fallen wires, vehicle may need to be disconnected from battery and chocked)
 - Do not enter a vehicle without proper protective equipment including eye protection. (turnout or extrication gear)
- Hazardous Materials
 - Do not enter scene until cleared by incident command and assuring no potential danger for crew
 - Verify nature of hazardous material with poison control - 1-800-222-1222 and/or Chemtrec - 800-424-9300
 - Remain upwind from scene
 - Remain in cold zone at all times if possible
- Structure Fire
 - Remain outside of hot zone as deemed by the Incident Commander
 - Try to remain upwind of the scene
- Fight scenes / Party scenes
 - Assure crew safety

- Await police arrival
- Try to remain with crew
- Assure proper lighting
- Assist other emergency services on scene as needed
- Consider removing the crew from the scene until secured by police
- Consider removing the patient to another location and performing initial care there
- Patient or bystander becomes violent or related problem
 - At crew chief's discretion, consider removing entire crew from scene until police arrive if unsure of being able to maintain safety of crew and patient
 - Contact University Police or Fire Dispatch for any needed assistance
- Water rescue / Ice Rescue
 - Keep crew out of water and off ice unless specially trained for those situations and equipped with life preservers and anchor lines
 - This type of scene is a rescue scene until the patient is removed from the water
- EDP (Emotionally Disturbed Patients) / Calls involving weapons
 - Have police search patient for hidden weapons prior to taking over patient care or transport
 - If weapons are found have police remove them from patient access

Appendix 15- Patient Care Reports

PCR's must be filled out for the following situations:

- Every time a call is dispatched for GFR, even if it is cancelled before the crew reaches the vehicle.
- Anytime a patient walks into the Squad Room to be evaluated for an illness or injury. This is not necessary for routine blood pressure checks.
- Anytime a crew member on duty is injured and seen at a medical facility.
- In multiple casualty situations (e.g. MVC's, MCI's) a PCR must be filled out for every patient who is treated or evaluated throughout the incident.

PCR's must be filled out carefully and thoroughly using a black ball point pen. The PCR becomes a part of the patient's permanent hospital records. Also, the PCR is GFR's only permanent record of a call. It may be needed years after the incident to refresh your memory before testifying in court, and is the only documentation of the care provided to the patient. Make responses on the PCR concise, accurate, and complete.

Write on the PCR the name of the physician(s) speaking as medical control even if no medications are ordered.

The best emergency care can be given to a patient, but without a good, complete PCR, no one will know. In a court of law, if you didn't document it, you didn't do it.

An Unusual Occurrence Report should be filled out on any call where you feel there is a need to review the call. Both "good" and "bad" calls can be reviewed. Unusual Occurrence Reports should be submitted to the Captain.

Appendix 16- Confidentiality

NO INFORMATION is to be given out about any call, except as noted below. This includes the names of the crew, the patient, or any information regarding the nature of the call. Refer all inquiries to an Executive Officer.

EXCEPTION: Information may be given to a Police Officer investigating a call you responded to, but ONLY if the officer makes this request during the same GFR duty shift in which the call occurred and ONLY in person. Do not give out any information over the telephone. If a Police Officer requests information at a later time or date, refer him to an Executive Officer.

Do not transmit the patient's name over the air.

Upon receiving a request for information from a call:

- Inform the person they need to speak with the Captain or have a subpoena sent to SUNY Geneseo attn: Lauderdale Health and SUNY Geneseo First Response.
- Take a name, and phone number where they can be contacted.
- Let them know the responsible personnel will contact them as soon as possible.
- Leave the information in the Captain's mail box found in the Squad Room.
- Do not give out any information.

Appendix 17- Patient Abuse

Crews are not to confront the possible abuser but to observe and document objectively pertinent details on the PCR, and to follow up with an unusual occurrence report.

On a call where the crew suspects physical or emotional abuse of a patient by anyone including another healthcare provider, the crew should follow these guidelines:

- Do not confront or accuse the provider.
- Take necessary steps to prevent any further physical injury to the patient.
- The incident must be objectively documented on the PCR, including what actions or injuries were witnessed and what the patient states about the incident.
- An unusual occurrence report, referencing the PCR number, should be completed and submitted to the Captain prior to the end of shift on which the incident occurred.

On the scene of any abuse or possible abuse, GFR crews will not confront the suspected abuser. Crews will notify law enforcement through University Police or the 911 Center.

