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**Utah Valley University**

**Emergency Response Team**

**Standard Operating Procedures**

**Standard Operating**

**Procedures**

**Revised December 7th, 2020**

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**Mission Statement**

 Provide quality medical care for 911 emergencies.

**Document Purpose**

The purpose of the Utah Valley University Emergency Response Team (UVU ERT) Standard Operating Procedures is to define policy and procedure, as well as, to aid in the smooth functioning of UVU ERT during the course of normal operations. UVU ERT SOPs will serve as a guide to future administrations to refer to when making policy and procedure modifications.

UVU ERT SOPs will serve to give the members of UVU ERT a listing of policies and procedures to follow during emergency and non-emergency situations. They are designed to cover all aspects of operation ranging from the day-to-day operation to emergency and non-emergency procedures. It shall be the duty of all the designated Supervisors of UVU ERT to ensure that all members adhere to these SOPs.

**Management**

**and**

**Administration**

**Team Structure**

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Director of EM/Safety

Margaret Mittelman

Training Officer

Faculty Oversight

Doug Murdock

Medical Director

Alyssa Anderson

Team Lead

Emergency Response Team

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**General Policies and Regulations**

**Attendance**

Active members of UVU ERT must be present at UVU main campus for all assigned weekday shifts. If a member of UVU ERT cannot be present due to extenuating circumstances, they must find a replacement with medical qualifications. The Team Lead must be notified of any changes. Invalid excuses or any other violation of this section are punishable by immediate suspension and subsequent dismissal pending review by the Team Director and Training officer. Two probationary members shall not work a shift together. This applies to regularly scheduled shifts and special events shifts. Two probationary members may be on call for a special event as long as a regular member is also on shift.

**Difficulties with Shift Coverage**

In the event that a member of UVU ERT is unable to find an adequate replacement, and

member has an excuse with extenuating circumstances involving situations such as

medical, family, etc., Team member may then contact the Team Lead to arrange for coverage. Notification for coverage must be at least twenty-four (24) hours in advance.

**Absences**

Absences will be tolerated so long as such absences are not deemed excessive. Any problems requiring extended or repeating periods of absence from shift by a team member must be similarly addressed. Team members must notify crewmates on their shift as well as the team director that they will be absent.

**Lateness**

All team members are required to report to shift on time. No members should be consistently late to shift for any reason. The Team Lead may grant exceptions. Repeated lateness by a member must be reported to the Team Lead, and will be subject to disciplinary actions, which may include suspension and subsequent dismissal.

**Definition of Ailments or Injuries**

When reporting for duty, a member of UVU ERT shall be in good physical, mental, and emotional condition. There must be no ailment or injury, which may prevent a member from the performing and completion of any required duties. There must also be no ailment or injury, which may pose a risk to patient or crew.

**Reporting of Ailment or Injury**

Any ailment or injury that prevents a member from the performing and

completion of any required duties must be immediately reported to the Team Lead. If such ailment or injury prevents a member from completing their responsibilities, a replacement must be found.

**Use of Intoxicants and Drugs**

The use of any material satisfying the definition of drugs is strictly forbidden eight

hours prior to shift, responding to calls, or operating or riding in any UVU vehicle. It

is also strictly forbidden to report for shift, operate or ride in any UVU vehicle, or

respond to calls if any substance satisfying this definition was used more than eight

hours prior and the effects are still seen. Any violation of this subsection shall result in

the immediate suspension and subsequent dismissal. No lesser actions are permissible as punishment.

**Gratuities**

Money, gifts, items, or service in return for services rendered in the capacity as a member of UVU ERT, with the exception of food received at special events. If any persons or organizations would like to thank UVU ERT for any services rendered, they should be directed to the Training Director or Team Director.

**UVU ERT Vehicle Parking**

The parking space located directly adjacent to UVU ERT office is reserved for UVU ERT vehicles. Violations will result in the ticketing and/or towing of the offending vehicle at the owner’s expense according to UVU parking policy.

**Personnel Vehicle Parking**

There are no assigned parking spots for members. They must park in accordance with UVU parking regulations. At no time is any UVU ERT member to park in the handicapped spaces or fire zones. UVU ERT may not park in any faculty lot for any length of time according to UVU parking policy, unless they have been given an employee pass from parking services. This pass can only be obtained if the volunteer is not taking classes on main campus.

**UVU ERT Office**

UVU ERT office is located in the Student Center building room 108h, due to the confidential nature of patient records and the presence of medications, the following sections must be strictly followed. Any violations may be punishable by suspension and subsequent dismissal and possible Police intervention.

**Guests**

A guest is a person not on the team. Guests are permitted into the UVU ERT office if they are accompanied by an active member of the ERT. Guests are not allowed to be in the office unattended. No more than two guests may be in the office at a time. Guests are the responsibility of the member who is accompanying them. Guests may be asked to leave by any team member if they are disruptive or impede ERT operations.

**Office Phone Usage**

Personal calls and messages for members of UVU ERT should be kept to a minimum, but will be tolerated as long as the frequency of such messages is not excessive. Any

office phone message for a UVU ERT member that is not present will be recorded on a slip of paper detailing the date, time, and name of the person taking the message, and the message itself. Emergency messages will be delivered immediately to the addressed personnel.

**Communication**

Due to the large number of members in UVU ERT, it is necessary to send information through text and other means of communication. It is the team member’s responsibility to keep up with notifications and information sent through communication channels.

