

University of Rhode Island Emergency Medical Services



STANDARD OPERATING PROCEDURES: GUIDELINES AND GENERAL ORDERS

IMPLEMENTED UNDER THE ADMINISTRATION OF:

CHIEF SHAD U. AHMED

INTRODUCTION

I. PURPOSE:

The purpose of these Standard Operating Procedures (SOPs) shall be to maintain a current standardized set of operational procedures for the University of Rhode Island Emergency Medical Services in accordance with State law, R.I. Department of Health regulations, federal regulations and University of Rhode Island policies and regulations.

II. SCOPE:

These Standard Operating Procedures shall cover all operational aspects of the University of Rhode Island Emergency Medical Services, including but not limited to routine and irregular emergency and nonemergency medical care and transport services, maintenance and usage of all equipment including but not limited to vehicles, buildings and medical and nonmedical devices and operations such that a member is acting on behalf of or representing the University of Rhode Island with respect to Emergency Medical Services or other such prehospital medical care.

III. AUTHORITY:

The authority for these Standard Operating Procedures shall be defined and adopted only from the following sources: the University of Rhode Island Emergency Medical Services, the University of Rhode Island Health Services, the University of Rhode Island, the State of Rhode Island Department of Health/Division of Emergency Medical Services, the State of Rhode Island Department of Health, the State of Rhode Island, or the United States of America. The authority of these organizations shall be defined by any official representatives of the above agencies in accordance with the rules, regulations, policies and statutes of the respective organizations, or by the directives of any representative of the above organizations with the authority to issue such a directive. The authority of the Chief of the University of Rhode Island Emergency Medical Services finalizes and approves these SOPs. The Chief shall assume responsibility for maintaining current SOPs in accordance with the directives, rules, policies, regulations and statutes of the above organizations.

If a civil or natural disaster or an extreme emergency situation requires a deviation without authority, the incident must be documented and reviewed immediately.

IV. GUIDELINE SOP (GL-SOP):

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

V. GENERAL ORDER SOP (GO-SOP):

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

VI. NOTES ABOUT UPDATES:

SOP's are updated to comply with the latest regulations and as otherwise necessary. The Title/Number of each SOP indicates whether the SOP is primarily a guideline SOP (GL) or strictly a general order SOP (GO). Pages are numbered within every SOP. The Table of Contents are updated with every updated SOP. This Table of Contents indicates the full list of SOP's and the latest updates of each SOP current to that date. This is to ease the process of updating only those SOP's necessary one at a time without discarding the entire SOP version.

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Effective November 27, 2004 these are the most current Standard Operating Procedures of the University of Rhode Island Emergency Medical Services.

These SOP's are under constant review and will be updated as such. Any questions, concerns, or ideas may be brought to the attention of the Chief.

I hereby give authority to these operating procedures to be implemented and followed immediately.

Signed:

Shad U. Ahmed
Chief, Emergency Medical Services
University of Rhode Island

November 27, 2004

Supporting Administration:
Deputy Chief [Human Resources]: Elizabeth Feazell
Deputy Chief [Operations]: Michael Grzybowski
Captain [Training]: Brian Doucette

GL-SOP1

ADVANCED LIFE SUPPORT

1. ALS Emergency
2. ALS Assist
3. Transport of ALS Procedures
4. ALS Response Paperwork

1. ALS Emergency

An “ALS Emergency” is any medical call requiring advanced patient care procedures wherein receiving that care in a timely manner may have an effect on the outcome of that patient.

Common types of ALS calls include but are NOT limited to:

- Abnormal vital signs. BP, Pulse, Respirations and Heart/Lung Sounds are considered the primary vital signs. Secondary vital signs that may be utilized include blood glucose, temperature, SpO2 and level of pain.
- Chest Pain (which could indicate myocardial infarction or other cardiac condition)
- Altered Mental Status (which could indicate cerebro-vascular accident or other conditions requiring ALS)
- Drug Overdoses/Ingestion of poisons
- Allergic Reactions/Anaphylaxis
- Any indication of dehydration
- Seizures
- Cardiac or respiratory arrest
- Severe pain (ALS can assist with relief excluding abdominal pain)
- Severe respiratory distress or seriously obstructed airway
- Gross Hemorrhage
- Shortness of breath
- Diabetic emergency

Feel free to call for ALS when in doubt or even BEFORE you respond to the above calls. It is better to call and cancel when not needed rather than call too late.

2. ALS Assist

ALS Assistance should be requested by the following procedure in the event that ALS is necessitated as defined above or at the discretion of the EMT.

The decision to request advanced life support should be made as early as possible to ensure quick and efficient response. Consideration for advanced life support should begin once the call is dispatched. Do not hesitate to have them dispatched upon receipt of the call. You also have the option of canceling them prior to arrival or have them continue for an evaluation of the patient. Keep in mind that advanced life support may triage the patient to BLS and clear the scene or may transport with you in our ambulance.

If you decide you need advanced life support to respond to the scene, the first request should be made to the nearest provider: South Kingstown EMS Rescue 2.

1. Contact “C” and state the following: “Contact “K” and have Rescue 2 and Rescue 2 only dispatched to this scene for advanced life support. Please inform me of their availability and ETA (estimated time of arrival).”
It is very important to be specific about what rescue you want as well as being informed as to their availability. If you are not specific and clear about your request, there is a strong potential for a dispatching error. No one may respond at all or they may send additional rescues without your knowledge.
2. Rescue 2 will switch to the URI PD Dispatch Channel and contact 1192. Be ready to respond to communicate with them the exact nature of the call and they will relay their ETA to you directly.
3. If Rescue 2 is not available to respond, it usually means that Rescue 1 and/or Rescue 3 are tied up on another medical emergency. At this point consider the estimated scene time you will need.
 - If your scene time will be more than 15 minutes, consider calling for the next closest transporting advanced life support rescue.
 - If your scene time will be less than 15 minutes, consider rapid basic life support transport.
4. *Mid-Transport ALS Intercept: Requesting ALS services after already initiating transport. (i.e. meeting Rescue 2 at the Pump House while on the way to SCHED).*
 - a. Avoid by requesting ALS early on.
 - b. Examples when needed: critical patients requiring immediate life saving or resuscitative measures, urgency to leave a medical scene for any reason or mechanical problems with the problems with the truck.
 - c. If needed, have “C” contact “K” to have Rescue 2 attempt a mid-transport ALS intercept at [specify location]. If Rescue 2 does not switch channels to our channel, you may switch to theirs. Rescue 2 may not hear you on their channel if they have not been dispatched as their radios are almost always on “pager mode.” If you need to talk to Rescue 2 and they are not on the air, have “K” raise Rescue 2 on the air. DO NOT USE SIGNALS!

3. Transport of ALS Procedures.

The University of Rhode Island Emergency Medical Services is a state licensed Basic Life Support Transporting Ambulance. URIEMS cannot transport any patient that is receiving any form of ALS treatment without the presence of an ALS-equipped licensed provider and ALS licensed service. Regardless of whether or not the EMT on the URI EMS ambulance is an ALS EMT, they are not permitted to transport the ALS procedure, due to the fact that URI EMS is a BLS ambulance.

In the event that a patient from Health Services has ALS procedures in place, Health Services will notify URI PD as such when they call for the transport. URI PD will automatically tone out for the OIC to determine the course of action. The OIC will initiate contact with the Health Services Triage Nurse to determine what course of action will be taken as follows:

1. In the event the patient you will be transporting has only an IV as their ALS treatment and Health Services determines that the patient is stable enough to be transported without the IV running, URIEMS MAY transport the patient as long as the IV solution is taken off and the catheter is capped. This is perfectly within Health Department regulations. The IV catheter is kept in place so that the receiving facility may reattach another IV for the patient. This action by Health Services must be documented in the Patient Information form given to the EMS crew at time of transport.
If the patient has an IV that can be capped, the OIC will have URI 1192 toned out to complete the transport.
2. The OIC will consult with Health Services to determine if the patient must be transported with ALS procedures.
If the transport must be transported ALS, then the OIC will have Rescue 1 or 3 respond from SKEMS. This is the simplest way to complete the transport and is the preferred method for SKEMS versus calling for Rescue 2.
The OIC has the option of dispatching 1192 to standby or for resources, etc., depending on the situation. The OIC will standby until either the patient is transferred to SKEMS or Health Services releases the OIC.
3. In the event ALS mutual aid is not available or practical and the patient must be transported with ALS, **a Nurse or Doctor from URI Health Services (if available), may accompany the EMT's of URIEMS as the ALS provider.**

4. ALS Paperwork

For any call that is ALS, the EMT must document everything done as per normal procedures until the ALS unit arrives and there is a transfer of care to that ALS provider. The URI EMS EMT may document anything done after this point if they determine it is necessary. If the ALS unit triages back down to BLS, this should be noted and everything must again be documented. If the ALS unit takes a refusal on their paperwork or if the patient is transported ALS, the URI EMS EMT must have the ALS Unit sign as having received the patient where the ER staff normally signs. If the ALS Unit does not officially start care but is there in an advisory capacity, the transfer of care did not occur and the URI EMS EMT must document the run as such, while making note of the presence of ALS. The specific unit providing ALS should also be noted (i.e., SKEMS R2)

5. Air Ambulance

In the event that the OIC/EMT determines that rapid transport to a trauma center may be vital to patient care, an air ambulance should be considered. Air Ambulances should be considered especially for Motor Vehicle Accidents with long extrication times.

If multiple EMS or Fire departments are on scene, be sure to communicate with them that you are considering an Air Ambulance. For any landing of an Air Ambulance, fire apparatus standing by are REQUIRED at the landing zone.

1. Request "C" to contact an Air Ambulance service and give any information you may have on the patient's condition or at the very least, the nature of the emergency. The telephone numbers are also in the ambulance, in the RI protocols and in the Nextels.
2. Request "C" to have Rescue 2 respond (if necessary/appropriate).
3. Request "C" to have KFD report to the desired landing zone. See the MCI (Multiple Casualty Incident) book in the ambulance for the latest landing zone designations. They are also listed in the URI EMS emergency response book.
4. Follow all RI State Protocols pertinent to this (See "Air Ambulance" Protocol)

GL-SOP1 History

ADVANCED LIFE SUPPORT

"ALS Assist" Created by Christopher G. Cowan, Unknown

Updated: Robert T. Hart, 1/2002, Shad U. Ahmed, 8/2004, 11/2004

"Transport of ALS Procedures" Created by Robert T. Hart, 12/2002

Updated: Shad U. Ahmed, 11/2004

"ALS Emergency" Created by Shad U. Ahmed, 8/2004

"ALS Paperwork" Created by Shad U. Ahmed, 8/2004

"Air Ambulance" Created by Shad U. Ahmed, 11/2004

GL-SOP2

STANDARD COMMUNICATIONS

1. Communications Equipment
2. URI EMS Call Signs
3. URI Radio Signals
4. Radio Channels
5. Nextels
6. Radio Communication at South County Hospital
7. Communication Out of Range

PLEASE READ THE URI EMS COMMUNICATIONS MANUAL FOR MORE SPECIFIC INFORMATION. Use common sense and radio etiquette techniques described therein. SPEAK SLOWLY... not matter how serious an emergency, collect yourself before speaking into the mic so as not to confuse anyone and to have a professional appearance. Remember, people actively listen on scanners!

1. Communications Equipment:

URI EMS will issue or assign radio equipment as available. The Deputy Chief for Operations will assign the radios.

All communications equipment issued by an on-duty OIC must be for the purposes of the on duty crew to respond to emergency calls or to facilitate the response of other members to an anticipated emergency call. The equipment must be returned as soon as the member is off duty or when it is no longer necessary for the equipment to be issued. Any incoming OIC may wish to recall such equipment if needed.

2. URI EMS Call signs

Station C = Dispatch

EMS Headquarters = EMS Headquarters

1190 = <RESERVED/UNASSIGNED>

1191 = <RESERVED/UNASSIGNED>

1192 = Rescue 1192

1193 = <RESERVED/UNASSIGNED>

1194 = <RESERVED/UNASSIGNED>

1195 = Chief

1196 = Deputy Chief [Human Resources]

1197 = Deputy Chief [Operations]

1198 = Captain

1199 = ON DUTY Lieutenant or acting OIC

1192tech = On duty EMT/Crew Technician

1192driver = On duty driver

1192A = On duty First Responder/Probie 1

1192B = On duty First Responder/Probie 2

3. Radio Signals

Radio Signals are used solely for the purpose of aural brevity. Only for certain rare situations are aural brevity codes used for “secrecy.” If ever you are in doubt of what signal to use or if it is not needed, use PLAIN ENGLISH! It is actually preferred to use English to maintain clarity.

4. Radio Channels

It is important to note, if you are not on the URI channels for any reason, you **MUST** identify yourself as “URI 11xx” and never use Radio Signals.

CHANNEL	RX FREQUENCY	USE
URI PD CH1	155.040 MHz	Main Dispatch and non-emergency messages to crewmembers with a duration of less than (about) 10 seconds
URI EMS Dispatch	159.075 MHz	URI EMS Dispatch frequency (Starting Spring 2005)
URI EMS Tac	155.540 MHz	Nonemergency communications, drill communications, small-scale details or incidents
Intercity Fire	154.280 MHz	Communication among Fire/EMS/Rescue Depts. all over RI for mutual aid
County Band	154.815 MHz	Mutual aid communication for South County
SK PD/EMS	155.550 MHz	South Kingstown Police/EMS Dispatch; Use ONLY when all other methods have failed
CARS	155.235 MHz	Charlestown Ambulance-Rescue Service; Used sometimes when operating with CARS on a detail.
URI ORL	154.515 MHz	URI PD tactical channel

5. Nextels

Nextels are issued to each Chief, the Rescue and a Detail/OIC Nextel. The Nextels should be used **ONLY** for business purposes. The on duty OIC may issue the Detail Nextel out for a detail or for any other reason if necessary. The Nextel should be returned immediately.

Nextel Direct Connect may be utilized to contact a Chief. The **ALERT** function should **ONLY** be used when the situation is an emergency.

The Nextels Units are as follows:

- Chief 1195 (180*437*5157)
- Deputy Chief 1196 [Human Resources] (180*437*5158) (401-639-5149)
- Deputy Chief 1197 [Operations] (180*437*5159) (401-639-5237)
- Detail/OIC (180*437*5160) (401-639-5451)
 - To be used **ONLY** at the discretion of the OIC
 - NO Long distance
 - ALL telephone calls made from this phone should be recorded and submitted to the Deputy Chief [Operations]
 - **MUST BE RETURNED TO ITS CHARGER!!!**
- 1192 (180*437*5161) (401-639-5453)

- To be used ONLY at the discretion of the OIC
- NO Long distance
- ALL telephone calls made from this phone should be recorded and submitted to the Deputy Chief [Operations]
- Remains with ambulance unless in an emergency and at the discretion of the OIC
- Health Services Triage (180*437*5163) (401-639-6053)
 - Can be utilized to contact Health Services Triage Desk to request information regarding a transport or to transfer a patient to Health Services.
- Health Services Director (180*437*5162) (401-639-5479)
 - Only in an extreme emergency; Restricted to communication from the Chief.