Upon transfer of patient care to a transporting agency, the EMT of the ambulance should be advised of the possible abuse and he reasons that the abuse is suspected. Healthcare providers are mandated to report any possible Child Abuse cases or suspicions.

The incident must be objectively documented on the PCR, including what actions or injuries were witnessed and what the patient states about the incident. Crews should document on the PCR all pertinent information and physical findings. Make sure to include statements from the patient and observations. Be sure to leave personal feelings out of the call.

An unusual occurrence report, referencing the PCR number, should be completed and submitted to the Captain prior to the end of shift on which the incident occurred. Crews will complete a social service referral form and submit that to the Captain.

The Captain will follow up with management of the facility or social services regarding the incident. The Captain will pursue the matter until an appropriate resolution is achieved.

Appendix 18- Fire Scene Stand-by

GFR will assist the Fire Department and Ambulance with medical coverage and rehab in the area whenever possible.

When dispatched to a fire scene, anticipate that fire apparatus will be responding and yield when necessary.

Be careful not to block access for fire apparatus to the scene and any fire hydrants.

The crew is to notify Incident Command of their presence and be directed to the medical stand-by / rehab area.

Work with and assist ambulance crews and fire personnel with medical care and rehab.

Appendix 19- Pre-Scheduled, Non-emergency Standbys

GFR will provide when requested, non-emergent, pre-scheduled, standbys for campus, community, and public events.

All Standbys will be cleared through an Executive Officer.

Standbys will be split into two categories, dedicated and non-dedicated.

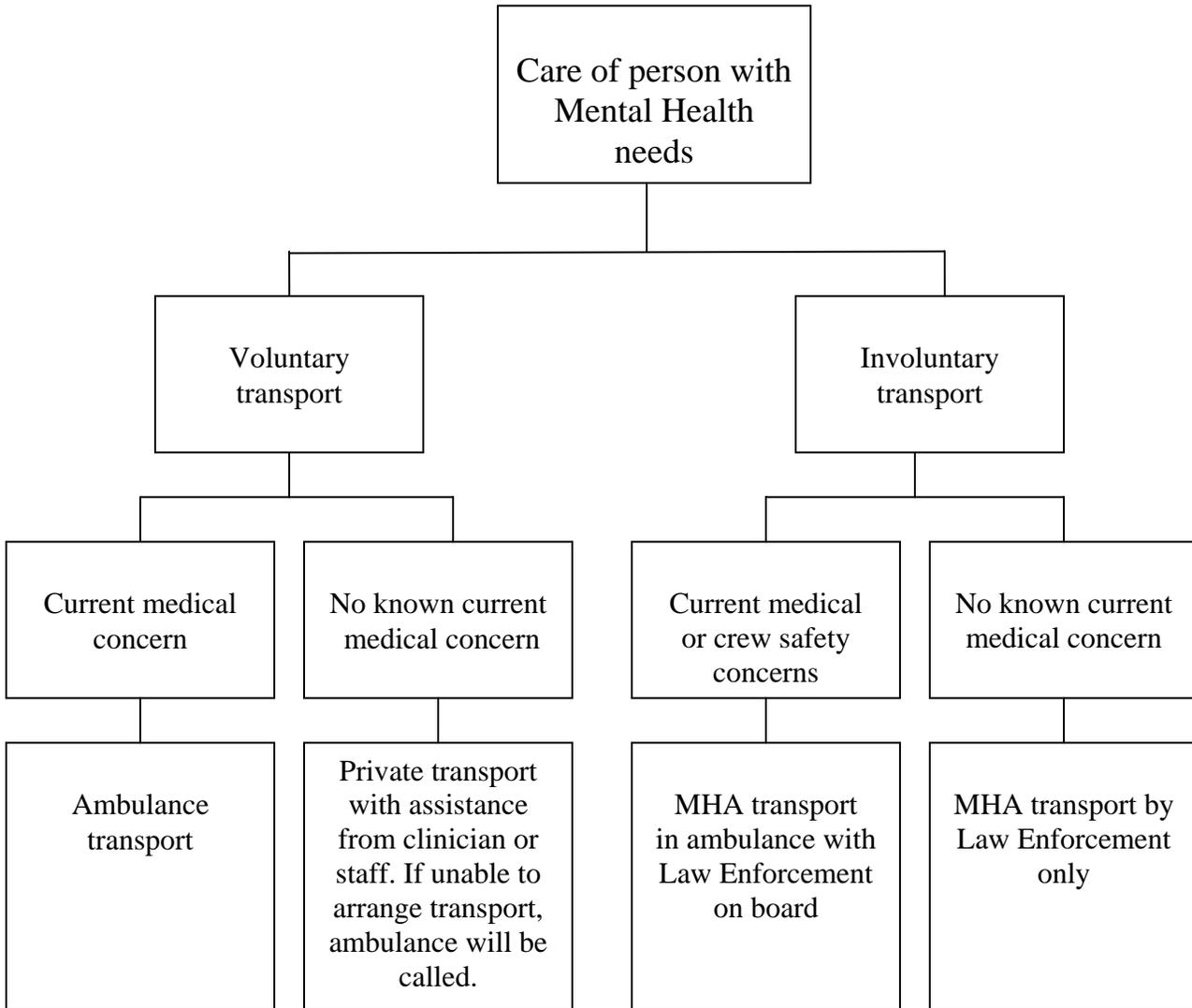
- A dedicated standby is a standby in which a crew is solely committed to an event or function. This standby crew will be responsible for providing medical coverage and treatment for any person or persons at the said event. It will not respond to calls outside the event.
- A non- dedicated standby will be a crew that has been asked to be at a function or event without being committed. Such a crew is available to respond to other calls.