**Securing of Office**

All doors to the office must be locked whenever the on-duty crew leaves, regardless of purpose or any members that remain behind. Any problems securing the office must be reported to the Team Lead. Facilities will be notified if needed. Upon joining the team the individual’s student ID card will be authorized to access the office. The team lead is responsible for updating facilities with changes to the team roster. All UVU ERT equipment must be kept secure to prevent loss and theft at all times.

**Use of Personal Property**

The use of personal property of a member of UVU ERT while serving on the team is

permitted, but not encouraged. Any member can carry and use personal property items while serving provided such personal property and items are regularly stocked by UVU ERT. Any member can carry and use personal property and items not regularly stocked by UVU ERT while serving on the team provided such personal property and items are approved by the Team Lead.

**In Quarters Shift Procedures**

**In House Duties**

The following duties are to be completed on every shift in the order listed below. It is also the responsibility of the crew to check the white board for any additional duties required or changes in procedure.

**Office Cleanliness**

It is the responsibility of the crew to ensure that office is in a clean and usable state at all

times. The incoming crew does not need to accept the responsibilities of the shift until office is in a clean and usable state. If any problems arise, the Team Lead of UVU ERT should be notified verbally or in writing. If the incoming crew accepts the responsibilities of the shift, it becomes that crew’s responsibility to ensure office is in a clean and usable state at the completion of the shift regardless of the origin of any discrepancies.

**State of Readiness**

The on duty crew of UVU ERT will always be in a state of readiness as stated by BEMS

protocols and UVU ERT SOPs. Any on-duty crew must always maintain the ability to respond to an emergency without unreasonable delay.

**Responding From Classroom**

Team members are allowed to attend a face-to-face class on UVU main campus for a maximum of 1 hour per shift. Team members will remain in service and response ready while in class. While a member is in class their partner will remain in the office. In the event the crew is dispatched to a call, both members will respond to the scene. Team members should not meet up if it causes a delay in response. Team members are required to obtain approval from class professor if class is held regularly during a shift.

**General Information**

All members of UVU ERT should arrive promptly to each shift. In the event a member is late they must contact the on duty crew. If possible a member from the previous shift should stay to cover until the late member arrives. If this is not possible the on duty crew must notify dispatch that crew is out of service until further notice.

**Procedure for Missing Personnel**

If any UVU ERT personnel fail to arrive at the appointed time for their assigned shifts,

the crew should attempt to contact them by telephone and notify the Team Lead.

**Patient Care Reports**

**Pre-hospital Care Report (PCR) Confidentiality and Filing Procedures**

The PCR is a legal medical document; strict procedures for maintaining confidentiality and storage must be followed, as described below. The Team Lead must approve any exceptions to these procedures. The Training Officer may not overrule any county, state, or federal procedures.

1. The Agency copy of the PCR must be filed in a secure location, with access

limited to the Team Lead’s Office, the Training Officer, Medical Director or their authorized designee. The second copy may be given to the transporting agency upon transfer of care.

2. The PCR or its contents are not to be discussed with any individual not authorized to

have access to such information.

3. Prior to filing the PCR, the document shall be kept in a secure location.

4. Agency copies of PCRs shall be kept on file for no less than six (6) years or three (3)

years after the individual receiving medical treatment named on the PCR reaches

twenty one years of age, whichever period of time is longer.

5. Agency copies of PCRs generated for non-transport activity (AMAs, Standbys, etc.)

must be kept on file by the agency for at least six (6) years from the date of the activity.

6. When using PCRs for QA/QI or training purposes, the patient’s name, address,

telephone number, and the Utah certification numbers of those providing medical

treatment should be blocked out. A photocopy of the document should be produced for

these purposes with the original document left intact and maintained in accordance with

this policy. Copies of the PCR prepared for QA/QI purposes should be destroyed when

such copies are no longer needed for QA/QI purposes.

7. When the agency completes a PCR, it is to be kept in a secure location until reviewed by the Team Lead. The Team Lead, Training Officer, or Medical Director may request to review any PCR.

8. All PCRs must be completed in black or blue ink, or electronically.

9. PCRs may only be released upon the receipt of a release form signed by the patient or

when subpoenaed by an attorney on behalf of a patient. Patients shall have uninhibited

access to their own records, and a record of disclosure shall be kept. PCR can only be

picked up in person by the patient, or designated authority (ie a lawyer). The patient must present with a photo I.D. prior to releasing any records. All requests for PCRs shall be forwarded to the Team Lead of the ERT, Training Officer and Team Director.

**Non-Emergent Patients at UVU**

The ERT Office is located on UVU main campus and often receives non-emergent requests for medical care. These incidents include, walk-ins, contact where person refuses and denies care under non-emergency circumstances, and requests for a band-aid or icepack.

1. The Documentation standard for these non-emergent incidents includes an electronic documentation of 1) Patient or Contact name 2) UVU ID if applicable 3) Date, Time 4) Nature of incident 5) ERT actions to aid Patient/Contact, and 6) Names of ERT Team Members on shift recorded within the Qualtrics Non-Emergent Incident Record.

2. The electronic Documentation of non-emergent incidents is subject to the policies under the *PCR Confidentiality and Filing Procedures* section of this document.

**Quality Improvement**

UVU ERT participates in Utah County EMS’s quality improvement program in addition to an internal PCR review performed by the Team Director or Training Officer. Additionally, formal QA/QI review of all calls and randomly selected calls can be performed by the Medical Director, Training Officer, or Team Lead.