6. Radio Communication at South County Hospital

1. Radio contact with dispatch informing them that you are off the air at the hospital (Signal 15 Message 13) is to be made prior to turning into the parking area at South County Hospital. This is because the radio may not work at the Ambulance bay.
2. After the patient has been unloaded, the ambulance cleaned and restocked, and the Lt. given authorization the ambulance will be pulled forward from the ER doors and dispatch will be notified that you are available for another run (Signal 19). Once you are called available a crewmember must remain with the ambulance to monitor radio communications. If the radio does not work, the Nextel may be utilized to contact dispatch and inform them that you are clear.
3. In the event a call comes in the member will inform dispatch that the call was received. The member will then notify the remainder of the crew in a calm and appropriate fashion. Sometimes, dispatchers will contact the Hospital to ask if you are available. If this happens, you may be asked by the ER to talk to the dispatcher. Every effort should be made to clear the hospital in a quick and efficient manner. Sometimes the ER staff will finish taking your report after the second patient is brought in. HOWEVER, you must clear this with the charge nurse.

7. Communication Out of Range

When transporting to hospitals other than South County Hospital or Newport Hospital, you may not be able to reach URI by radio. URI Providence has a repeater to talk to Kingston, so if you are near Providence URI campus, you can try Channel 2 on the ambulance, however, communication must be made by Nextel if all else fails. If you are in need of a mutual aid or other unit out of range, utilize the Mutual aid frequencies (Intercity Fire, Intercity Police or County Band).

GL-SOP2 History

STANDARD COMMUNICATIONS

“Communications Equipment” Created by Shad U. Ahmed, 11/2004

“Radio Signals” Created by Shad U. Ahmed, 11/2004

“Radio Channels” and “Call Signs” Created Unknown

Updated: Robert T. Hart, 1/2002, Shad U. Ahmed, 11/2004

“Nextels” Created by Robert T. Hart

Updated: Shad U. Ahmed, 11/2004

“Radio Communication at South County Hospital” Created by Peter P. Pascucci 12/1998

“Communication Out of Range” Created by Shad U. Ahmed, 11/2004

GL-SOP3

MUTUAL AID

1. URIEMS as Mutual Aid
2. URIEMS requesting Mutual Aid
3. Summary of Area Resources
4. Emergency out of jurisdiction

1. URI EMS as Mutual Aid

URI EMS may be requested to respond to mutual aid calls in the Town of South Kingstown or other neighboring areas. The call will be made to dispatch and dispatch will tone the crew out per normal procedures.

1. NO Crewmembers shall meet the ambulance on scene. All members must report to the ambulance before it leaves campus.
2. BE ABSOLUTELY SURE how to reach the scene BEFORE leaving. If you are at headquarters, you may check <http://www.mapquest.com>. You may use the truck map book, or even have dispatch look it up and give you directions. You may also communicate with the requesting jurisdiction if necessary.
3. In South Kingstown or other areas, you may be responding with another First Response or non transporting ambulance such as Rescue 2. It is important to communicate with the requesting Town or service to determine what resources you will have on scene.
4. When responding, notify "C" per normal procedures, then switch to Intercity Fire or County and notify the requesting Town you are responding (e.g., "URI Rescue 1192 to South Kingstown Station K. <<wait for response>> South Kingstown, be advised, URI Rescue 1192 is responding to your Town as requested for [Type of Call] at [Address/Location].") You must notify the requesting Town of when you are on scene and when you are leaving the scene. Radio communication to "C" should still also be maintained for the purpose of keeping track of your times. If communication is not made to "C" for some reason (out of range), then you must track your own times.
 - a. IF YOU RECEIVE NO RESPONSE, wait and try again and then try to make contact on the other channel (county or intercity fire). If you still receive no response, ask our dispatch to make contact with their department and advise them that you are en route. *Refrain from using the requesting department's channel, but if you do have to for any reason, state that you failed to contact them via Intercity.*
5. On scene, you are considered working under the requesting department's authority. Only persons who have jurisdiction over the area you are in have command of the scene. Try to make contact with their OIC or Scene Commander. Large scenes may have dedicated Staging Officers that you report to. For South Kingstown, the paramedic on Rescue 2 is the OIC.
 - a. IF YOU ARE THE ONLY OR FIRST UNIT ON SCENE: You are in control of the scene until a unit from that jurisdiction responds (if at all). If you need additional units and no other units are on scene, you must make contact with THEIR dispatcher over intercity, etc. You should not call other units without going through their dispatcher. Be specific as to what type of unit you are

requesting (rescue [ALS or BLS, transporting or non-transporting], heavy rescue for extrication, police, fire, haz-mat, etc)

6. Be mindful of any additional resources you may need to request from that Town. If South Kingstown Rescues are unavailable and Advanced Life Support is needed, a rapid BLS transport may be more appropriate. The OIC should use discretion to determine the best course of action. Always feel free to communicate with Rescue 2 as Rescue 2 is the South Kingstown senior tech.
7. In the event the crew will be committed to a scene for an extended period of time (i.e. fire stand-by) a Chief is to be notified. In any other off campus mutual aid response, it is not necessary to notify a Chief. It is to be handled as if it were a normal run.

2. URI EMS Requesting Mutual Aid

1. If Mutual Aid is needed, the request should be made through "C." Be as specific as possible as to the type of unit that is needed and which department or station should be called. Always make it a habit to request their availability and ETA to your scene.
2. Feel free to communicate over Intercity Fire or County Band to determine the ETA if there is any confusion. Establish direct communication with the responding units or their dispatch on their frequency as a last resort if you fail over County and Intercity Fire.
3. It is important to be specific in communicating exactly what every responding unit is needed to do and where they should report to.

3. SUMMARY OF AREA RESCUES

The following is a summary of ambulance/medical support units in the area.

Kingston Fire District (on campus)

Rescue 6 – Heavy Rescue and BLS Ambulance (non-transporting/for extrication)
Engine 8, 9, Ladder 2, Special Services 4 – BLS Support (non-transporting)
Boat (non-transporting)

South Kingstown EMS

Rescue 1 – transporting ALS Rescue (8 minutes ETA)
Rescue 2 – Non-transporting ALS Rescue (8 minutes ETA)
Rescue 3 – transporting ALS Rescue (0700-1900 hours 7 days a week) (15 minutes from campus)

Peace Dale Fire Dept. (of Union Fire District)

Special Services 1 – Heavy Rescue (non-transporting) (5 minutes from campus/for extrication)

Exeter Volunteer Fire Dept #1 (off of Ten Rod Road/Rte. 102)

Fire units providing non-transporting ALS Ambulance service (15 minutes from campus)

Hope Valley Ambulance Squad, Inc.

3 ALS transporting Rescues (Ambulance 311, 312, 313) (15 minutes from campus)
Non-transporting Support Units

Exeter Rescue (off of Ten Rod Road/Rte. 102)

2 ALS Ambulances (Rescues 1 and 2) (15 minutes from campus)

Charlestown Ambulance-Rescue Service: (20 minutes from campus)

Rescue 690 – Medium-Duty Rescue (Non-transporting/for extrication)

Rescue 691 – BLS/ALS Rescue (transporting)

Rescue 692 – BLS/ALS Rescue (transporting)

Unit 699 – Support Unit (non-transporting)

MCI Trailer – MCI Support (towed by 699)

Westerly Ambulance Corps.

Ambulance 751, 752, 753, 754 – All ALS transporting

Rescue 1 – Heavy Rescue (non-transporting)

Rescue 2 & 3 – Utility/Rescue (non-transporting)

Rescue 4 & 5 – Boat (non-transporting)

North Kingstown Fire Dept.

Rescue 2 (Post Road) – ALS transporting (20 minutes from campus)

Rescue 3 (Boston Neck Road) – ALS Transporting

Newport Fire Dept.

3 ALS transporting Rescues

Narragansett Fire Dept.

Rescue 1, 2, 3 (ALS transporting) (18-20 minutes from campus)

Richmond-Carolina Fire District

Squad 600 – ALS Support Unit/Fly Car (non-transporting)

Squad 617 – BLS Support Unit/Fly Car (non-transporting)

Squad 618 – Water Rescue (non-transporting)

Special Hazards – Heavy Rescue (non-transporting)

*****RI Air National Guard Quonset Crash Rescue (off Airport Drive, North Kingstown)**

1 ALS transporting Rescue

*****Alert Ambulance – (Wakefield Base 8 minutes from campus)**

Private ALS/BLS transporting Ambulances

*****MedTech Ambulance – (South County Base 15 minutes from campus)**

Private ALS/BLS transporting Ambulances

*****Naval Station Newport-Fire Department**

Transporting ALS Rescue

*****Naval Education & Training Center Newport Rhode Island, Fire Protection Division**

Assistance

**** These Departments/Units would ONLY be called in the event of a serious MCI or major incident and are not to be used for normal mutual aid calls. If you need to contact them and cannot reach them via Intercity Fire or landline, try contacting RI-EMA to request these resources.*

4. Emergency out of jurisdiction

1. In the event the ambulance crew comes across a medical scene off campus (i.e. car accident on Rt. 108 on the way back from the hospital), the appropriate district emergency services are to be notified.
 - a. Notification should be attempted through “C”.
 - b. If notification through “C” is not possible, contact the local department that has jurisdiction at the scene on INTERCITY FIRE or the COUNTY BAND.
2. If you encounter a medical scene while you have a patient in the ambulance or are en route to another medical, you must still stop and inform the patients that help is on the way and call dispatch to inform them to send appropriate units. If your patient is stable and you encounter a critical patient, you may render lifesaving care necessary by obtaining permission from your patient to stop. Try to leave another EMT, First Responder or the Driver with the first patient.
3. Render appropriate emergency care, follow any pertinent RI Prehospital Care Protocols.
4. Do not transport any patients unless directly requested to by the in-district emergency service.
5. When the in-district emergency services arrive, turn the situation over to the appropriate people. Be sure to give a verbal report and transfer care. Note any equipment that was used and is being transported with the patient for collection. Check with the transporting department as to the receiving facility so that any equipment used on the patient can be collected.

GL-SOP3 History

MUTUAL AID

“URIEMS as Mutual Aid” Created by Robert T. Hart, 1/2002

Updated: Shad U. Ahmed, 11/2004

“URIEMS Requesting Mutual Aid” Created by Robert T. Hart, 1/2002

Updated: Shad U. Ahmed, 11/2004

“Summary of Area Rescues” Created Unknown

Updated: Robert T. Hart, 1/2002, Shad U. Ahmed, 11/2004

“Emergency Out of Jurisdiction” Created Unknown

Updated: Robert T. Hart, 1/2002, 1/2004, Shad U. Ahmed, 11/2004

GL-SOP4

MOTOR VEHICLE ACCIDENT

1. URI EMS First Due
2. URI EMS Secondary Response

1. URI EMS First Due

1. When approaching the scene take the following into account.
 - a. Scene hazards (wires, unknown ground fluids, fire, hazardous materials, traffic).
Remain UPHILL, UPWIND and UPSTREAM
 - b. Access to patients
 - c. If fire apparatus come to scene will the ambulance be blocked in? Consider staging areas.
2. Scene Safety
 - a. The OIC shall designate capable individuals on the crew to perform perimeter assessments. One assessment will be done of the whole scene as well as each individual motor vehicle.
 - b. No individual under the authority of the OIC shall physically contact the vehicle (including patients in the vehicle) until the perimeter assessments have been completed, and any hazards have been accounted for.
3. If there are any patients inside the vehicle or if there are any scene hazards KFD is to be dispatched immediately. Try to notify dispatch in your request for KFD if they are needed for scene hazards, additional manpower, or extrication.
4. All ambulance personnel are to wear appropriate protective clothing: turnout coat, helmet, goggles, eye protection and Non-latex gloves under work gloves. In the event that extrication is needed, KFD may limit access to unstable vehicles to individuals with proper gear only.
5. In the event that patients need to be extricated from their vehicle using any tools, KFD and URI EMS EMTs will have joint patient care until the patient has been extricated. URI EMS may be asked to have full patient care upon the request of the Commanding Officer (CO) of KFD.
6. In the event of a long extrication time and/or a critical patient, consider ALS (Rescue 2) and requesting an Air Ambulance with consultation from ALS and the Commanding Officer of the Fire Department.
7. URI EMS retains patient care/control at all times. The Fire Department is utilized for extrication and scene hazards management, not patient care.

2. URI EMS Secondary Response

If responding as mutual aid, refer to the Mutual Aid SOP. Otherwise, make contact with the first-on-scene units to determine the nature of the scene BEFORE attempting to render care.

*In the event URIEMS units respond to a scene and they are not the first emergency unit(s) on scene, URIEMS will be considered a secondary responder.

*The individual who is in charge of the scene prior to the arrival of any URIEMS units shall be considered the Pre-OIC.

1. As a secondary responder the EMS OIC is to identify the individual who is the Pre-OIC (i.e. police officer, Rescue 6 officer).
2. Before any action is taken by the URIEMS crew, the EMS OIC is to report to the Pre-OIC.
3. The URIEMS OIC should obtain necessary information about the scene and the parameters of the situation from the Pre-OIC. (i.e. scene hazards, staging area, special suggested instructions).
4. The OIC shall take into consideration what the Pre-OIC believes the next appropriate action would be. *In circumstances where the Pre-OIC remains in scene control after the arrival of URIEMS (i.e. fire scenes, mutual aid, crime scenes), the URIEMS OIC shall follow the OIC's orders appropriately.

Then, follow the First Due protocol.