The following procedures will be used in handling the above described events:

1. Determination:
 - All requests for non-emergent pre-scheduled standbys will be forwarded to an Executive Officer.
 - The Executive Officer will determine the type of standby and if it is dedicated or non-dedicated.
 - Information that should be obtained: Location, Type of event, Amount of people expected, Time requirements, Requirements for service (ALS, BLS, Transporting ambulance), dedicated or not.
 - A Standby request form should be filled out.
 - The Executive Officer will determine if GFR accepts the standby, and coordinate GFR's role with the requesting party.
2. Scheduling:
 - The Executive Officer will refer the standby for scheduling.
 - A sign up sheet for the standby will be posted allowing enough time for personnel to sign up.
3. Crew Requirements for Standbys:
 - Any standby crew will consist of a minimum of a GFR approved Crew Chief with necessary equipment and a radio and cell phone to communicate with the 911 Center.
 - A transporting ambulance and ALS should be considered for a large event or events which may necessitate Advanced Life Support assistance.
4. Procedure for Dedicated Standbys:
 - The dedicated crew will follow the usual crew responsibility's for the shift.
 - The dedicated crew will call the 911 Center and advise that a vehicle will be unavailable for emergency calls or that a second crew will be dedicated at a standby. They must also let the 911 Center know the location.
 - A dedicated crew will not leave the standby for any reason.
 - If the standby crew finds a patient that needs transport, the crew will begin treatment and contact the 911 Center as soon as possible to start the closest ambulance for transport.

- The standby crew may handle any evaluations or refusals as needed without calling for a transporting ambulance.
5. Procedure for Non-Dedicated Standbys:
- The crew will remain in service with the 911 Center and remain ready for emergency calls.
 - If the non-dedicated crew finds a patient, treatment should be initiated and contact made to the 911 Center as soon as possible to start the closest ambulance for transport.
 - The understanding that the crew may need to leave for other emergency calls will be made before the date of the standby.
6. Special Considerations for Sporting Event Standbys:
- If an athletic trainer is present at the event that trainer will be responsible for the patient until they request EMS to become involved.
 - The crew is to notify the trainer of their presence.

Appendix 20- Mental Hygiene Arrests



Appendix 21- Responding to Lauderdale Health Center Calls

When responding to the Lauderdale Health Center for a call during the Lauderdale Health Center normal business hours for a patient that is in the care of the facilities health professionals the following procedure is to be followed:

- On arrive at the Lauderdale Health Center the vehicle should be park in safe place that is not obstructing traffic or blocking an ambulance or ALS.
- After notifying University Police and the 911 Center of on scene status, the Crew Chief is to walk in with the portable radios and ask at the front desk for a Nurse or the person in care of the patient.
- The Crew Chief will then ask if any assistance is needed from GFR. If so, follow the provider's (e.g. Nurse) instructions. If not, go back to the vehicle and wait for the ambulance to arrive on scene.
- You may guide the ambulance to enter from Franklin St. and use the back entrance to the Lauderdale Health Center.
- Once the ambulance arrives on scene notify University Police and the 911 Center that you are clear from the scene and return to service.