**Uniform and Personal Protective Gear**

**General Membership**

All members while on shift are required to wear the approved UVU Emergency Services T-shirt or the team polo shirt, blue or black EMT pants, and black professional closed toed shoes as approved by the Team Lead. Shirts must be clean, in good repair, and tucked in. The UVU Emergency Services T-shirt and team polo will be provided for each member. Individual members are responsible for all other items of clothing.

**Misrepresentation**

No member can wear a uniform or borrow another member’s uniform bearing

another member’s name, or a level of training patch of higher certification than his or

her own. Members are not allowed to respond to a call bearing the insignia or name

of another agency.

**OSHA Gear**

Pants and jackets approved by the Occupational Safety and Health Administration as

resistant to blood borne pathogens (OSHA gear) will be available in the office at all times for use by the on duty crew or personnel responding to emergency calls. These garments are intended to supplement, and not replace, the standard on-duty uniform. Any member of the on-duty (or responding) crew may choose to wear the OSHA gear when responding to emergency calls at his or her own discretion.

**Removal From Office**

OSHA gear is not to be removed from the office except for use on an emergency call, or

by the duty crew if they are leaving the office for any reason. Non-contaminated OSHA

gear is returned to the proper location in the office immediately upon the return of

the crew. Contaminated gear is placed in a red bag and left in the office until it can be disposed of. Team members will notify the Team Lead of the used garments.

The contaminated equipment will then be taken to the Pope Science dock where it will be disposed of in proper receptacles.

**Required PPE Use at Roadway Scenes**

All personnel responding to any emergency call known to be situated on a roadway

will wear OSHA mandated reflective vest, or jacket prior to entering the roadway.

**Recruiting Process**

**Recruiting times**

Recruiting is a continuous process assumed by the Team Lead and members of the UVU ERT team. A continuous flow of recruits is required to maintain the team. At the end of each semester the Team Lead and Assistant Team Leads will visit the following classes: B-EMT, A-EMT, and RCA (fire training school). These classes are located on the UVU Emergency services campus.

**Recruiting Process**

When recruiting the following process is followed:

1. Recruit is placed on an interest list and emailed an application within a week of showing interest.
2. Once the recruit has filled out the application and returned it to the ERT office they will be contacted by the Team Lead for an interview.
3. The Interview will consist of interview questions, availability and a Medical assessment.
4. After the interview the recruit will be placed on two 5 hours shifts based on their availability.
5. The new team member will be on probation until they complete their probation packet and provide copies of their EMS certification, CPR card, Drivers license, and proof of vaccinations (TB and Hep B)
6. Once probation is completed the recruit is a member of the UVU Emergency Response Team.

**Training and Qualifications**

**Qualifications to be a Member**

To be a member of the UVU ERT a person must hold a current EMT, Advanced EMT, or Paramedic certification through the Utah BEMS office. Members must be CPR certified through an approved agency. CFR, EMT and AEMT certifications do not imply CPR certification, and are NOT acceptable substitutes for a valid and current CPR certification. Any member in violation of this subsection will be asked to complete an acceptable CPR certification or refresher course within a reasonable period of time.

**Vaccination**

Team members must be currently vaccinated. Team members must receive the following vaccinations or tests. TB test and Hepatitis B. T-dap and Flu are recommended but not required. Team members must pay for their own vaccinations.

**Emergency Vehicle Operators (EVO’s)**

To operate a vehicle registered to UVU ERT, the member must hold a valid,

non-restricted Driver’s License, corrective lenses if required, restrictions not withstanding.

EVOs must follow all laws and regulations as determined by the Department of Public Safety. Team members must complete UVU’s vehicle operator training and comply with any additional requirements as set forth by the University Public Safety Director, Training Officer, and Team Lead.

**Miscellaneous**

All drivers must submit a copy of their driver’s license for verification to UVU. This information will be held as confidential. All drivers shall be reevaluated annually by the Training Officer or Team Lead.

**Continuing Education**

Aside form normal shift training a team member must attend a minimum of 4 training sessions. These training sessions will be held every week. Training will be conducted by the Team Lead or the Assistant Team Leads. When possible Trainings sessions will involve special guests and other EMS agencies

**Penalties**

Any active member failing to meet these training requirements

will be subject to immediate disciplinary action. Any probationary member failing to

complete the aforementioned required trainings will have their application for

membership in the following semester denied.

**Probation**

All new members are on probationary status during their first semester until they complete UVU ERT probationary packet. Upon completion of this packet the administration will review their PCRs, work ethic, and other circumstances. From this evaluation the Team Lead will determine if the member will complete the probationary period and receive extend an invitation to continue with the team. The probationary period may also be extended after the evaluation.

**Disciplinary Actions**

Progressive disciplinary action will be utilized when necessary. A verbal warning will be the first action, follow by a formal written notice, suspension pending dismissal, and lastly, dismissal. In cases of severe or dangerous circumstances, the highest disciplinary action may be warranted.

**Formal Written Notice**

The first step in the disciplinary action protocol of the ERT begins with a formal written warning. When a team member is found in breach of these policies, a formal meeting will be held with the Team Lead and any other necessary team leaders. The team member will have the notice explained to them and a written copy will be placed in their personnel file.

**Suspension and Dismissal**

Any member may be suspended pending further investigation and review. Dismissal of regular members of the ERT may follow a written warning, or any circumstance deemed necessary by team leaders. The team member will meet with the team leadership and have the process explained and the reasoning behind the decision. Following which the team member will be dismissed from the team.