GL-SOP4 History

MOTOR VEHICLE ACCIDENT

"URI EMS First Due" Created Unknown

Updated: Robert T. Hart, 1/2002, 1/2004, Shad U. Ahmed, 11/2004

"URI EMS Secondary Response" Created by Ryan G. Duffy, 10/1996

Updated: Shad U. Ahmed, 11/2004

GL-SOP5

OTHER DEPARTMENT RESPONSES

1. URI Police Department
2. Kingston Fire District
3. South Kingstown EMS
4. South Kingstown Police Department
5. Rhode Island State Police Department
6. URI Safety and Risk management

1. URI Police Department

This Standing Operating Procedure covers all of the information necessary for determining police department response to on campus medical assists. This will cover when police officers are dispatched, their responsibilities on scene, and when you should request an officer to the medical assist

1. The police department will send a police officer to any medical assist that will require a Criminal Incident Report (CI) to be filed by their department. The term Criminal Incident Report is a generic term meaning an incident report that will be filed for use by other departments on campus. In the event that you are sent to a medical assist on campus, the police department will send an officer to file a CI report under the following conditions:
 - a. Any injury that is the possible result of criminal activity.
 - b. Any injury that is the result of a fire.
 - c. Any injury as a result of a motor vehicle accident.
 - d. An injury or illness that appears serious in nature or may be life threatening.
 - e. Any medical assist that involves a juvenile or a minor.
 - f. Any medical assist that involves another department responding in a mutual aid capacity.
 - g. Any medical assist that involves an Advanced Life Support unit responding to the scene to assist our service.
2. Under the guidelines of our service, the police department will dispatch a police officer to any medical assist in the following areas:
 - a. Any motor vehicle accident that occurs on campus.
 - b. Any medical assist that occurs in a dormitory, fraternity, or sorority building.
 - c. Any medical assist that occurs in an academic or service building.
 - d. Any building that houses University support services.
 - e. Any building that is considered a fire scene or any scene under the control of the fire department.
3. The police department will not dispatch a police officer to any medical assist in the following areas:
 - a. Any medical assist in Keaney Gymnasium, Mackal Field House, or the Tootell Recreation Area.

- b. Any medical assist involving a sport related injury on the fields behind the Athletic Complex.
 - c. Any medical assist at the Health Services Building.
 4. The police officer has the following responsibilities while on any medical scene:
 - a. Support our service by providing clear access and entry to all medical scenes.
 - b. Control of bystanders to insure scene safety as directed by the EMS OIC or Chief on the scene of a medical assist.
 - c. Coordination of resources that do not fall under fire or emergency medical services.
 - d. Assuming protective custody of patients as outlined in the Standard Operating Procedures of our service.
 - e. Securing any areas that may be left unattended, unsecured, or deemed as unsafe for access as determined by emergency medical service, fire department and/or any other agency.
 - f. Providing escort service to any patient as deemed necessary by the EMS OIC or Chief on scene.
 5. Upon request of our service, a police officer may be requested to respond to any medical assist. The following guidelines will apply for the dispatching of police officers to any medical assist:
 - a. In the event that an officer was not dispatched for the above stated reasons.
 - b. In the event that the EMS Lieutenant is dealing with a medical assist that may require a report or an investigation of the incident or injury.
 - c. In the event an EMS Lieutenant requires a police officer to perform any responsibilities as outlined above.
 - d. In consultation, under any circumstance where there is not a clearly defined need for a police officer to be present on scene.
 6. OIC's should consider the following before requesting a police officer:
 - a. Request the police officer as soon as possible if you feel that there will be a need for one on scene.
 - b. If you arrive on scene and do not require a police officer, consider contacting dispatch and advise them that an officer is not needed.
 - c. If you have a Resident Assistant or Residence Hall Security Officer on scene, consider utilizing these staff members in place of requesting police assistance.
 - d. If a situation arises that a Residence Hall Security Officer or Campus Security Officer cannot assist you with, allow them to call for a police officer.
 7. See the "Mentally Impaired Patient Refusing Treatment/Transport" SOP for more information.

2. Kingston Fire District

KFD will automatically respond to medical calls on campus for the following reasons:

1. The call came in to South Kingstown Station K or via 911 and was routed to South Kingstown Station K. Station K will call URI and dispatch Rescues 2 and 6 automatically.
 - a. If Rescue 6 is unavailable, any other available KFD units may respond in its place.

2. The call was for a motor vehicle accident or a fire and, due to the nature of the accident, URI Police have already contacted Station K to dispatch KFD for scene hazards.

Other than that, KFD will only respond if requested by the duty crew. Keep in mind that KFD can be utilized for many resources:

1. Scene Lighting (Rescue 6/Engine 9 have Nightscan or similar Command Scene Lighting)
2. Additional Manpower (Rescue 6 will have at least one EMT)
3. Extrication/Confined Space Rescue (Re3scue 6 has the Jaws of Life)
4. Generator
5. Command Center (Rescue 6)
6. Air Bags/Stabilization Equipment
7. BLS First Response (when 1192 is off campus and the OIC or a Chief is unavailable, etc)

3. South Kingstown EMS

SKEMS is not dispatched automatically to calls other than Rescue 2 for some 911 as above. When calling for SKEMS, be specific to the reason you are calling them and what unit type you need. For example, do you need Rescue 2 for Pain Management, Rescue 1 for a Transporting Ambulance, etc.

4. South Kingstown Police Dept.

SKPD will not respond to calls on campus unless requested by URIPD for backup. However, if there is a serious call requiring lots of resources, they may voluntarily respond.

5. Rhode Island State Police

RISP will not respond to calls on campus unless requested by URIPD for backup. However, if there is a serious call requiring lots of resources, they may voluntarily respond. On large standby preventative details that RISP is involved in, they may have DMAT staff with them, as they are a part of their Tactical/SWAT teams. A Chief will initiate contact with them to ensure communications.

6. URI Safety and Risk Management

URI's Safety and Risk Management is the University's primary agency for liability-related prevention and safety response services. They also manage the University's insurance policies. As such, SRM maintains all Material Safety Data Sheets for all chemicals and other hazardous substances used at the University.

1. SRM will respond to calls as requested by URI Police Dispatch for Hazardous-Materials Response (KFD will be primary contact for Haz-Mat related emergencies).
2. KFD will initiate the state Haz-Mat teams if needed.

3. If obviously needed prior to their arrival, you may have dispatch contact the State Fire Marshal or the Haz-Mat teams directly. This includes Chemical, Radiation (Bay Campus Reactor), Biological or other Hazards.
4. The State Bomb Squad is from the State Fire Marshal; SRM has no primary role on a bomb threat scene unless there are other hazards involved).

GL-SOP5 History

OTHER DEPARTMENT RESPONSES

“URI Police Department” Created Unknown

Updated: Robert T. Hart, 1/2002, Shad U. Ahmed, 11/2004

“Kingston Fire District” Created by Shad U. Ahmed, 11/2004

“South Kingstown EMS” Created by Shad U. Ahmed, 11/2004

“South Kingstown PD” Created by Shad U. Ahmed, 11/2004

“Rhode Island State Police” Created by Shad U. Ahmed, 11/2004

“URI Safety and Risk Management” Created by Shad U. Ahmed, 11/2004

GL-SOP6

SPECIAL RESPONSE CONSIDERATIONS

1. Confined Space Rescue
2. Crime Scene Operations
3. Fire Standby
4. Asphyxiation
5. Suicide/Suicide Attempt (Signal 2)
6. Mentally-Impaired Patient Refusing Treatment or transport
7. Hazardous Materials Incident
8. URIEMS or Area Department Member Involved
9. Response to Athletic Fields/Grounds
10. Response to Bomb Threat (Signal 300)
11. Sexual/Physical Assault

1. Confined Space Rescue

DEFINITION OF A CONFINED SPACE

Definition according to OSHA's standard for Permit-Required Confined Spaces for general industry; Final Rule, 29 CFR 1910.146:

1. Is large enough and so configured that an employee can bodily enter and perform assigned work; *and*
2. Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry.); *and*
3. Is not designed for continuous employee occupancy.

URI EMS Procedures:

1. In the event the ambulance crew is dispatched to a scene where the space leading to, or containing the patient(s) falls in to the criteria for a confined space, as defined above, **do not** enter the scene.
2. Contact "C" and have Kingston Fire District dispatched to the scene for a "confined space rescue."
3. When KFD is on scene, their OIC will assume control of the scene.
4. Prepare to receive a patient from KFD's extrication team.

Examples of Confined Spaces on campus:

Manholes, tunnels, pipe access pits (i.e., west side of BISC building), sewers, shafts, building foundation spaces (i.e., under Mackal and Independence), equipment housings, silo (i.e., north of Dairy Barn parking lot), underground utility vaults, open-topped spaces >4', open-topped tanks, steam crawl spaces, pump houses.

2. Crime Scene Operations

In the event URIEMS is dispatched to a medical incident where the University or local/state police are involved with a potential investigation, URIEMS will take due care to not disturb the scene as much as possible. In the event of such a situation, URIEMS should be focused on the needs of the patient (s) as a priority, but should make every effort to accommodate the objectives of the police units involved.

Examples of situations involving a Police Investigation:

- Shooting/Stabbing
- Motor Vehicle Accident
- Motorcycle Accident
- Overdose
- Terrorism
- Bomb Scares
- Assaults/Rape

Recommended Actions for EMS Providers:

- Effectively treat the patient (s) within your level of care. The patient comes first!
- Enter the scene via the recommended route of a police officer.
- Do not disturb or move potential evidence. Examples include:
 - Drugs
 - Notes
 - Vehicle Fragments
 - Weapons
 - Unknown devices
 - Etc.
- If movement of evidence will benefit the treatment/outcome of your patient, inform a police officer of your actions so they may document the evidence.
- If an EMS provider inadvertently disturbs any aspect of an investigation inform an officer immediately.
- Inform a officer if you notice anything that may be crucial to the investigation/scene.
- If at anytime during a medical incident you have questions of concerns about your patient and your actions interfering with an investigation notify an officer immediately.

3. Fire Standby

1. When you approach the scene, if a Chief is not present, contact the Fire Incident Commander (IC), through dispatch and find out where to stage the ambulance.
2. If a Chief is not on scene, tone out for and page for one to respond or contact them via the NEXTEL system.
3. Be sure to position the ambulance so as not to interfere with FD activities.

4. The EMS OIC should determine if turnout gear is necessary for the crew to wear. This decision will be based upon the proximity of the ambulance staging to the incident, and the objective of the team. The EMS OIC may consult with the Fire OIC.
5. Find out if there are immediate patients.
 - a. Yes- locate and treats the patients appropriately.
 - i. Set up triage as needed.
 - b. No- stage and prepare for rehabilitation. See step#6.
6. Set up a rehabilitation area for the firemen in conjunction with FD Rescues.
 - a. O2 Minilator System
 - b. Setup Hydration for the Fire Fighters, utilizing the 10gallon coolers, powdered Gatorade, water, and cups, which are stored in the supply room. These items will be packaged together for easy retrieval and setup.
 - c. Medical Evaluation of personnel should be thorough and EMT's should be assertive in their evaluation and examination. The safety of each person in rehab depends on a solid examination.
 - I. Firefighters in rehab should receive a full assessment with care taken to look for: S/S of Heat Related Problems, S/S of Cold Related Problems, SHOCK, Diff Breathing, General Stress/Exhaustion & Abnormal vitals such as: B/P, Pulse, Resps, Temperature, and Skin Condition
 - II. Heart rate and Temperature are crucial indicators of general Heat Stress.
If a firefighters heart rate exceeds 110bpm, an oral/tympanic temperature must be taken. If it is above 100.6F, he/she must remove all protective clothing, given hydration, rest and not be permitted to re-enter the fire scene until these vitals return to normal.
 - III. If a firefighter is examined, and it is determined that he/she can not safely return to the fire scene and carry out their duties they will be held until they are, rested and properly hydrated.
 - IV. Documentation must be kept for every individual who has received rehab to include, the time they enter and exit rehab, vitals signs as they enter and exit, and what type of rehab was given, utilizing triage tags or the rehabilitation report form, found with the MCI paperwork in the Ambulance.
 - V. Communication must be concise and constant with the EMS Incident Chief, the rehab personnel and the Fire Incident Commander so that all personnel and resources can be accounted for.
 - d. The MA# will be one number for the whole incident if all that is done is simple rehabilitation. In the event of an injury/illness requiring medical attention other than SIMPLE rehab (i.e. broken arm, heat/cold related situation), punch a new MA.
7. In the event of a large incident and a Chief is not available, the OIC is to page for additional EMTs to help with the rehabilitation/triage/treatment areas. Consider ALS.

4. Asphyxiation

1. In the event asphyxiation by one or more patients is suspected due to toxins in an enclosed space, leave the enclosed space immediately.

2. If you are in a building pull the fire alarm on the way out. Contact “C” and advise them that you pulled the fire alarm and inform them of the situation. DO NOT pull the fire alarm and DO NOT use your radio if you suspect foul play and/or a bomb threat. Follow the Bomb Threat SOP. KFD and URIPD can assist with evacuation procedures in those cases. If you are not in an area where a box alarm can be easily pulled, contact “C”; inform them of the situation. Request that KFD be alerted to the situation.
3. Do not let anyone back into the building or area until the fire or police department arrive.
4. When a patient has been secured from the hazardous environment treat them according to current RI Prehospital Care Protocols.
5. If the incident is in a work area or lab try to get a Material Data sheet on the material that may be causing the problem.

5. Suicide/Suicide Attempt (Signal 2)

1. In the event that no life threatening injury is suspected, respond with lights and minimal siren. When approaching close to the scene use no lights and no siren.
2. In the event a life threatening injury is suspected respond normally.
3. During business hours, consider a mental health professional responding to the scene. Have the police contact the counseling center or Health Services.
4. Follow current RI Prehospital Care Protocols.

6. Mentally-Impaired Patient Refusing Treatment/Transport

Definition: “mentally incompetent patient” (for use of this SOP)

A person who is not of sound mind to such an extent that he or she is unconscious or has his or her judgment otherwise so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment.

An EMT may “determine” a patient to be mentally incompetent

A Police Officer may “declare a patient to be mentally incompetent

1. If a patient refuses medical treatment, then EMS will not touch the patient unless in self-defense or the patient is going to hurt themselves at that moment.
2. The EMT will then evaluate the patient to determine if the patient is mentally competent.
3. If the EMT determines the patient to be mentally incompetent and in need of medical attention: The EMT will attempt to convince the patient, by all appropriate means, to be treated and transported to the appropriate medical facility.
4. If all appropriate means have been exhausted in an attempt to convince the patient to receive the appropriate medical attention, and the EMT has determined that the patient is mentally incompetent, the EMT will contact the URI Police and have an officer sent to the scene.
5. When the officer arrives on scene, the EMT will explain the situation to the officer.
6. The EMT will request that the patient be placed into protective custody so that medical treatment can be provided to the patient.
7. The police officer will make one of two decisions:

- a. The police officer finds that the patient is mentally competent and can make an informed decision. The officer will allow the patient to sign the refusal statement on the “Rhode Island State Run Report.” The officer will then sign a statement on the “Rhode Island State Run Report” that acknowledges the officer’s decision to allow the patient to sign the refusal statement and not be placed into protective custody. At that point the EMT may place the ambulance back in service.
 - b. The police officer finds that the patient is mentally incompetent and cannot make their own decisions. At that point the police officer will take the patient into protective custody. The police officer will assume full responsibility for the patient and make all decisions on the patient’s behalf. The officer may accompany the patient to wherever he or she is transported.
8. Remember, you cannot transport a patient against their will unless under protective custody. Protective Custody means:
- a. The patient has been declared mentally incapable of making their own decision by the police officer
 - b. The police officer will handcuff the patient and restrain the patient in any way necessary.
 - c. The police officer makes all decisions related to consent on the patient’s behalf.
 - d. The police officer will accompany the patient to the hospital and up until the patient is no longer in protective custody. After this point, the patient is once again capable of making their own decisions.