When responding to the Lauderdale Health Center for a call during the Lauderdale Health Center after normal business hours or for a patient that has not been seen or assessed by the facilities health professionals, normal response and emergency care and assessment would take place.

Appendix 22- GVFD/GFR/Emergency Vehicle Parking on Campus

Geneseo Volunteer Fire Department (GVFD) Ambulance:

Student Members -

1. Parking Services must receive a verification letter with the names and scheduled on-duty coverage times from the GVFD Captain.
2. Student members will be assigned pre-numbered dashboard plaques for use in faculty/staff lots between the hours of 4:30 PM and 7:00 AM only.
3. Student members must also have a resident parking permit in order to obtain a reverse decal.

Geneseo Volunteer Fire Department (GVFD) Ambulance:

Faculty/Staff Members -

1. Parking Services must receive a verification letter with the names and scheduled on-duty coverage times from the GVFD Captain.
2. Faculty/Staff GVFD members must have a faculty/staff parking permit
3. Special parking arrangements can be made with Parking Service Office. Striped hang tags will be issued for an appropriate parking area.
4. Bruce Godsave and Michael Rozalski faculty/staff employees share an area in Welles Load Zone for on-duty parking. They cannot utilize the "Emergency Vehicle Only" area.

Geneseo First Responder (GFR):

1. Parking Services must receive a verification letter from the Captain of GFR with the names of the executive officers (Captain and two Lieutenants).
2. Student members will be assigned pre-numbered hang tags for use in faculty/staff lots between the hours of 4:30 PM and 7:00 AM only.
3. Incoming Executive Officers need to advise (written form) Parking Services as soon as known of new residence location to relocate signs.
4. The Captain and two Lieutenants may obtain a special permit (SP) hang tag for their personal vehicle in order to park in "RESERVED GFR PERMIT ONLY" spaces and Adjacent Parking to "Emergency Vehicles Only" spaces.
5. These members must also have a resident parking permit.
6. RESERVED GFR PERMIT ONLY signs (3 white backing/blue letters) will be relocated in a resident student lot whenever residence locations change. University Police will submit a work order to relocate GFR signs as soon as new residence locations are known.
7. Two generic SP hang tags stating GFR ON DUTY will be issued to the GFR Captain for on-duty GFR members to park in the Wyoming Hall Service Area. These special permits expire at the end of the academic year.

“Emergency Vehicles Only” Parking Areas:

1. These parking areas are designated by an “Emergency Vehicles Only” sign.
2. Access to these spaces include: 3310, GVFD Chief and Assistant Chiefs, SUNY Geneseo PD, Sheriff, NYSP and other marked police, fire or medical emergency vehicles.
3. “Emergency Vehicle Only” signs are located south of W lot north of Roemer, west side of Blake A, north side of Red Jacket, Welles Load Zone, A Lot near Greene Load Zone and a central location yet to be determined.
4. “Reserved - Emergency Vehicle Only” spaces/areas are **not** for personal vehicles.
5. Parking is available anytime in BB lot for GFR/GFVD **on duty** members displaying a pre-numbered dashboard plaque or hang tag.

Adjacent Parking to “Emergency Vehicles Only” signs:

1. A vacant space is being designated next to the “Emergency Vehicles Only” signs for **on duty** GVFD member medic’s personal vehicles displaying a pre-numbered dashboard plaque, except for W lot north of Roemer which will only be available for an Emergency Vehicle.
2. Parking in these spaces will require a pre-numbered dashboard plaque from GVFD.

Appendix 23- Miscellaneous

Patient confidentiality is of the utmost importance and shall be respected at all times. Any breach of patient confidentiality must be reported to the Captain immediately.

Any problems with a run should be reported to the Captain or a Lieutenant immediately. Incidents that fall under this guideline include, but are not limited too: patient problems, bystander problems, problems with law enforcement, problems with crew members, problems with Residence Life members, problems with other EMS agency personnel, etc.

GFR members shall be considered voluntary employees of the college and an updated roster shall be submitted by the Captain to the Dean of Students and Vice President for Student and Campus Life within three weeks of the start of the semester.