**Appeals**

Following any form of disciplinary action, the team member has the right to request an appeal. This appeal must be in writing and has to be submitted within one week of the disciplinary action. As part of the appeals process the accused will be allowed to present their case to the Team Lead. This appeal will be reviewed by the team leadership. They can then choose to uphold their decision or overturn their previous ruling. In the case of the later the incident will be removed from the member’s personnel record.

**Health Standards**

**Ill or Injured Member**

1. If any member of UVU ERT becomes injured due to events outside of UVU ERT, they shall be put on a medical leave of absence until a physician deems them fit for active service.

2. Members of the UVU ERT will notify the Team Lead as soon as possible if they are ill and will not be present for their shift.

**Tuberculosis Testing**

Routine yearly tuberculosis (TB) testing will be required for all members having contact

with patients. For those who have converted their skin test, this SOP will be waived.

Instead, an initial chest x-ray will be obtained and appropriate counseling provided

regarding the need to report any signs or symptoms of TB. Further chest x-rays will only

be obtained when determined necessary by our agency’s Medical Director.

**Pandemic Testing**

During a Pandemic, if any team member receives a positive test indicating that they are infected with the COVID-19 virus, they shall be put on a medical leave of absence until a physician deems them no longer ill and/or contagious.

**Storage and Access to Member Health Records**

Members’ health records shall be stored in a secured location. Members’ health records are extremely confidential. As such, access to members' health records shall be restricted to the Team Lead. These files are to be accessed only as necessary strictly to update the information contained within, or for reference in the event of an emergency.

**The Division of Duties**

**Duties of the Team Lead**

The Team Lead shall be responsible for the day-to-day operational duties of UVU ERT. The Team lead will delegate tasks or duties when possible. The Team Lead will act in the best interest of UVU ERT as determined by the leadership of UVU ERT. The Team Lead is responsible for maintaining accurate records of members, including but not limited to, awards, citations, disciplinary actions, etc.

**Duties of the Assistant Leads**

The under the direction of the Team Lead the Assistant Team Leads will conduct trainings sessions. They will be given duties and tasks from the Team Lead.

**Relations with Outside Agencies**

The Team Lead will act as the liaison between UVU ERT and all outside agencies related to emergency operations and the like, including, but not limited to, neighboring fire or

EMS departments, Utah County EMS, and the Utah Department of Health.

**Chain of Command at an Emergency Scene**

The Chain of Command at an emergency scene is defined as the order of authority of all

those present at an emergency scene in charge of scene control. The UVU ERT will follow the Incident Command System.

**The Chain of Command**

The chain of command at an emergency scene as pertaining to medical care prior to the arrival of the incoming transporting agency will be as follows:

- Team Lead

- Assistant Leads

- On Duty Crew with highest level of Certification

**Duties of Members**

All members in active duty status must be able to:

· Use appropriate body substance isolation procedures.

· Assess safety of the scene, gain access to the patient, and assess extent of injury or

illness.

· Communicate with the dispatcher requesting additional assistance or services as necessary.

· Determine nature of illness or mechanism of injury.

· Visually inspect for medical identification emblems to aid in care.

· Use prescribed techniques and equipment to provide patient care.

· Provide additional emergency care following Utah County Clinical Operating Guidelines.

· Assess and monitor vital signs and general appearance of patient for change.

· Make determination regarding patient status and priority for emergency care using

established criteria.

· Reassure patient, family members and bystanders.

· Assist with lifting, carrying and properly loading patient into and out of the vehicle.

· Avoids mishandling patient and undue haste.

· Report nature of injury or illness to receiving agency

· Ask for medical direction from Orem Fire and Rescue and carries out medical control

orders as appropriate.

· Report verbally and in writing observations of the patient's emergency and care provided

to incoming responding agency.

· Comply with regulations in handling deceased patients notifies authorities and arranges for police officer to provide protection of property and evidence at scene.

· Replace supplies, properly disposes of medical waste.

· Properly clean contaminated equipment according to established guidelines.

· Check all equipment for future readiness.

· Maintain vehicle in operable condition.

· Ensure cleanliness and organization of vehicle, its equipment and supplies.

· Determine vehicle readiness.

· Maintain familiarity with all specialized equipment.

General

Emergency Operations

**General Procedures of Emergency Service**

**Other Personnel**

Off-duty personnel may not respond to any scene unless granted prior approval from the

Team Lead. Team members must be in uniform in order to respond off-duty. The on-duty crew may accept or decline off-duty team member assistance per their assessment of the need for additional personnel.

**At Scene Prior to Crew**

If any off duty personnel are at the scene prior to the on duty crew's arrival, they will

give a report of any information they have obtained and relinquish aid to the crew

unless otherwise instructed.

**Personal Vehicles**

Personal vehicles are not to be used to respond to calls.

**Non-UVU ERT Personnel in UVU Vehicles**

No Non-UVU ERT personnel are allowed to ride in any vehicle owned by UVU ERT at any time with the following exemptions:

**Patients and Acquaintances**

Non-UVU ERT personnel permitted in the vehicles include the patient and no

more than one of the patient's acquaintances. Transportation of a patient is limited to a person that does not need an ambulance but requires assistance to their personal vehicle.

**Medical Staff**

Non-UVU ERT personnel permitted in the vehicles may include any nurses, Physicians,

or EMS personnel of higher medical ability, or as deemed appropriate by the Team Lead, who are directly related to the emergency.

**Police and Fire Marshals**

Any police officer may be permitted to ride in any UVU ERT vehicle as when appropriate.