7. Hazardous Materials Incident

1. Any Hazardous Materials (Haz-Mat) incident requires the attention of Haz-Mat trained technicians operating under a Haz-Mat service provider. URI EMS does not provide Haz-Mat services and therefore URI EMS personnel must stay clear of any Haz-Mat incidents. URI EMS should relocate and stage in a “safe zone.”
2. The primary contact for Haz-Mat incidents is Kingston Fire District
3. Kingston Fire District has access to the South Kingstown Decontamination Trailer and can activate any of the State Haz-Mat Teams.
4. Refer to the latest DOT Emergency Response Guidebook (in the ambulance) for any associated dangers or hazards from specific incidents for EMS personnel to look out for.
5. Notify a Chief immediately per the Fire Standby SOP.
6. Follow pertinent MCI protocols, establish Triage, etc, as needed.
7. Notify South County Hospital (and/or other area hospitals if there are large numbers of patients). South County Hospital relies on the local Fire Districts to assist them as well in these incidents.
8. Consider calling for additional resources as may be needed.
9. If foul play is suspected in a building, DO NOT pull the fire alarm to evacuate persons and DO NOT use your radio! Follow the Bomb Threat SOP.

8. URI EMS or Area Department Member Involved

1. If a URI EMS or other area Public Safety (Police/Fire/EMS/Security) member is involved in a medical incident, notify a Chief immediately.

2. If the patient is from an ON DUTY member of a local public safety department AND A CHIEF HAS BEEN UNREACHABLE after 15 minutes from clearing the call, the OIC shall call the Department and notify them of the incident without disclosing confidential patient information.

10. Response to Athletic Fields/Grounds

- For any medical incident in Mackal Field House, Keaney Gymnasium or the Tootell Recreation Area, the ambulance is to post on the East Side of the building. All crews are directed to remove their patients from the access door closest to the patient on the East of the building only. The West side of the building is to be considered inaccessible and not used for staging the ambulance or removing patients.
 - If you are specifically dispatched to the Training Room at Keaney, consider using the ROTC entrance as that is the closest.
- For any medical incident on the Athletic Fields,
 - Primary route to access the fields is to be the parking lot behind Independence Square;
 - Secondary route to access the fields is to be the fire gate on the West side of the fields between the Baseball fields and the Soccer Practice field.
 - Only as a last resort or a dire medical emergency should the entrance through the Athletic Field Lands and Grounds Complex be used. Unless a dire emergency exists, this area is not to be used as access to the Athletic Fields.
 - All Drivers are instructed to attempt the primary route first and then use the secondary as a backup.
- There is a map in the ambulance book labeling the field that has been drawn up by the Athletic Trainers. This map is to be referenced in the event that a medical call is requested there; this should be done before you leave Headquarters or prior to your arrival in the area. The names of the fields have been changed to accommodate changes in their operations and they will be using these names to identify the location of the medical assist.
- The AMBULANCE IS NOT TO GO ONTO ANY FIELD, COURT, TRACK, or RINK UNLESS THERE IS NO OTHER SAFE MEANS TO GET THE PATIENT SAFELY TO THE AMBULANCE.
Even then, it must be done while taking into account the safety of everyone involved. The ambulance is a heavy vehicle and most athletic surfaces are not designed to withstand the weight.
- An incident report must be submitted to the Chief IMMEDIATELY after the call, if the ambulance is brought on to any athletic field/surface.

11. Response to Bomb Threat (Signal 300)

URI EMS does not respond to bomb threats. If requested to standby, URI EMS will stage as far away from the potential threat as possible. The State Fire Marshal is the primary contact for Bomb Threat Response. If you are in a building where foul play in a Haz-Mat or other such incident is suspected:

1. Vacate the premises immediately.
2. DO NOT pull the fire alarm
3. DO NOT use your radio. The Fire Department has intrinsically safe radios for such incidents.
4. Have the Police and Fire Departments assist with evacuation.
5. DO NOT let people back into the building. If it was a potential Haz-Mat incident that may have contaminated one or more persons, set up an isolation area with FD to isolate all of the occupants of the building.

12. Sexual/Physical Assault

1. General Considerations
 - a. Encourage the patient to be treated at a medical care facility. Sexual assault is a medical emergency.
 - b. Seek only that information that is required to adequately treat the patient. Do not ask unnecessary questions concerning the incident.
 - c. A secondary exam must be performed to identify additional injuries.
 - d. Injuries of a non-sexual nature may have occurred and should also be treated.
 - e. Be careful to preserve evidence where possible. Do not remove any clothing unless necessary to treat the patient. Do not wash the patient.
 - f. It may be helpful to have a crewmember of the same sex as the patient, provide most contact.
 - g. Your involvement in this patient's care may later become part of the legal process.
 - h. Good documentation of all findings is essential.
2. History: Perform a focused history and physical exam with particular attention to:
 - a. Ask the patient to describe any complaints of injury.
 - b. Was there a loss of consciousness?
 - c. Obtain a history of medical problems?
 - d. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
3. Physical Examination
 - a. Perform an initial assessment.
 - b. Perform a focused history and physical exam.
4. Treatment {If other conditions are present, follow the appropriate protocol(s).}
 - a. Establish an airway, maintain as indicated, suction as needed.
 - b. Control external bleeding.
 - c. Administer high concentration oxygen if indicated.
 - d. Treat injuries.
5. Resources
 - a. All patients of assault, even if assault is only suspected are to be issued information regarding the URI Violence Prevention Program and the state help line. All information is kept in the ambulance.

“Crime Scene Operations” Created by Robert T. Hart, 12/2002

“Fire Standby” Created Unknown

Updated: Robert T. Hart, 11/2002

“Asphyxiation” Created Unknown

Updated: Robert T. Hart, 1/2002

“Suicide/Suicide Attempt (Signal 2)” Created by Peter P. Pascucci, 11/1998

“Mentally-Impaired Patient Refusing Treatment or transport” Created by Christopher G. Cowan, 10/2000

“Hazardous Materials Incident” Created by Shad U. Ahmed, 11/2004

“URIEMS or Area Department Member Involved” Created by Shad U. Ahmed, 11/2004

“Response to Athletic Fields/Grounds” Created Unknown

Updated: Robert T. Hart, 1/2003

“Response to Bomb Threat (Signal 300)” Created by Shad U. Ahmed, 11/2004

“Sexual/Physical Assault” Created by Robert T. Hart, 1/2003

GL-SOP7

EMERGENCY ACCESS ISSUES

1. Gate Operations and Gate Keys
2. Dormitory Magnetic Lock Override
3. Obstructed access routes
4. Access to locked buildings
5. Traffic Control and Direction

1. Gate Operations and Gate Keys

1. All electronic gates on campus are accessible via the electronic RF gate opener. One opener in the ambulance controls all gates on traffic ways. The two-button gate opener operates the Union's Loading Dock Gates.
2. WOODEN GATES: In an emergency, after all non-destructive methods have been exhausted, electronic WOODEN gates may be taken down by using your hand or foot to apply pressure perpendicular to the flat side of the gate at the end farthest from the base of the gate. The gates were designed to be taken down by this method in an emergency. AVOID using the ambulance as the paint from the gate will get on the ambulance.
3. METAIL GATES: Metal gates, such as those behind the Union and by Health Services are not designed for emergency access. If a gate clicker fails, use a gate code or contact a Chief and a code for those gates may be provided if available.
4. CHAIN GATES: All chain/padlocked gates are accessible by the Gate Key on the Gate Key Ring. This Gate Key is key #2126. These gates should only be accessed in emergencies. Make sure you re-secure the gate after accessing it. If one is needed to be cut, follow the cutting locks SOP.
5. IN ANY CASE, an incident report must be filed immediately indicating how the gate was removed.

2. Dormitory Magnetic Lock Override

The following URI Dorms have magnetic locks on doors in addition to the normal "card swipe" locks. These magnetic locks will activate at approximately 2000hrs. At this time the only doors that will be accessible for normal entry and exit will be the doors with the card swipe. In the event there is a medical emergency in one of these dorms after the magnetic locks have been activated, and you feel that the appropriate point of exit is through a magnetically sealed door:

URI DORMS WITH MAGNETIC LOCKS

Aldrich
Burnside
Coddington
Dorr
Ellery
Fayerweather
Gorham
Heathman
Hopkins

1. Enter the building using the “Ambulance Dorm Access Card” at a door with a card swipe box. Bring in the “Magnetic Override Key” found on the same key ring with the access card.
2. Gain access to the dorm’s main office. The on-duty RA or RHC should be posted in plain sight and can be contacted via landline or have URIPD contact the individual.
3. Locate the “Magnetic Locks Control Box” on the wall in the dorm’s main office. It is a metallic box approximately 6”x6” with a single keyhole in the center.
4. Put the “Magnetic Override Key” in the hole and turn 1/4 of a turn.
 - a. At this point the magnetic locks in the whole building will be shut off allowing for access through the doors that were previously magnetically sealed.
5. After extricating the patient from the building and prior to leaving the scene, the magnetic locks must be turned back on. This is for the safety of all the residents who live in the building.

3. Obstructed Access Routes

In non-emergency situations, you may contact dispatch and advise them of the situation. URI Security (or Police Officers) may respond to clear fire lanes, etc. Unless you are stuck and need to politely ask them to move, avoid confronting the violators.

In emergency situations, use discretion. You may contact PD and advise them that you need an urgent removal of vehicles (Police Officers will generally respond for this). You may also clear the path of fire lane or other violators if it is extremely urgent. The OIC assumes full responsibility for all resulting consequences, and therefore this should not be done without the OIC’s consent.

4. Access to Locked Buildings

Most academic buildings and residential dormitory buildings are now accessible by the electronic card system. The access card is on the ambulance gate key ring. If the building does not have the card system, exhaust all other appropriate non-intrusive methods (knocking, have dispatch contact the occupants/managers, etc). If forcible entry is an absolute must, contact the police department and fire department to respond to force an entry.

5. Traffic Control and Direction

URI EMS does not direct or control traffic under any circumstances. If it is absolutely necessary prior to the arrival of Police and Security officers to conduct traffic, the ambulance may be used to restrict access or vehicular traffic until they arrive. No members should attempt to direct traffic unless in extenuating circumstances and the member is fully aware of all potential hazards.

Police and Security officers will restrict and control traffic according to the needs of the EMS OIC. The EMS OIC has the safety concerns of the crew as a priority.

GL-SOP7 History

EMERGENCY ACCESS ISSUES

“Gate Operations and Gate Keys” Created by Shad U. Ahmed, 11/2004

“Dormitory Magnetic Lock Override” Created Unknown

Updated: Robert T. Hart, 10/2002

“Obstructed access routes” Created by Shad U. Ahmed, 11/2004

“Access to locked buildings” Created by Shad U. Ahmed, 11/2004

“Traffic Control and Direction” Created by Shad U. Ahmed, 11/2004

GL-SOP8

MEDICAL TRANSPORTATION ISSUES

1. Long Distance Transports
2. Non-emergency Transports
3. Transport to Health Services
4. Transport from Counseling Center

1. Long Distance Transports

Example: Rhode Island Hospital, Butler, Newport Tower 8, Groton Submarine Base, Woman and Infants.

1. In the event Medical Control tells you to take a patient to a facility such as the ones mentioned above, contact "C" and advise them what facility you are transporting to. In addition leave instructions for whom to contact in the event of another medical emergency on campus. (Rescue 6 and Rescue 1). Also advise "C" that you will most likely be out of radio range so you will contact them by cellular phone when you get there or via the county band on the truck radio, remind "c" to set their radio to scan.
2. While en-route to the long distance facility, contact a Chief and advise them that the campus will be uncovered for a long time.
3. When on the way back from a long distance facility, contact "C" when your ETA to campus is 5 to 10 minutes and you are within radio range (if county band was not usable) and advise them that you are back in service.
4. As per decision of the Director of Health Services, we will no longer provide "physician declared non-emergency" long distance transports as a service unless they are requested for extenuating circumstances such as from Counseling Services and as outline in these SOPs.

2. Non-emergency transports

URI EMS does not provide non-emergency transports other than as listed in this SOP. Non-emergency transports of all other types must be cleared by the Chief.

When responding to acceptable non-emergency transports, do not use lights and sirens, especially if the patient is under the care of a physician. Specific guidelines are below.

The OIC should make contact with the specific facility requesting the non-emergency transport to determine the nature and appropriate response.

Under no circumstances without express permission from the Chief shall URI EMS transport to a private address or medical facility or hospital other than an approved Emergency Department or URI Health Services per protocol in this SOP.

3. Medical Facility Destinations/Transport to Health Services

URI EMS does not transport patients in need of emergency medical care to Health Services.

The following are guidelines to decide what medical facility you should bring a patient to. These guidelines include all patients that originate in the immediate area of the URI Kingston campus, including but not limited to graduate Village and East Farm.

1. Due to the fact that URI Health Services is not a licensed emergency facility it is against the State of Rhode Island EMS protocols to transport a patient in need of emergency medical care to this facility.
2. Transport can be made to Health Services if URIEMS is simply performing a transport service to a STUDENT who is unable to ambulate/drive to Health Services for an appointment etc. These calls usually come in by a nurse having Dispatch tone us out for this type of transport.
3. A patient for an emergency condition refusing further emergency medical treatment/transport on a RI State Run Report can be transported to Health Services as above.
4. A URI HEALTH SERVICES TRANSPORT FORM IS TO BE FILLED OUT ANYTIME A PATIENT IS TRANSPORTED TO HEALTH SERVICES FOR ANY REASON

All patients treated and or transported by URIEMS for an emergency condition must go to a Hospital Based Emergency Facility. South County is our primary Hospital destination. Due to increased run volumes of area services, it is MANDATORY that URIEMS make notification prior to leaving campus so that if a diversion order is made, you and the hospital can make the best decision as to what hospital would best suit your patient.