**Emergency Response ERT Vehicles**

The Emergency Response vehicles may only be driven when responding to a call, training or area familiarization. These vehicles can not be driven off campus. The Emergency Response Vehicle is not be used for general transportation.

**Observers**

Non-UVU ERT personnel permitted in any UVU vehicle shall include observers having

obtained prior written approval from the Team Lead. Observers may include, but are not

limited to, any EMT/AEMT student, the press, and any other layperson who wishes to

observe on calls. Observers do not have the rights of a member, and may

be dismissed at any point at the discretion of the crew or Team Lead. Observers may not be in charge of patient care, however, they may assist at the discretion of the crew member. They are never to perform any procedures above the level of their training or that of crew members they are observing. All Observers must sign a waiver of responsibility in order to participate in this program, and must be dressed appropriately; (black, white, grey or dark blue) polo shirt and or pants.

**Crew Responsibilities**

The crew on duty will be responsible for the administration of all patient care while on shift and the safety of the crew.

**Problems on Shift**

The on-duty crew members are responsible for the notification to the Team Lead of any problems or difficulties that occurred while on shift.

**Communications**

The team on-duty are responsible for communicating with incoming agencies concerning patient care. The crew is also responsible with communicating between dispatch and themselves.

**Online Medical Control**

Orem Fire department will act as a liaison between the hospital and UVU ERT. If communication to a physician is required for patient care or patient release Orem will contact the hospital.

**Incidents Requiring Immediate Notification**

The crew on-duty will be responsible for the immediate notification to the Team Lead

by telephone no later than the following business day in every instance in which the crew encounters a situation outside of normal operating procedures.

**Collision with Vehicle**

If involved in a collision, the crew shall:

1. Protect the scene with available warning devices.

2. Notify dispatch by radio that the unit was involved in a collision, and request police respond to scene as well as any other necessary fire/rescue apparatus.

3. Ascertain if there are any injuries to any UVU ERT personnel or others.

4. Work with the Police department as they gather information from the involved party their information, including the company name, vehicle information, the ERT’s responders name; before leaving the scene.

5. Care for any injured persons and request additional resources as necessary.

6. Do not make any statements to other drivers concerning the collision, and speak

only with police and patients. Exchange necessary information with others involved. Record the police officer name, badge number, any tickets issued, and draw a rough sketch of the accident scene.

7. Ensure that even the minor injuries are well documented and receive appropriate

emergency department follow-up as needed.

8. Complete an incident report within twenty-four (24) hours of any collision.

9. Any driver involved in an accident will be immediately suspended from driving

pending a safety hearing and review of driving skills by the Supervisor’s Office.

**Vehicle Breakdown**

In the event that a UVU ERT vehicle breaks down either during the course of an

emergency call or under normal operating procedures, the driver will advise dispatch. The on-duty crew will notify the Team Lead of the issue. If the vehicle failure occurs during normal operations, an Incident Report is not required, but may be requested at the discretion of the Team Lead. Responders will continue on foot until the team vehicle is repaired or a different vehicle is acquired.

**Use of Portable Radios**

Portable radios are the responsibility of the crew and are to be handled and used only by the crew unless otherwise directed or in the case of an emergency.

**Refueling of Vehicles**

It is the responsibility of all crews to refuel the on-duty vehicle when the fuel level drops to half fuel tank capacity or below.

**Minimum Staffing**

At least two EMTs are required for the UVU ERT to be in service. Shift must be staffed by at least one member who is no longer on probation.

**Dispatching Policy**

**UVU Emergency Medical Dispatch Policy**

* For every medical emergency reported by 911, 5555, or walk-ins Orem EMS must be notified.
* If UVU’s ERT is on shift Orem dispatch center must be notified.
* In the event of any emergency Orem dispatch must be told if the ERT is out of service. This will allow for an immediate response to emergency and prevent a delay in care.

**Orem EMS Procedure**

* Responding Orem EMS units may go on standby for code 1 medical calls located on UVU main campus.
* Code 1 response is determined by Orem Dispatch and responding units.
* If responding units deem necessary they can bypass standby and respond to the scene.
* Standby would be located near or on UVU campus
* UVU’s Emergency Response Team (ERT) will initiate patient care and advise Orem EMS if transportation or further treatment is required.
* This communication will take place from UVU’s Dispatch center or by direct radio communication.
* Orem EMS will respond immediately to the scene for any code 3 medical calls.

**Responding to a Call**

**Equipment list for approach bags**

As required by BEMS the following items will be in approach bags at all times. If an item is used during a call the crew must replaced used items as soon as possible. The crew will be out of service until restocking has occurred.

Ring cutters
2 Blood pressure cuffs, one adult, one pediatric
2 Stethoscopes, one adult and one pediatric or combination
2 Heavy duty shears
2 Universal sterile dressings, 9" x 5", 10" x 8", 8" x 9", or equivalent
12 Gauze pads, sterile, 4" x 4"
8 Bandages, self-adhering, soft roller type, 4" x 5 yards or equivalent
2 Rolls of tape
4 Cervical collars. This must include one of each of the following sizes: one adult, one

child, one infant, plus one other size. 2 Triangular bandages

2 boxes of gloves, one box non-sterile and one box latex free or equivalent 1 Thermometer
2 Biohazard bags
1 Printed pediatric reference material

1 Obstetrical kit (includes cord clamp, scissors, scalpel, bulb syringe, drapes, towels, gloves, feminine napkin, Biohazard bags)

1 Commercial tourniquet

Disinfecting agent for cleaning vehicle and equipment of body fluids in accordance with OSHA standards of bleach diluted between 1:10 and 1:100 with water or equivalent

Reflective safety vests one for each crew member OSHA approved
Preventive T.B. Transmission masks (N95 or N100) masks, one for each crew member Protective eye wear (goggle or face shield), one for each crew member
Fire extinguisher, with current inspection sticker, of the dry chemical type with a rating

of 2A10BC

Glucose measuring device\*
Multi-use splints\*
Mucosal atomization device\*
Airway Equipment and Supplies:
1 Portable or fixed suction, with wide bore tubing and rigid pharyngeal suction tip
1 Oxygen saturation monitor with adult and pediatric probes
2 Bag valve mask ventilation units, one adult, one pediatric, with adult, child, and infant

size
1 Bulb syringe, separate from the OB kit
3 Oropharyngeal airways, with one adult, one child, and one infant size 3 Nasopharyngeal airways, one adult, one child, and one infant
1 Water based lubricant, one tube or equivalent

2 02 masks, non-rebreather or partial non-rebreather, one adult and one pediatric 1 Nasal cannula, adult
1 Portable oxygen apparatus, capable of metered flow with adequate tubing Impedance threshold device\*

Defibrillator Equipment and Supplies:
Required Drugs:
1 bottle aspirin chewable 81 mg (minimum 8 tablets)
2 Epinephrine auto-injectors, one standard and one junior\*
1 Irrigation Solution 500cc
2 Oral Glucose tubes concentrated or equivalent
Activated Charcoal 25gm \*
Acetaminophen elixir 160mg/5ml\*
Ibuprofen (adult and pediatric)\*
Naloxone (Intranasal use only)\*
Nerve Antidote Kits (Mark I Kits or DuoDote)\*

Mylar blanket\*

Items with a \* may not be required, The team lead will determine if these items are needed.

**Medications Used by EMT-Bs**

Any medication given under the EMT-B section of the most recent document of the Utah County Clinical Operating Guidelines is permitted use by trained team members.

**Quantity in Vehicles**

The Lead Supervisor, under the supervision of the Training Officer and Medical Director, shall determine the appropriate quantity of each medication to be carried. See equipment list under General Emergency Operations

**Storage in Headquarters**

All BLS medications shall be secured in UVU ERT Office or approach bags.

**Restocking**

All medications used on a call are to be restocked at the office as soon as possible after the call. The crew shall be responsible for ensuring that all medications are not expired and that sufficient quantity is maintained at all times. The team is not to go back in service unless it is in compliance with the equipment requirements of Utah BEMS. See Equipment list under General Emergency Operations section.

**Administration**

Administration of medications for use by EMT-Bs will only be performed in accordance

with Utah County Clinical Operating Guidelines BLS protocols.

**Disposal of Medication**

Expired medication will be removed from service by team members and given to the Team Lead or designated authority. The medication will then be transferred to the ERT training equipment for use.

**Responding to Emergencies on Roadways**

In the case of a vehicle accident or other roadway incident with potential patients occurring on College/Campus Drive, Wolverine Way, or 960 S, the UVU ERT will NOT respond to the incident unless ERT response is requested from UVUPD. The ERT will never respond to roadway incidents on 800 S, 400 W, 1200 S, and 1200 W due to limitations of the UVU ERT vehicle.

All ERT team members at roadway scenes will don reflective traffic safety vests.

**Procedures for an Emergency Call**

The following are general guidelines to follow during the course of an emergency call. All knowledge obtained through EMT class, CME training, EVO training, and any other applicable training as well as guidelines listed in the Utah County Clinical Operating Guidelines should be incorporated into the rational decisions made throughout the course of the emergency call.

**En route to the Scene**

When responding to an emergency, the crew will respond in a quick, reasonable, and professional manner with due regard for their safety and the safety of others.

**Radio Transmissions**

Radio transmissions should be kept short, concise, and appropriate. Clear/Simple language will be used over the radio. The UVU ERT will only transmit communications over UVU MED radio frequency.

In addition to any pertinent information updates, the UVU ERT Team members in response to a call will notify UVU dispatch when they are:

1. En route to the Scene

2. On scene

3. Clear of Scene and Available

If pertinent information needs to be relayed to Orem Fire Department or any other responding units, the UVU ERT will communicate the message to UVU Dispatch, who will relay the information to the appropriate entities as requested in the message.

**Large Scale Incident Management**

In the event of a MCI or regional incident, the applicable Incident Commander may

issue an authorization for use of simple language as defined through the National

Incident Management System.

**On Scene Procedures:**

**Refusal of Medical Assistance (Against Medical Advice)**

A patient’s refusal of medical assistance (AMA) may be obtained only in accordance

with the following protocols:

**High Risk Criteria**

An AMA should not be considered without contacting Medical Control if any of the

following conditions exist:

1. The patient has an altered mental status.

2. The patient is less than 18

3. The patient has neurological, cardiac, or respiratory symptoms.

4. The patient’s Glasgow Coma Score is less than 15.

5. The patient’s vital signs are outside of normal limits.

6. There is suspected alcohol or drug use involved.

7. There is a suspected carbon monoxide exposure.

**No Injuries or Illness**

In the event that UVU ERT responds to a reported medical emergency where both the

individuals at the scene and all EMS providers believe that no injuries or illness exist and that there are no individuals requiring or requesting EMS assistance:

1. It is the EMT’s medical responsibility to determine that there are no persons requiring or requesting EMS assistance. A physical assessment may be necessary to make the determination that there are no patients on the scene. This physical assessment must be documented and include patient name and phone contact information.