**Uri's Kingston campus is considered more than twenty minutes away from Rhode Island Hospital. Therefore 5.2 Trauma sections of the Protocols do not apply. You must get a diversion order from South County Hospital to transport to Rhode Island Hospital.*

Facilities may divert you to other facilities such as Women and Infants, Westerly, Newport, Kent, Hasbro, or one containing a hyperbaric chamber. Any diversion request by a facility is to be adhered to.

4. Transport from Counseling Center

URI Counseling Center may request URI EMS to transport a "Behavioral Emergency." A Psychologist/Social Worker or medical physician can determine this status. If they request transport for a nonemergent patient, a Chief must be notified so that the call may be cleared through the Health Services Director's office.

If the Counseling Center requests a transport to Butler Hospital or other long distance facility, notify a Chief per the Long Distance protocol.

1. The Counseling Center will generally make an early notification that such a transport is in the near future.
2. When responding to the Counseling Center, treat it as a possible suicide and respond no lights/no sirens when near the facility.

3. Make contact with the Counseling Center staff (Roosevelt Hall) PRIOR to making contact with the patient. Obtain basic information:
 - a. Reason for transport?
 - b. Patient history?
 - c. Patient a threat to self or others?
 - d. Any other conditions?
 - e. Facility destination?
 - f. Voluntary transport?

GL-SOP8 History

MEDICAL TRANSPORTATION ISSUES

“Long Distance Transports” Created Unknown

Updated: Robert T. hart 1/2002

“Non-emergency Transports” Created by Shad U. Ahmed, 11/2004

“Medical Facility Destinations/Transport to Health Services” Created by Robert T. Hart

Updated: Shad U. Ahmed, 11/2004

“Transport from Counseling Center” Created by Shad U. Ahmed, 11/2004

GL-SOP9

DETAIL OPERATIONS

1. General (Formal/Informal)
2. Athletic Events
3. Ryan Center/Boss Arena Events

1. General Details

1. Prior to the day of the detail you signed up for, do the following:
 - a. Check the detail sign-up to see if your detail team is complete. If it is not, contact the Deputy Chief for Operations or the Special Events Detail Coordinator.
 - b. Make arrangements with a member of the command staff to pick up the equipment the day of the detail. The Detail Nextel can be used to contact the Kingston Fire Detail Members, the Detail Radio should be on the dispatch Channel unless instructed otherwise.
 - i. Mandatory Equipment:
 1. Detail Nextel
 2. Detail Radio
 3. Jump/O2 Kit
2. Details
 - a. Arrive at headquarters at least 15 minutes prior to the time specified on the sign up sheet.
 - b. Be in FULL dress uniform or a uniform requested by the Chief
 - c. Check in with the on-duty OIC and inform them of the detail, who is with you, what equipment you are using and where the event is.
 - d. Call the police station on landline and tell them "This is ___ from the ambulance. We will have a detail team at the _____ (tell them the event). We will call you when we are in place at _____ (location).
 - e. Mark the detail in the INTRANET so as to reserve an MA# in the appropriate sequence (see #4 below).
 - f. Arrive at the appropriate place at the time specified on the sign up sheet.
 - g. When you arrive contact "C" on URIPD frequency and state "Be advised, <<LOCATION>> EMS detail team is in place" (i.e., Ryan Center EMS Detail team or Edwards EMS Detail Team).
 - h. If the event is staffed with KFD as well, introduce yourself to them. Let their OIC know where you will be positioned.
 - i. Remain with your equipment at all times.
 - j. You should be positioned in an area where you can easily be seen by the training staff and the majority of the fans.
 - k. Remember you are there on an official detail and should conduct yourself appropriately. This includes standing for the entire event unless it is either inappropriate or the event is in excess of three hours.
 - l. Adjust the volume of your radio/Nextel equipment so that you can hear all transmissions clearly and accurately, but not so loud that the entire venue can hear the transmissions. (Especially during details for guest speakers etc.)
3. After the event:

- a. Remain there until 75% of the crowd has dispersed.
 - b. Contact police dispatch on the radio and advise them that the “<<Location>>EMS detail team is clear of _____ (location).
 - c. Return to headquarters and replace any equipment used.
 - d. Notify the OIC that you are back, and what items you need to restock.
 - e. Complete paperwork.
4. Paperwork:
- a. Complete a detail form and be sure to have it signed by the Event Operator/Manager/Coordinator/Sponsor. If it is a paid detail, you will NOT be paid unless this is properly filled out.
 - b. Complete a state run sheet if you feel a patient should go to the hospital and wishes to refuse (refusal) or if you treat the individual, feel they do not need to go to the hospital and have not requested 1192 (treat no transport).
*Note: If you only give an icepack or Band-Aid etc. do not fill out a run sheet.
 - c. Regardless of whether you treat any patients, you are to complete a detail form for the detail (stand-by) and enter it into the Intranet. *If you also had a refusal and filled out a state run sheet for the detail, you should log the detail run sheet before any other run sheets. Each run sheet/patient should receive its/their own MA#.
5. Requesting the Ambulance
- a. If you determine you need the ambulance, contact “C” on URIPD frequency and ask them to dispatch 1192. Give them the same information as you would expect to hear when being dispatched for a call.
 - b. Upon the arrival of the ambulance, transfer care to the duty crew, restock, from 1192, any items necessary and return to your post.
 - c. If a private ALS ambulance is on standby for the event performers, athletes, etc, and an ALS call originates out of the venue requiring noncritical ALS care, follow the normal ALS SOP. If immediate ALS care is needed, the private ALS ambulance on standby may be requested to take care of the patient.
6. Detail OIC
- a. Most URIEMS details will be staffed by one (1) EMT or one (1) EMT and one (1) GM team, in this setup the EMT will be in charge of all EMS issues within their scope of authority.
 - b. In the event there is **more** than one (1) EMT or EMT/GM team in place in a venue a URIEMS Chief or Captain or Lieutenant may be present to act as the EMS Detail OIC and deal with the operational needs of the event. Otherwise, the senior EMT will assume the role of the EMS Detail OIC. No radio communication should be made with this as a call sign, it is merely a formality to establish a command structure or to determine who assumes initial command in the event of a major incident.

2. Athletic Events

1. FOLLOW THE STEPS OUTLINED IN THE SOP FOR GENERAL DETAILS
2. As an EMS provider for Athletic details your responsibility is to handle medical emergencies of the all the spectators and support personnel of the event.
3. You are **NOT** to go out onto the field/court and/or treat a referee, player, coach or other official team member unless requested by the athletic trainers or the individual.

4. The AMBULANCE IS NOT TO GO ONTO ANY FIELD, COURT, TRACK, or RINK UNLESS THERE IS NO OTHER *SAFE MEANS* TO GET THE PATIENT *SAFELY* TO THE AMBULANCE. Follow Special Response: Athletic Fields/Grounds SOP.
5. Any time the Ambulance is brought on to an athletic surface an incident report of notification must be presented to the Chief or placed in the Chief's mailbox immediately following the incident.
6. FOOTBALL GAMES- During URI Home football games, the Athletic Department contracts a private ALS ambulance to provide EMS for the ATHLETES and Referees only. URIEMS is responsible for all other aspects of the venue. This includes but is not limited to, MCI command, spectator EMS needs, and inter-departmental responses.
7. URIEMS MUST HAVE A DETAIL AT EVERY URI FOOTBALL HOME GAME. URI 1192 will serve as the primary EMS response for this detail's needs.

3. Ryan Center/Boss Arena Events

1. Follow the general detail SOP protocol for communications and other procedures. Be sure to have a URI radio on the dispatch channel.
2. Arrive 15 minutes prior to the report time.
RYAN CENTER:
Enter via the Loading Dock entrance and proceed to the Event Staff Office to obtain a First Aid Room key and to determine if there is a pre-event meeting for public safety departments. When you enter through the Loading Dock, turn right and right again at the first hallway. Proceed through the double doors and the event office is on the right.
BOSS ARENA:
Enter via the Main Entrance and obtain the First Aid Room key from the Event Office directly to the right inside the main entrance.
3. Familiarize yourself with the building layout!!
4. Introduce yourself to the KFD OIC, if present. RYAN CENTER: At the Fire Control Room, located across and to the left of the entrance by the Loading Dock.
5. Proceed to the First Aid Room.
RYAN CENTER:
Use the Freight Elevator as your main access between the Loading Dock and the First Aid Room. The Freight Elevator is located directly to the right of the entrance by the loading dock. The First Aid Room is on the Main Floor. Turn right out of the elevator and take a right at the first hallway. Proceed through the hallway by the large event screen and on to the connecting hallway. The First Aid Room will be to the left at the top of a main staircase.
BOSS ARENA:
Take the back hallway to the left of the Main Entrance. The room will be on your right after a clearing.
6. Fill out the basic information on the Detail Form. Conduct an inventory of the items that are listed on the Detail form and familiarize yourself with the setup of the room and bags and the location of key EMS equipment. The main inventory checklist is also in the room for a more thorough check.
7. For the duration of the event, do not pass through attendance counters. You are considered Event Staff and must bypass all such audience control devices and posts. If

- any Event Staff member gives you difficulty for accessing restricted areas, contact a Chief if the situation cannot be resolved.
8. URI EMS is in charge of all medical incidents in the venue. Athletic details may have their own trainers that will have primary care until transferred to EMS. KFD may also be there and will play a supportive role to assist EMS in any way they can.
 9. Calling for the Ambulance:
RYAN CENTER: Ambulance access should be through the Loading Dock on the West side.
BOSS ARENA: For injuries on the ice or in the arena main stands, Ambulance access should be through the Loading Dock from the back. This allows easy access to the ice. For other areas, use the nearest entrance accessible by the ambulance. The Detail OIC should clearly communicate the entrance the ambulance should approach. The Loading Dock or the rear entrance just next to the First Aid Room would be the best access for large events where traffic is also a problem.
 10. BOSS ARENA ICE RESCUE:
 1. Utilize minimum amount of crew to remove patients from the ice.
 2. Slide backboards, etc, along the ice if possible. Carrying patients on ice is a recipe for disaster!
 3. Do not bring the stretcher onto the ice unless it is absolutely critical. If so, keep the stretcher at the low position from before you bring it onto the ice to after it back off of the ice.
 11. BE SURE TO RETURN THE KEY TO THE EVENT OFFICE!
 12. Be sure to clean the room up and sign your detail report form and have the Event Manager sign it as well with your time out.
 13. Clear from the detail by radio on the dispatch channel.
 14. Place the detail form in the Deputy Chief for Operations mailbox.

GL-SOP9 History

DETAIL OPERATIONS

“General (Formal/Informal)” Created Unknown

Updated: Robert T. Hart, 1/2002, 1/2004, Shad U. Ahmed, 11/2004

“Athletic Events” Created by Robert T. Hart, 10/2002

Updated: Shad U. Ahmed, 11/2004

“Ryan Center/Boss Arena” Created by Robert T. Hart, 1/2002

Updated: Robert T. Hart, 1/2004, Shad U. Ahmed, 11/2004

GL-SOP10

ADDITIONAL MANPOWER

**Note: This SOP is for requesting additional manpower. If additional rescues, equipment, or specialized personnel (ie Hazmat specialists) are needed consult the Mutual Aid SOP or the truck's MCI preplan resource list.*

1. If the OIC feels additional manpower is needed on a medical scene (ie. MCI, lift assist, etc) the OIC should contact dispatch and ask them to page out for the desired additional resources (i.e. Chief, Manpower, EMT, etc.).
2. Any responding URIEMS unit must contact dispatch and advise them that they are responding per the request of the OIC and to advise the ambulance crew of their response.
3. Once the OIC has enough manpower on scene or en route he/she should transmit that no more manpower is needed and at that time all other units responding should reroute to the ambulance Headquarters to await further instructions. This is also done in the event that additional resources or equipment are discovered to be needed later on.
4. If no URIEMS units answer the request for manpower assistance consider requesting additional Police, KFD or SKEMS based on what type of assistance is required.
5. All members who responded to the request are to be listed in the members on scene portion of the run log

GL-SOP10 History
ADDITIONAL MANPOWER
Created by Christopher G. Cowan, 10/2000

GL-SOP11

FIRE ALARM IN HEADQUARTERS

1. In the event there is a fire alarm sounding in Headquarters, the outside door is to be left ajar and all members are required to vacate the building until cleared to re-enter by Kingston Fire
2. The Chief is to be notified IMMEDIATELY
3. If the ambulance is at headquarters, the ambulance is to be relocated to a position in the athletics area, or any other area the on duty Officer feels will allow for the best access to campus.

GL-SOP11 History
FIRE ALARM IN HEADQUARTERS
Created by Robert T. Hart, 2/2003

GL-SOP12

OXYGEN CYLINDER HANDLING

In the past few years there has been recurring incidents of flash fires and explosions involving portable Oxygen cylinders, regulators, and their operators. This trend has been traced down by the United States Fire Administration to isolate several issues, Pressure Regulator construction material, Change in material flammability, Contamination, and Heat of Compression.

This Standard Operating Procedure will outline the steps to be taken when handling Oxygen Equipment to combat the possibility of a fire and or explosion. An USFA Report on these fires can be obtained through the Deputy Chief for Operations.

1. Before opening the cylinder valve, the flow regulator should be set to ZERO (0).
2. Turn the Oxygen cylinder so that the gauge is facing away from your body and anyone in the vicinity.
3. The cylinder valve should be opened slowly to reduce the heating caused by the oxygen's compression in the regulator's passages. – Which could cause contaminants inside the regulator/cylinder to spark and ignite.
4. Operate as needed per your patients condition.
5. When closing the Oxygen cylinder
 - i. Set the regulator to ZERO (0)
 - ii. Turn the Oxygen cylinder so that the gauge is facing away from your body and anyone in the vicinity.
 - iii. Slowly Close the cylinder valve
 - iv. Release any residual Oxygen and turn the regulator back to ZERO (0)
 - v. Store the cylinder in a secure, cool, dry space
6. When changing Oxygen cylinders it is imperative to close the cylinder valve, release any residual oxygen in the regulator, then turn the regulator to ZERO (0)
 - i. While wearing GLOVES (Preferably Latex-Free) remove the regulator and the old washer.
 - ii. Obtain a full cylinder that has not been tampered with (white tape and new washer are in place)
 - iii. Check to see if regulator is clean and no obvious contaminants are in place (lint, paint chips, oils) If there are, remove with a DRY and CLEAN LINT FREE TOWEL.
 - iv. Attach regulator with new washer in place and tighten appropriately.
 - v. Test for leaks following steps 1-5

**THESE PROCEDURES ARE TO BE FOLLOWED DURING
EQUIPMENT CHECKOUT AND EMERGENCY INCIDENTS.**

GL-SOP13

RESTOCKING OF EMERGENCY DRUGS

1. In the event that any of our medications are used on a run, you are to exchange the empty unit (vial, or auto-injector, etc.) with a new unit from the facility to which you transported the patient requiring the use of that medication.