2. A PCR will be completed if vitals are measured or an assessment is made.

3. An AMA signature is always required when applicable.

**Refusal of Treatment and/or Transport**

If in the judgment of the responding crew there is a patient at the scene who requires

treatment or vehicle transport and refuses treatment and /or transport:

1. The transporting agency should be consulted

2. If the patient continues to refuse either treatment or transport after Medical

Control is contacted, the refusal must be documented thoroughly on the PCR,

signed by the patient, and witnessed by a Police Officer, preferably.

4. In situations with multiple patients where only some are transported, such as

MVAs, an AMA must be obtained from every patient that is not transported.

5. In all instances the need for transport is ultimately decided by the arriving Orem City Paramedics.

**Refusal of Medical Aid by Minors**

Minors, not under direct supervision of a parent or guardian, shall not be allowed to refuse medical care according to Utah Law of implied consent by minors.

**Uncooperative Patient / Suspected Psychiatric Patient**

If a patient is being uncooperative or if a life threatening condition exists, any patient

may be placed under protective custody by a Police Officer. If the patient is

experiencing a possible psychiatric emergency and may pose a danger to themselves,

the Team, or other people, it may require~~d~~ that a police officer accompany the patient.

**Uncooperative Bystander**

If a bystander is being uncooperative or is hampering patient care, the Police should

be contacted for assistance if not already present

**Cardiac Arrest / Unattended Death**

**Obligation to Perform CPR**

In cardiac arrest situations, certified EMS providers are obligated to perform CPR or

other prescribed resuscitative measures, unless a valid Utah State “Do Not

Resuscitate” (DNR) form, or a valid Utah State Physician Ordered Life Sustaining Treatment (POLST) form is presented, or there are signs of obvious death present.

**Bystander CPR**

In instances where bystander CPR is initiated prior to the arrival of the EMS unit

and it is determined by the arriving EMS personnel that there are signs of obvious

death present, the EMS personnel may elect to refrain from continuing

resuscitative measures.

**Crime Scene Operations**

Any location at which a cardiac arrest or an unattended death is found, and where there

are no family members or witnesses present, it is to be considered a crime scene until

otherwise designated by proper authority.

**Deceased on Arrival**

If a patient is determined to be dead upon arrival, the team must notify the Police and

no transport shall be attempted.

**By-stander Assistance**

The team may utilize any bystander assistance. This includes the Police, and any other persons encountered at the scene of a call. Appropriate documentation must be completed.

**Unable to Locate Patient**

If the crew arrives at the reported scene of a medical emergency and is unable to locate

the patient, they shall take the following actions:

1. Confirm, through the dispatcher, that they have the correct address.

2. Confirm, through the dispatcher, that a telephone call back was made to verify the

call location.

3. Confirm, or if necessary, request Police Department response to the scene.

4. Confirm with Police on-scene the location of the call.

5. If, after an adequate search effort, the call is determined to be unfounded, a PCR must

be completed with all actions taken at the scene documented and all times noted. In

addition, Dispatch must be notified.

**Unable to gain entry**

If patient access cannot be accomplished through normal procedures, the Police should

be called to gain entry to buildings. If Heavy Rescue, HAZMAT or any other resources

are required, Dispatch will be contacted for assistance. The Team should not place

themselves in danger to gain access to a patient. If forcible entry is necessary, the

following guidelines must be adhered to:

1. TheTeam must confirm that the patient is in a secured building/area or in a

locked or inaccessible area before forcible entry is attempted by the Police Department

2. If the crew is unable to confirm that the patient is present in a secured, locked or

inaccessible location, the Police Department is to assume responsibility for a

forcible entry decision.

3. In the event of a fire or suspected fire at the location in question, the Fire

Department or UVU Police, shall assume the forcible entry responsibilities.

4. Fire Department assistance in forcible entry may be requested if UVU ERT crew

and the Police are not equipped to provide forcible entry as determined by the UVU PD.

**Unusual Incidents**

Any incidents outside the norm occurring at the scene of a call, whether involving

patient, crew, or other, shall be fully documented on the PCR, in addition to an

immediate notification made to the Team Lead.

**Operating at a Crime Scene or Suspected Crime Scene**

The primary responsibility of EMS personnel operating at a crime scene or suspected

crime scene is to render proper emergency medical care to those persons in need of such

care. Patient care shall not be compromised in order to protect the crime scene or

evidence. However, every attempt should be made not to disturb any physical evidence

at the scene if possible. EMS providers should be aware of the responsibilities of other

agencies operating at crime scenes. The actions and observations of EMS providers at

crime scenes are frequently an important part of court testimony, requiring accurate

documentation at the time of the incident.

**Definition of Crime Scene**

A crime scene shall be defined as any location at which evidence of a crime or

suspected crime is found including, but not limited to, homicide, suicide, sexual

assault, chemical, biological, nuclear, or explosive weapon release, vehicle pedestrian

accidents, or other MVAs involving serious injury or death. Any location at which a

deceased is found is to be considered a crime scene until otherwise designated by the

Police Department.

**Crime Scene Operations**

After evaluating the scene for potential hazards, the following steps should be taken:

1. Consider the entire location as being involved in the crime scene.

2. Upon entering or leaving the scene, use a single path of travel if possible and have

all personnel entering or leaving the scene use the same path.

3. Limit the number of EMS providers entering the scene to only those necessary to

evaluate, treat and/or remove patients. All non-essential EMS providers are to

remain outside the crime scene.