2. You are authorized to restock only the medications that you use for the patient that you transport to that facility; you may not replenish stock of the ambulance at any receiving facility. If the ambulance medications need to be restocked, you must restock at Headquarters or at URI Health Services.
 - SCHMIDT, ask the ER nurse who you gave report to or the charge nurse (you may be directed to go to the hospital pharmacy)
 - URIHS, ask the facilitator nurse.
 - Other, ask the ER charge nurse.

GL-SOP13 History
RESTOCKING OF EMERGENCY DRUGS
Created by Christopher G. Cowan, 10/2000

GL-SOP14

STANDARD EMERGENCY RESPONSE

1. Normal Protocol – Dispatch (Effective Spring 2005)
2. Duty Crew
3. OIC/Shift Responsibilities
4. Response/Scene Operations
5. Persons Responding (incl. Command Staff responses)
6. Second Medical Call

1. Normal Protocol – Dispatch (Effective Spring 2005)

NOTE: Tone-out protocol as listed here applies ONLY to RI-EMTs and URI EMS Drivers. Probies and other First Responders are not to respond as such during an emergency. Only those on duty may ride on the ambulance at the time. Anyone else at headquarters may ride ONLY in extenuating circumstances at the discretion of the OIC if there are open spots and MUST be in full uniform.

FIRST TONES

Dispatch will sound tones announcing the call, its location, and the nature of the emergency. Feel free to clarify any of the information.

FULL CREW AVAILABLE

If there is a full crew defined as at least one EMT and one Driver on duty or at Headquarters, the crew will radio “EMS Received with a full crew” to notify dispatch that a full crew has accepted the call. NO OTHER TONES WILL SOUND UNLESS AT THE REQUEST OF THE DUTY CREW.

NO FULL CREW

If there is not a full crew at headquarters, but a driver or an EMT is available, they will call dispatch by phone and inform them that they are at headquarters or on their way to headquarters. Once a full crew is obtained by this method, a tone will sound indicating a full crew has been located.

SECOND TONES

After one minute from the first tones, dispatch will sound a second tone announcing the need for the vacant position or if a full crew is still needed. Anyone available fitting the vacant position(s) will call dispatch to say that they are on their way. At this point, if there is an available EMT, they may take 1192 to the scene and have any available drivers meet them there. They should say, “1192 responding with one EMT.” At this point, the OIC is obligated to fill an open spot on the crew if they haven’t already.

THIRD TONES

One minute from this tone, a third and final tone will sound announcing the remaining vacancies. One minute from this time, the call will be routed to mutual aid if a full crew has not been completed.

If an EMT has signed on and/or is on scene, dispatch will contact this EMT for mutual aid requests. The EMT should follow the mutual aid protocol and call for any resources as necessary unless it is a refusal and no other assistance is needed.

2. Duty Crew

1. FROM 0700-1900 HOURS:

The Duty Crew consists of the OIC and a maximum of one EMT, one Driver, and two First Responders or probationary members. At minimum, one driver and preferably one EMT are needed in addition to the OIC.

FROM 1900-0700 HOURS:

The Duty Crew will be at minimum, one driver and the OIC to a maximum of the driver, OIC and two first responders/probationary members.

2. AT NO TIME ARE MORE THAN FOUR MEMBERS ALLOWED ON THE AMBULANCE.
3. If an individual wishes to do driver training or Lt/EMT training the individual must fill a spot on the crew, not ride as a 5th.
4. In the event a 5th non-member individual wishes to ride as an observer, it must be cleared with the on-duty Officer and a Chief.
The proper paperwork must be filled out as per the Ride Along SOP
5. Any additional members may ride with the approval of the on-duty Officer in the event that factors involved in a specific emergency call dictate that it would be beneficial.
6. THE OIC MAY ELECT & ARE ENCOURAGED TO LIMIT THE SIZE OF THEIR CREW DURING AN EMERGENCY, IF DOING SO WILL AID IN PATIENT CARE, INTERDEPARTMENTAL COORDINATION, AND GENERAL PROFESSIONALISM.
7. If this is done a Incident Report must be submitted to the Chief **Immediately** following the call.

3. OIC's/Shift Responsibilities

1. OIC Shifts are as follows:

- a. 1st or Morning: 0700 hours to 1300 hours
 - b. 2nd or Afternoon: 1300 hours to 1900 hours
 - c. 3rd or Night team: 1900 hours to 0700 hours
2. Scheduling: All OIC shifts will be scheduled at LEAST one week in advance
 3. If no OIC is available for any reason (unable to contact by all other methods or unable to schedule one), then the Crew Tech will be the acting OIC.
 4. OIC Duty Shift Responsibilities
 - a. Ensure that Headquarters is clean and is in a presentable condition. This includes dishes, laundry, garbage, training equipment and personal equipment and items.
 - b. Ensure that training and duty tasks such as rig checks/truck checks and scheduling are completed in a timely fashion.
 - c. The OIC should make it clear who/what/when/how such tasks should be accomplished.

- d. While on duty, the OIC is responsible for all basic administrative tasks for the Corps. This includes being the first point of contact for:
 - i. Issues that arise with all details that occur during that shift and scheduling issues that occur in the near future to two shifts in advance.
 - ii. All equipment issues that occur. This includes contacting the Deputy Chief for Operations to determine where to obtain equipment in an emergency.
 - iii. All scheduling issues for two shifts in advance.
 - iv. Any other related tasks assigned by a Chief or Captain. This may range from taking delivery of equipment to representing the Corps. at various functions or events as needed.
 - e. When changing OIC shifts, the incoming OIC should ensure that everything is in order or file an incident report indicating otherwise.
5. The OIC will be available to respond to calls on campus. The OIC may be called by the duty Crew Technician for any call they feel it is necessary. The OIC will be automatically dispatched by the Crew Tech on duty for the following types of calls:
- a. Advanced Life Support is needed.
 - b. Motor Vehicle Accident
 - c. Fire Standby
 - d. Ambulance accident/problems
 - e. Additional Resources are needed
 - f. Second Medical Call as below under Second Medical Call SOP
6. OIC Emergency Response Responsibilities
- a. At the beginning of every shift, the OIC will contact dispatch to notify them of the best way to get in touch with them should they have any questions.
 - b. The OIC will be available in a response range that will not exceed a time to scene of 10 minutes.
 - c. The OIC should have all OIC-issued equipment.
 - d. If the OIC rides for the transport, then the OIC should ensure that the crew is only 4 persons total.
 - e. The OIC will maintain appropriate communication with the Duty Crew regarding emergency calls. The OIC should have a radio/pager. A clear method of communication must be established and understood by the duty crew and OIC. Preferably, the OIC will have a radio and the Detail Nextel or a Chief's Nextel if it is a Chief.
 - f. The OIC will ensure that the proper resources are called for and unnecessary resources are prevented from accessing a scene per the emergency response SOP protocols.
 - g. For Health Services transports, the OIC will coordinate with HS and dispatch for nonemergent transports to put a crew together within 15 minutes if one is not available. If the transport is ALS, refer to the Health Services Transports SOP.
7. OIC Response
- a. If a call comes in that is an automatic OIC response or an OIC is needed for any other reason, the Crew Tech/EMT will call for an OIC by having dispatch tone them out.

- b. Once the ambulance is on a call, the next tones for a second call will automatically be for the OIC to respond. Therefore, the OIC should ensure they are on campus after the ambulance is away on a call.
- c. If Dispatch has any questions regarding any EMS related issues, their primary contact will be the OIC.

4. Scene Operations

1. On an emergency scene, the ambulance keys are to be left in the ambulance, all compartments unlocked and the ambulance running unless otherwise directed by the OIC. If necessary, turn off the ambulance per the order of the OIC or per the Emergency Vehicle Operations SOP.
2. The ambulance is not to move unless at the order of the OIC. If any other departments make any requests, clear them with the OIC unless there is a serious danger or other immediate valid reason that cannot wait.
3. The ambulance also does not move when a patient has been loaded until the patient is stabilized or at the order of the OIC/senior EMT.
4. The OIC may restrict access to the scene to promote efficiency and professionalism.
5. The OIC shall determine who gets out of the ambulance on scene. NO ONE should get out until directed to do so. Generally, if there is one or more First Responder, the driver will stay with the ambulance. If there is a Chief or other officer on scene, make contact with that person to determine what is needed on scene.

5. Persons Responding

NO PERSONS SHALL RESPOND DIRECTLY TO THE SCENE UNLESS DIRECTED TO BY THE OIC AND WARRANTED UNDER AN EXTREME EMERGENCY OR AS LISTED ABOVE UNDER NORMAL DISPATCH PROTOCOL.

If such an incident occurs, an incident report must be filed with the Chief.

Chief Responses:

Any member of Command Staff may respond to emergency scenes to assist the on duty crew, for quality assurance purposes or to provide for incident management/command needs.

Chiefs are on scene for administrative purposes only unless the OIC requests the Chief to assume control of any medical portion of the scene or if the Chief feels it is necessary to do so or the situation dictates this.

The OIC or Duty Crew should tone out for a Chief automatically for the following reasons:

1. URI EMS is put on stand-by for any reason.
2. The situation requires additional resources.
3. There are multiple departments working on a scene for extended periods of time.
4. Any member of the crew is injured, assaulted or otherwise exposed to harmful materials. This is not including a normal bloodborne pathogen exposure. Follow the Crew Exposure SOP for this.

5. Any other situation the OIC or duty crew feels necessary.

6. Second Medical Call

If a second medical call comes in on campus while 1192 is already on a call, dispatch will tone out for the OIC to respond and decide what response is necessary.

The OIC will make contact with 1192 if it was not already established and determine what to call for. The OIC can decide what action is appropriate based on the type of second call. Calling for Rescue 6 and/or Rescue 1 and/or Rescue 2 may be appropriate immediately.

The OIC can respond and decide:

1. Whether 1192 can handle the second call (both calls are for relatively stable patients and 1192 has not left yet).
2. Whether it is a refusal (the OIC can accept the refusal)
3. Whether a transport is necessary but can wait until 1192 returns (for example, certain Health Services transports).
4. Whether Mutual Aid must be utilized. In this case, the OIC should coordinate the Mutual Aid for dispatch.

7. Paperwork for Medical Assists

1. State Run Report
 - Copy to be given to the receiving facility
 - State and service copies to be placed in the DCO mailbox
 - ONE FOR EVERY PATIENT AND/OR DETAIL/STANDBY
2. Health Services Transport Form
 - To be filled out in place of a state run report for STUDENTS, who wish to be transported to URI Health Services. May also be done in addition to Refusal on State Run Report. See Health Services Transports SOP.
 - Must be signed by patient and Health Services nurse who takes report on the patient
 - Retain this report and place it in the DCO mailbox
3. Patient Information Form (PIF) (aka – Note sheet)
 - To be discarded when done with
4. URIEMS INTRANET - Run Log
 - **MUST BE FILLED OUT COMPLETELY AND ACCURATELY**
5. Ambulance Mileage Log/ NEXTEL Phone Log
 - Found and kept in the front of the ambulance
6. Incident Report (I.R.)*
 - This is to be written when something abnormal happens and should be reported to the Command staff. i.e. truck problems, interdepartmental problems, dispatching problems, patient problems or any extremely noteworthy occurrences.
7. In the event Advanced Life Support (ALS) is called in, follow ALS Paperwork SOP.

GL-SOP14 History

STANDARD EMERGENCY RESPONSE

“Normal Protocol – Dispatch” Created by Shad U. Ahmed, 11/2004

“Duty Crew” Created Unknown

Updated: Robert T. Hart, 11/2002, Shad U. Ahmed, 11/2004

“OIC/Shift Responsibilities” Created by Shad U. Ahmed, 11/2004

“Scene Operations” Created by Shad U. Ahmed, 11/2004

“Persons Responding (incl. Cmdr responses)” Created Unknown

Updated: Robert T. Hart, 1/2004, Shad U. Ahmed, 11/2004

“Second Medical Call” Created by Shad U. Ahmed, 11/2004

“Paperwork for Medical Assists” Created by Robert T. Hart, 1/2002

GO-SOP1

RESTRICTED EQUIPMENT

1. All materials and equipment made from latex (i.e., gloves, stethoscopes, etc) are banned per RI State Protocols from all ambulance and medical operations of URI EMS.
2. All materials and equipment that use mercury (i.e., mercury thermometers) are banned from all ambulance and medical operations of URI EMS.
 - a. In case of an accident involving mercury thermometers or other mercury-containing equipment, the contents must be immediately contained as much as possible without coming into contact with the substance. Use a biohazard or garbage bag or other appropriate disposable container. The contents must be specially disposed of by Safety and Risk Management. This is considered a HAZ-MAT situation, so follow the Haz-Mat SOP as appropriate.
 - i. If containment is not a possibility, evacuate and isolate/secure the surrounding perimeter location. Prevent anyone from entering the perimeter location.
 - ii. If it was contained, secure the location of the containment/accident and prevent re-entry.
 - b. Contact URI PD dispatch to request that Safety and Risk Chemical Hygiene Officers respond to assist in cleanup. Be sure to state whether or not the mercury was properly contained.
 - c. The OIC should determine whether there was any significant exposure and should consider calling Poison Control or consult with SRM when they arrive. The OIC should determine if URI EMS can remain in service if a duty crew member is exposed. Any contact or inhalation exposures should be considered potentially dangerous and the person should be transported to a hospital facility.

The above restrictions apply to all personal equipment being utilized by URI EMS personnel in an official capacity. Members are encouraged to determine if personal equipment contains latex.

If any member finds such equipment on the ambulance or in other URI EMS medical (non-training) equipment, they are to turn the equipment over to the Deputy Chief for Operations and file an incident report documenting the situation.

Mercury-containing items must be disposed of by a special process. The Deputy Chief for Operations will ensure the equipment is transferred to an authorized Chemical Hygiene Officer from Safety and Risk Management or is disposed by other appropriate and approved methods.

GO-SOP2

URI EMS EMERGENCY VEHICLE OPERATIONS

1. General Ambulance Policies
2. Legal Aspects and Implications
3. What is a true emergency?
4. Emergency Vehicle Response Guidelines
5. Ambulance Accident
6. Ambulance Breakdown
7. Personal Vehicles

“URI EMS Emergency Vehicle” refers to any official vehicle owned and registered to the State of Rhode Island and/or utilized by the University of Rhode Island Emergency Medical Services in an official capacity to include Ambulances and other vehicles.

NOTE: Violation of this SOP in particular will result in severe disciplinary and/or legal action.

1. General Ambulance Policies

1. The ambulance may not be driven without the prior permission of the on duty OIC.
2. The ambulance may not be driven without a RI EMT on board or permission of the OIC under extreme circumstances. The OIC assumes full responsibility for this.
3. Driver Trainees may not drive the ambulance without a URI EMS Driver Trainer.
4. Dispatch must be notified if the Ambulance is going to be off campus while not on an emergency run. This should not be done on a regular basis and is only for extreme circumstances. If the ambulance is going more than two miles off campus for non-emergency reasons, the OIC should request permission of a Chief.
5. All Members must carry a valid driver’s license while operating the ambulance and it must be on file in the office.
6. The OIC is responsible for the crew. The Driver is responsible for the ambulance and all equipment while on scene. The Driver must ensure all equipment is retrieved from the scene and all equipment at the hospital is retrieved.
7. The OIC may elect to substitute a Driver under special circumstances. The OIC must be able to cite specific reasons and present them to the EMS Captain. The OIC assumes all responsibilities associated with such actions and must file an incident report documenting the situation.
8. The keys to the ambulance are kept on the wall near the door. A spare set of keys is kept in the Lieutenant’s office. Drivers should not take the keys off the wall unless they are needed (i.e.-- drivers should not keep the keys with their radio, personal possessions, etc. in case the driver forgets to return the keys after his/her shift or others need to obtain the keys).
9. There should never be more than two (2) people in the cab of the truck.
10. When equipment is left at the hospital, a note should be left on the message board listing the equipment left so that it can be recovered on the next trip to the hospital.
11. The driver is responsible for ensuring that any passengers in the front have their seat belt fastened at all times and that any non-members who are riding for any reason (except for

- if they are the patient), regardless of where they are seated, must be properly restrained by seat belts or any other such device per RI Motor Vehicle Law.
12. The driver will drive in a manner that ensures both safety and comfort for the patient, including choice of route and level of speed.
 13. Any traffic accident involving the truck must be reported to the Deputy Chief for Operations and an accident report must be filled out, no matter how minor the accident may be.
 14. The ambulance must follow all normal traffic rules. Lights and sirens do not give you the right to disregard the safety of others. See Legal Aspects in this Manual.
 15. Do not leave the ambulance parked or running in front of the emergency room entrance. The ambulance should be moved as soon as possible to allow other ambulances access to the ED.
 16. Do not leave the ambulance running outside of URIHS or other such buildings especially if the ambulance is near a ventilation system. Otherwise, the ambulance should not be turned off during a call.
 17. All drivers should know the directions to the hospital via Route 108 and South Road and Route 1.
 18. Do not drive/start the ambulance with the shoreline still attached to the truck.
 19. The driver is responsible for plugging the shoreline back into the truck back in upon return to HQ.
 20. It is the responsibility of the driver under the guidance of the OIC to ensure the completion of the nightly rig check. This includes thoroughly checking that the proper forms and equipment are present and in working condition. Notify the DCO of failure or lack of supplies.
 21. Every Driver on every shift should do a visual check of the ambulance, check fluids/fuel/equipment and note any deficiencies. A Driver's Shift Check may be provided for this purpose.
 22. Upon completion of each run, the ambulance will be cleaned and restocked as needed by the driver. Every effort is to be made to restock items used on a run at the hospital. (i.e. sheets, blankets, basins, O2 masks, etc.). Crews will follow the restocking policies of the facility that they transport to. Any OSHA or biohazard cleaning should be done before the truck leaves the hospital and before you are cleared to receive another call. See the Restocking of Emergency Drugs SOP.
 23. The Ambulance MUST be parked in its spot and SHOULD NEVER be left in the parking lot or anywhere else for extended periods of time. Drivers should always back the truck in. There is no reason to put the truck anywhere else other than for doing a full cleaning and complete equipment inventory.
 24. The driver must ensure that all mileage and cellular phone calls are logged.
 25. The keys are not to be removed from the ignition while on a call unless the OIC directs otherwise.
 26. The air horn is NOT to be used to communicate with anyone and may NOT be used for any other purpose other than to alert traffic in an urgent situation or during an emergency run. Try to turn off the siren and use the regular horn if necessary.

2. Legal Aspects and Implications

As an EV operator, you will have three types of regulations to follow:

1. URI EMS corps policy
2. Local ordinances (e.g. local speed limits)
3. Motor vehicle and traffic laws enacted by the State of Rhode Island

It is important that all EV operators understand the following three basic principles before considering Rhode Island State Law:

1. The operators of all EV's are subject to all traffic regulations unless a specific exemption is made in state or local laws.
2. The specific exemption refers to an EV only when operated in the emergency mode (i.e., with lights and audible siren)
3. Even when a specific exemption is made under relevant statute, you can be held criminally and/or civilly liable for your actions should you become involved in an accident where property damage, injury, or loss of life occur.

The provisions set by the State of Rhode Island shall not relieve the driver of an authorized EV from the duty to drive with due regard for safety of ALL persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

When a driver exhibits reckless disregard for safety of others and property the special statutory privileges of EV operation will be denied.

3. What is a "true emergency?"

1. A true emergency allows the operator of an emergency vehicle to exercise those exemptions to traffic laws granted under relevant laws. Unfortunately, the definition of a true emergency is not always clear-cut.
2. For your legal protection follow this general definition: a true emergency is a situation where there is a high probability of death or serious injury to an individual and an action by an EV operator may reduce the seriousness of the situation.
3. A vehicle is "responding to an emergency call" when the occupant or occupants of the vehicle honestly believe that an emergency exists and when that belief is a reasonable one. For URIEMS, the OIC will determine the existence of an emergency.

By this definition and these ideas, calls should be examined on a case-by-case basis as to whether or not they are a true emergency. For example, a stable patient with a sprained ankle is not a life-or-death situation and does not constitute a true emergency. However, a patient with breathing difficulty may be a different case. The fact that we are a BLS ambulance should also be considered.

However, it is also important to note that you are obligated to use your wisest judgment upon responding to a call. Just because a patient requests no lights/sirens does not mean you honor such a request. Some patients who are afraid to call the ambulance will call only when their condition is severe or critical and then request no lights/sirens. If there are no Chiefs or other

licensed medical personnel on a scene of a potential medical emergency, the responsibility for determining an emergency still rests on the OIC.

4. Emergency Vehicle Response Guidelines

1. Do not exceed the posted speed limit by more than 10 mph.
2. Stop at all intersections with stop signs
3. Stop at all intersections with a red traffic light
4. Slow down before all other intersections
5. Remember, an emergency vehicle is only allowed special privileges when BOTH lights and sirens are activated. Use the siren at ALL of the following times:
 - a. Whenever you are in a lane that does not normally allow for the direction or maneuvers you are performing or are about to perform (wrong way on a one way, left hand side of a divided road/wrong side for direction of travel, turn-only lane when going straight or vice versa, etc)
 - b. Whenever there is moving traffic visible and in your path (daytime especially)
 - c. Whenever you are passing traffic (daytime especially)
 - d. Whenever pedestrian traffic is visible within 50 feet of the road. Consider using the PA or horn instead of the siren as the siren can be too loud.
 - e. Around any blind corners
6. Do not take blind corners at high speeds; slow down before proceeding.
7. Lights and sirens are not always necessary. Use common sense. If it is 3 AM and there is hardly any traffic, you don't need to use the siren. Be very conservative in using lights and sirens, especially during nighttime. Always make sure the siren is used when warranted as above but not excessively. Ask your OIC if there is any question.
8. Unless otherwise directed by the OIC, the driver should turn off the lights once on scene where traffic or other hazards would not be an immediate danger to the crew. Especially at night, do not leave lights on while near a dorm, for example. Instead, consider leaving the primary halogen flashers on ONLY (strobes and other lights are not necessary and are distracting).
9. Do not use Headlight High beam flashers (wig-wags) during nighttime or bad weather. Our ambulance automatically deactivates the wig-wags when the headlights are on.
10. Do not use strobes in fog or under decreased visibility.

5. Ambulance Accident

1. Assess the situation. Are there any injuries? Contact a Chief IMMEDIATELY.
2. Notify "C" that the ambulance was involved in an accident. Have the district police respond to the location of the accident.
3. In the event the accident happens while transporting a patient to the hospital consider the following: Does the patient you're transporting have a life threatening injury that is unstable? Is the ambulance able to complete the transport?
 - a. If yes to both questions, then inform everyone involved that you must complete the transport and will return upon completion. If possible leave an ambulance representative at the scene.

- b. If no to either question, then contact “C” and have them dispatch an ambulance to the scene to complete transport of your patient to the hospital.
4. If the accident creates injuries or hazardous materials, contact “C” and have the appropriate number of ambulances an/or the local fire department respond.
5. If the accident happens while en route to a medical on campus contact “C” and make sure a Rescue is sent to take care of that medical.
6. Follow SOP for “Ambulance Breakdown.”

6. Ambulance Breakdown

NOTE: IF THE AMBULANCE IS INVOLVED IN AN ACCIDENT, SEE THE SOP FOR “AMBULANCE ACCIDENT”

1. If en route to hospital with a patient, contact “C” advise them of your location and have them dispatch another ambulance to your location to finish patient transport.
2. If en route to a call, contact “C” advise them to dispatch Rescue 6 and a transport ambulance, Rescue 1 or Rescue 3 to the scene.
3. Contact a Chief immediately. If a Chief cannot be reached and there is a question to the drivability of the ambulance, contact Dispatch and have them contact the Automotive Shop Foreman and inform him of the situation. The Automotive Shop Foreman will advise you what steps to take to tend to the problem with the ambulance. If it is after business hours, the Chief must approve for someone from Automotive to come in.
4. In the event the only thing wrong with the ambulance is a flat tire: The ambulance needs to be towed to the Automotive Shop on campus. A representative from the Automotive Shop must be contacted to make the repair. Once the tire is replaced, the ambulance may go back in service.
5. In the event no contact can be made with a Chief, and the ambulance will not be operable until the auto shop can see it, contact “C” and advise them that URIEMS is out of service until further notice. Follow Out of Service Notification SOP. Continue to try and get contact with a Chief until contact is made.
6. The DCO will make arrangements to have the ambulance repaired in a timely manner.
7. The on-duty OIC is to submit an Incident Report to the Chief.

7. Personal Vehicles

The Chief of URI EMS may issue emergency vehicle light permits as his/her sole discretion. Generally speaking, only Command Staff and Senior Lieutenants are issued light permits.

NO OTHER PERSONNEL ARE TO HAVE EMERGENCY LIGHTS OF ANY KIND <<INSTALLED>> OR <<MAINTAINED>> IN THEIR VEHICLE(S) UNLESS PROPERLY LICENSED AND PERMITTED BY STATE OF RHODE ISLAND LAW.

Any member in violation of this will be subject to severe disciplinary actions up to but not limited to termination of membership and referral to the Police and/or subject to fines and/or other legal consequences per RI State and other Laws or regulations.

All operators of personal vehicles with emergency lights permitted by URI EMS are responsible for their own actions and must follow RI State Law as applicable to emergency vehicles. A copy of relevant and/or applicable laws is available upon request from the Chief.

No members are to respond directly to scenes with or without emergency lights unless specifically requested or allowed per the Persons Responding SOP.

At no time should a member's personal vehicle obstruct traffic and/or violate any rules and regulations of the University, the State of Rhode Island or the United States of America. If such a violation occurs in an extreme emergency, the OIC shall be notified and the OIC shall make notification to the Police Department with specific details of the location of the vehicle. If possible, the keys to the vehicle should be given to another member or a police or security officer so that it may be moved.

GO-SOP2 History

EMERGENCY VEHICLE OPERATIONS

"General Ambulance Policies" Created by Shad U. Ahmed, 11/2004

Legal Aspects and Implications

What is a true emergency?

Emergency Vehicle Response Guidelines

Ambulance Accident Created Unknown

Updated Robert T. Hart, 11/2002

Ambulance Breakdown Created Unknown

Updated Robert T. Hart, 11/2002, Shad U. Ahmed, 11/2004

Personal Vehicles Created by Shad U. Ahmed, 11/2004

GO-SOP3

INTER-DEPARTMENTAL DISPUTE ON SCENE

1. At all appropriate costs avoid an interdepartmental dispute on-scene.
2. Should one occur contact the Chief when the run is over. The appropriate action will be taken from there.
3. The on-duty OIC and any member directly involved in the dispute are to write an incident report and submit it to the Chief.

GO-SOP3 History
INTER-DEPARTMENTAL DISPUTE ON SCENE
Created by Christopher G. Cowan 10/2000

GO-SOP4

MEDIA RELATIONS

1. In the event the media (including but not limited to student newspapers, television, radio, etc) approaches any member and inquires about details, opinions, or facts about anything related to the corps, especially a medical run, you are to VERY POLITELY say “I am not authorized to make a statement or speak on behalf of URI EMS. You may contact the Chief who can provide the information you need.” Refrain from using the phrase “no comment” at all costs.
2. Provide the media with the Office extension (4-5261) and the URI News Bureau (4-2116) and contact the Chief immediately to inform them of the situation.
3. If the media shows up on a medical scene, the OIC is to ensure that no confidential medical information is released and that the patient’s rights are protected. If this becomes an issue, the OIC shall approach the media directly and politely ask them to move back “in the interest of the patient’s safety and privacy.
4. If the URI New Bureau is on scene, they will assume the role of Public Information Officer as directed. Make sure all external media is directed to this individual. The News Bureau may ask for information as well. Have this person contact the Chief to discuss the situation if they inquire.
5. Write an incident report documenting the situation.

GO-SOP4 History
MEDIA RELATIONS
Created Unknown

Updated: Robert T. Hart. 1/2002, Shad U. Ahmed, 11/2004

GO-SOP5

URI EMS IN-SERVICE/OUT-OF-SERVICE

This standing operating procedure will outline the steps to follow in the event that the ambulance must go out of service during normal operating times. This notification is necessary in order to provide coverage for the campus when our ambulance is unable to provide emergency service.

1. The ambulance will be called out of service for the following situations:
 - a. Any mechanical failure of the vehicle that does not allow for safe vehicle operation, patient care or provide for the safety of any person riding in the vehicle.
 - b. Any time that the ambulance fails to meet the minimum requirement for necessary equipment as defined by the Division of Emergency Medical Services. This means that italicized items on the Nightly Rig Check Sheet are missing or unserviceable.
 - c. Any time that the standard in-service requirements, as defined by these Standard Operating Procedures or directives of the Chief, is unable to be met.
 - d. At times as allowed by our Rhode Island Division of Emergency Medical Services licensure. (Academic Calendar year exemptions)
2. The on-duty OIC will make the determination that the vehicle is to be called out of service. The EMS OIC will notify a Chief immediately prior to calling the ambulance out of service.
3. The EMS OIC will
 - a. Notify Campus Police Dispatch that the ambulance is out of service
 - b. Notify South Kingstown Police Dept. Dispatch who will notify KFD and SKEMS. If necessary, notification can be made to SKEMS crew directly in addition to SK dispatch.
 - c. Notify Health Services Triage Nurse if during their normal business hours (8am-8pm weekdays, 10am-6pm weekends).
4. The Chief involved will notify the Director of Health Services and inform the staff of the incident.
5. Prior to being relieved from that shift, the OIC and Chief will make contact and confirm that all notifications have been made.
6. The OIC and the Chief will determine the next course of action to rectify the situation that brought the ambulance out of service.
7. The OIC should ensure that all members that will be on-duty after the incident are notified that the ambulance is out of service and will be contacted when the ambulance will be back in service. The Deputy Chief for Human Resources will make notifications to crews when the ambulance is back in service.
8. If, at any time, the OIC is unsure of the ambulance's status and specifically whether or not to call out of service, they will contact a Chief immediately and seek guidance as to the next course of action.
9. The OIC will file an incident report and submit that report to the Chief.

URI EMS IN-SERVICE/OUT-OF-SERVICE
Created by Christopher G. Cowan 3/2000
Updated: Shad U. Ahmed, 11/2004

GO-SOP6

SIGNAL 21 USAGE AND CONDITIONS

As indicated on the Radio Signals Reference in the URI EMS Communications Manual, a Signal 21 is a message indicating "Use Caution." Signal 21 also takes on an administrative meaning as indicated below:

In the event the ambulance is responding to a medical, a Signal 21 may to be transmitted to the responding units when appropriate by the OIC or Command Staff. If a Signal 21 is transmitted all responding units are to proceed with extreme caution. The ambulance is not to exceed the speed limit and is to use the horn/siren only to keep moving.

1. If medical personnel are on scene and the patient's condition and environment are stable, a "signal 21 patient is stable" is to be transmitted to the responding units.
2. If emergency personnel are on scene and the route to the scene is hazardous, a "signal 21 due to road condition" (ice or bad snow) is to be transmitted.
3. If emergency personnel are on scene and the scene itself is hazardous, a "signal 21" is to be transmitted. i.e. the ambulance is responding to an injury from a car accident and the car is on fire, "signal 21 on scene for hazards (specify)"...In this case the ambulance may respond to the scene normally, but when approaching the immediate area proceed with extreme caution.
4. In the event emergency personnel are on scene and the scene has special circumstances a "signal 21, no lights, no sirens" may be transmitted. In this case the ambulance is to proceed as if it were not responding to an emergency. No lights and no sirens are to be used. (i.e. the patient on scene has refused to be looked at by medical personnel, but the emergency personnel on scene wants a written refusal and has no paperwork.)

If a "General Signal 21" is posted by a Chief due to weather/road or other conditions, the following restrictions apply:

1. The truck is not to leave headquarters with the exception of a run or by a Chief's order. This includes driver training, food or other team needs. Night teams are allowed one personal crew needs run.
2. When responding to a run while under a "general" Signal 21, all traffic rules are to be strictly adhered to. This includes complete stops at red lights and at stop signs. Speed is to be adjusted accordingly but is not to exceed the posted speed limit. Appropriate use of lights and sirens is permitted.

GO-SOP7

UNIFORM POLICY

1. The on-duty crew should be in pre-set uniform at the start of the shift and until the shift is completed. The uniform will consist of blue pants with a minimum of an EMS T-Shirt, or preferably an EMS polo shirt/dress shirt appropriate to your rank. The detail uniform will consist of blue pants, with a minimum of an EMS polo shirt or preferably an EMS Dress shirt appropriate to your rank. All exceptions MUST be approved by a Chief.
2. The uniform for Probationary Members, First Responder, Drivers, EMTs and Crew Techs shall consist of a light blue uniform shirt buttoned up to the collar button, URIEMS blue t-shirt, URIEMS navy blue polo shirt, or URIEMS work-shirt. Pants can either be a pair of EMS pants or similar (i.e. Dickies). Shoes and socks must be black and of a leather type material. (No sneakers). Shoes should be comfortable and must be worn of the appropriate work.
3. The corps patch should be placed 1” down from the shoulder seam on the left sleeve.
4. EMT’s: The RIEMT or National Registry Patch will be worn on the right sleeve with the corresponding rockers. The Chief shall approve any patch worn on the right sleeve that does not designate Rhode Island or National Registry licensure prior to wearing.
5. Chiefs, Lieutenants, and First Responders only (NO PROBIES) shall wear pins on the collar. The general membership may wear pins on their collars that do not designate any type or rank, they may wear pins of an EMS nature. (i.e. star of life, cpr certified etc)
6. All Lieutenants and Chiefs will wear the same uniform as described in the uniform description for the general membership with the exception that the dress uniform shirt shall be white instead of blue. The Lieutenants with shall wear gold Lieutenant bars, Senior ranking EMS Lieutenants shall wear silver bars, the Deputy Chiefs shall wear Oak leaf clusters and the Chief shall wear gold stars.
7. Badges: The Command staff of URIEMS will be issued service badges that are gold with silver accents. Lieutenants may be issued URI EMS service badges. Lieutenants may also wear badges that designate Emergency Medical Services, or of a design that has been approved by the Chief. Lieutenant Badges must be silver. General members will not wear badges unless approved by the Chief.
8. Probationary and First Responders MUST be in uniform AT ALL TIMES while on duty NO EXCEPTIONS.
9. NO JEANS OR SNEAKERS SHOULD BE WORN ON THE AMBULANCE FOR THE PROTECTION OF MEMBERS. The OIC takes responsibility for violations.
10. DETAILS: Full dress uniform unless otherwise specified by the Chief. Some details will have specific uniform policies that MUST be strictly adhered to. Special uniforms may be implemented for concerts, celebrations, etc. and there may also be special summer uniform code. There may also be special recommendations for severe winter weather.
11. OIC’s will ensure members are properly dressed according to these policies and for the weather and may elect to restrict a member from riding or performing EMS duties if they do not meet these guidelines.

GO-SOP8

RELEASE OF PATIENT INFORMATION

All Patient information is confidential as was explained to all members in the confidentiality agreement they sign. NO INFORMATION MAY BE DIVULGED TO NON-DUTY CREW MEMBERS OR NON-MEMBERS UNLESS AS BELOW:

To the Police:

1. In the event that an officer request information about a patient, you may convey the following:
 - a. Name
 - b. Address
 - c. Phone Number
 - d. Any information given to the medical crew while in the presence of a police officer.
2. You may not convey any of the following:
 - a. Personal information about the patient (i.e. medical history, ingestion of foreign substances, etc.) given to the medical crew while not in the presence of a police officer.
3. In the event the police need a copy of our run sheet or request confidential medical information:
 - a. Contact a Chief
 - b. The Patient must sign an "Authorization for Release of Medical Information" form that a Chief must provide.
 - c. In the event the patient is under the age of 18 years old, the parents or legal guardian must sign the "Authorization for Release of Medical Information" form.

To the patient:

8. In the event a patient requests a copy of his/her state run sheet:
 - Contact a Chief
 - The run sheet may not be released without an "Authorization for Release of Medical Information" form signed for our records. A chief will provide this form
 - In the event the patient is under the age of 18 years old, the parents or legal guardian must sign the "Authorization for Release of Medical Information" form.

To anyone else:

1. In the event an individual who is not a police officer on official business, requests information about a patient, or requests a copy of the state run sheet:
 - a. Contact a Chief
 - b. The individual may not receive any information without permission granted by the patient by signing the "Authorization for Release of Medical Information" form that will be provided by a Chief.
 - c. In the event the patient is under the age of 18 years old, the parents or legal guardian must sign the "Authorization for Release of Medical Information" form.

GO-SOP9

NON-SMOKING POLICY

Per RI State Law, the regulations of the Board of Governor's for Higher Education, the regulations of Safety and Risk Management, URI Health Services and URI EMS, the following restrictions are in place on smoking:

1. There is to be NO smoking in Headquarters without exception.
2. There is to be NO smoking while operating a URI EMS vehicle without exception.
3. There is to be NO smoking in the vicinity of headquarters or the ambulance to at least a 20 feet perimeter.
4. PLEASE be courteous to all members regarding this issue. The OIC or a Chief may enforce this policy or restrict it further as appropriate.

GO-SOP9 History

NON SMOKING POLICY

Created Peter P. Pascucci, Unknown

Updated: Shad U. Ahmed, 11/2004

GO-SOP10

CREW EXPOSURE INCIDENT

1. In the event that a crew member is exposed to a harmful substance (i.e. biohazard/sharp, etc.) he/she should notify the on duty Lt., the member should fill out a report and has the option of getting tested for harmful long term effects of that exposure.
2. If the exposure was due to a biohazard please fill out the appropriate bubbles in the exposure section at the bottom of the state run sheet AND fill out a Prehospital Exposure form.
3. Have all exposure testing (i.e. blood work) done at URIHS.
(In the event the exposure happens at night, have all testing done at the hospital you brought the patient to, usually South County Hospital or if you feel the incident is not a significant health hazard wait until URIHS reopens in the morning and have the testing done at that time. It is strongly recommended that any testing/treatment be done immediately following the emergency run.)
4. If a wound that requires immediate medical attention accompanies the exposure, have the wound attended to by an emergency department or URI Health Services.
5. All appropriate paper work will be distributed and filled out at URIHS or South County Hospital.
6. Contact a Chief immediately.

GO-SOP10 History
CREW EXPOSURE INCIDENTS
Created Unknown
Updated: Robert T. Hart, 1/2002

GO-SOP11

DEPARTMENTAL EMERGENCY

1. In the event an incident occurs that affects the corps ability to act as an emergency service unit or greatly decrease our ability to function, a departmental emergency shall be declared.
2. For any situation that the on duty OIC feels is appropriate, he/she may declare a departmental emergency (i.e., truck is involved in a serious MVA, and/or crew member is hurt or is killed on duty, etc.)
3. The Chiefs are to be contacted immediately; continue to attempt to contact a Chief until one is contacted.
4. In the event a Chief is unable to be contacted immediately, have the Police contact the Director of Health Services; inform them of the incident.
5. The on-duty OIC is to write an incident report and submit it to the Chief at their earliest convenience.

GO-SOP11 History
DEPARTMENTAL EMERGENCY
Created by Christopher G. Cowan, 10/2000

GO-SOP12

NON-MEMBER RIDE ALONG OR TRAINING

1. In the event a non-member wishes to ride along or do training of any sort, that person shall fill out a Ride Along form and a Probationary Member Contract and any other documents indicated in the Ride Along form.
2. The member may be directed to fill out an application online and indicate the wish to only do ride time.
3. The Deputy Chief for Human Resources MUST clear the paperwork PRIOR to the ride along.

GO-SOP12 History
NON-MEMBER RIDE ALONG OR TRAINING
Created by Shad U. Ahmed, 11/2004

GO-SOP13

CUTTING LOCKS

1. URI EMS does not provide non-emergency utility services unless requested by the Police Department to aid in their duties.
2. If URI EMS is requested to cut a lock, the OIC shall be notified and be present when any such action is being taken.
3. URI EMS will NOT cut open a lock without the presence of a Police Officer willing to take full responsibility for such action. This is to verify that we are not aiding in any violation of law.
4. In an emergency, URI EMS may cut locks to aid in our duties to rescue injured persons per the Emergency Access Issues SOP.
5. If you are cutting a chained/padlocked entrance, always cut the chain, NOT the lock and cut the chain link nearest to the lock. This is so that the lock may be re-used and the chain does not need to be replaced.
6. Always notify the Police Department per the Emergency Access SOP.
7. An incident report is to be submitted immediately.

GO-SOP13 History
CUTTING LOCKS
Created by Shad U. Ahmed, 11/2004

GO-SOP14

ON SCENE EMS COMMAND

In the event the responding EMS Crew determines that a scene requires additional resources and a Command Structure for an effective outcome, the On-Duty Officer will inform dispatch that they are assuming the role of EMS Command. The Officer and the ambulance will become dedicated to the incident and will not be permitted to transport any patients until command is transferred. Per SOP/Policy & Procedure the Officer should immediately coordinate the response of an EMS Commander or Captain. When the highest-ranking Command Officer arrives, they are to be given a full report and a broadcast will be made that Command is transferred to the appropriate Commander/Captain.

**COMMAND WILL NEVER BE TRANSFERRED UNTIL A
FACE-TO-FACE REPORT HAS BEEN GIVEN**

Until that point the Officer will fulfill the duties of EMS Command.

When EMS Command is established-

EMS COMMAND WILL:

- Initialize a Command Post
- Direct all communications of EMS personnel/operations go through Command on a designated frequency
- Assess incident priorities and size up the incident with safety being the first priority
- Determine the strategic goals of the incident
 - Ex. Determining the most efficient modes of patient transport
- Determine the finite tactical objectives of the incident
 - Ex. – Immediate Count of number of patients
- Develop an Incident Action Plan (IAP) Either Written or Verbal
- Develop appropriate organizational structure based on incident size and complexity to include but not limited to assignment of positions.
 - Assignment of an Information Officer (Media Issues)
 - Assignment of a Liaison Officer (Coordinate Additional Resources)
 - Assignment of a Safety Officer (Evaluates entire scene for safety hazards)
 - Assignment of a Staging Officer (Coordinate Logistics of responding resources)
 - Assignment of Triage/Treatment Officers (Coordinate Clinical aspects of the incident)
 - Assignment of Ambulance Control Officer (Coordinate Hospital Notifications)
 - Assignment of any additional positions

- Manage Incident Resources
 - Continually Evaluate the Situation
 - Revise Goals/Objectives as required
 - Modify Action Plan Accordingly
- Coordinate overall emergency activities
 - Incident Control
 - Maximize use of resources
- Ensure safety of all involved
 - Ensure accountability of all EMS personnel involved
- Coordinate additional resources & interdepartmental concerns
- Act as the Information Officer and handle all media issues
- Instruct all EMS personnel who are not being utilized in patient care to report to a designated area for assignments, usually the Command Post
- NOT be actively involved in patient care
- Utilize necessary tools of incident management (ICS Board, Triage Tags, etc)
- Implement any further aspects of the Incident Command System and the University Disaster Plan as necessary
- Determine the make-up of the crew for all transports if he/she feels certain members of the duty crew would be beneficial on scene
- Submit a post incident report for general file

GO-SOP14 History
ON SCENE EMS COMMAND
Created by Robert T. Hart, 11/2002