4. If a presumptive diagnosis of obvious death is made, refrain from otherwise moving

or disturbing the victim’s remains.

5. Refrain from using sinks, toilets, or telephones within the immediate area.

6. Remove nothing from the scene and restrict the handling of any objects found.

7. Offer information on observations pertinent to the incident to the Police Department or Medical Examiner’s office.

Do not offer information or observations to those who do not have a legal need for

such information or observations.

8. Restrict comments and opinions to known facts when speaking to other authorities.

Inter-department communications regarding the incident shall be directed to the

Police Department at the scene. Do not offer information to unauthorized parties such

as the media, civilians, or other agencies as this may impede the investigation.

9. Complete all PCRs and related records pertaining to the incident accurately, using

specific language to indicate the position in which the patient was found, the

presence of visible wounds and other pertinent data including the clinical

information that led to the decision to withhold resuscitative measures. PCRs are

legal documents subject to subpoena and must be complete, legible, and accurate.

**Suspected Abuse, Maltreatment, or Assault**

After evaluating the scene for potential hazards, the following steps should be taken:

1. Avoid unnecessary disturbance of the patient or physical evidence. Limit

physical patient contact to the treatment of injuries only. Do not cleanse or

cover wounds unless necessary. Discourage the patient from rinsing,

showering, combing hair, changing clothes, or brushing teeth.

2. Notify the Police Department immediately upon determination that a crime has

occurred. The patient’s permission is NOT needed to make such notification.

3. Limit the patient interview to pre-hospital medical care questioning pertinent to

visible injuries or those claimed by the patient. Reenactment of the

assault/incident may not be conducive to a good patient care outcome.

4. The patient is not only a victim of physical trauma, but also a victim of

emotional/psychological trauma. Treat the patient accordingly.

5. Prepare a PCR. Keep accurate records of the times, any findings and

observations, and treatments rendered.

6. Avoid discussing the patient or the incident within hearing range of the patient

or the patient’s family.

**Reporting of Suspected Child Abuse or Maltreatment**

Utah State Social Services Law requires Emergency Medical Technicians to

report suspect child abuse or maltreatment they come across while performing their

duties.

**Definition of Child Abuse**

An “abused child” is a child less than eighteen (18) years of age whose parent or

other person legally responsible for his/her care:

1. Inflicts or allows to be inflicted upon the child’s serious physical

injury;

2. Creates or allows to be created a substantial risk of physical injury;

3. Commits or allows to be committed against the child a sexual

offense as defined in the penal law.

**Definition of Child Maltreatment**

A “maltreated child” is a child under eighteen (18) years of age who has had

serious physical injury inflicted upon him/her by other than accidental means.

A "maltreated child" is also a child under eighteen (18) years of age whose

physical, mental or emotional condition has been impaired, or is in danger of

becoming impaired as a result of the failure of his/her parent(s), or other person

legally responsible for his/her care to exercise a minimum degree of care:

1. In supplying the child with adequate food, clothing, shelter, education,

medical or surgical care, though financially able to do so, or offered financial

or other reasonable means to do so; or

2. In providing the child with proper supervision or guardianship; or

3. By unreasonable inflicting, or allowing to be inflicted, harm or substantial risk

thereof, including the infliction of excessive corporal punishment; or

4. By using a drug or drugs; or

5. By using alcoholic beverages to the extent that he/she loses self-control of

his/her actions; or

6. By any acts of a similarly serious nature requiring that involves a disabled adult.

**Reporting Procedure**

In the event that any EMT who is a member of UVU ERT suspects that a child is

being abused or maltreated while on duty the following steps must be performed:

1. The crew must inform UVU PD, of thier suspicions.

2. The crew must notify the incoming transporting agency of their

suspicions and findings upon arrival at the scene.

3. The crew must document on the PCR all relevant patient assessment

findings, observations, times, and treatment provided. Be as objective as

possible in documenting the reasons for suspecting abuse.

4. If every EMT on the crew does not support the suspicion of child abuse or

maltreatment, indicate on the PCR which EMTs are suspecting of abuse and

which EMTs are not. The crew leader must document the suspected abuse by

another EMT even if they are not suspecting themselves.

**Role of On-Scene Health Care Professionals**

On occasion, a physician or other medical professional may be present at the scene of an

out-of-hospital emergency.

**Designated EMS Physicians**

The EMS Medical Director, a Medical Control Physician, or a Designated EMS Field

Physician may provide on-scene medical control in accordance with Utah County

protocols. These physicians may accompany the patient to the hospital, but are NOT

obligated to do so.

**Other Physicians**

In the event that a non-designated physician is at the scene and wishes to assume

responsibility for the care of a patient, the physician must be properly identified.

Acceptable forms of identification include, but are not limited to, a medical society

card, professional organization membership card, or vehicle registration. Until

proper identification has been established, the crew must render care to the

patient in the usual manner.

**Procedure for Other Physicians to Assume Responsibility**

To assume responsibility for the care of a patient, an on-scene physician must

agree to assume all responsibility for the patient, document the assumption of

responsibility on the PCR, and agree to accompany the patient to the hospital in

the vehicle. If the on-scene physician agrees to these terms, the physician’s

orders may be carried out. However, such orders must conform to the level of

training of the EMT on scene and to Utah State and Utah County BLS protocols. Any out-of-protocol procedures initiated by a non-designated physician will remain the responsibility of that physician at the scene and during transport. Medical Control need not be contacted unless the EMT is uncomfortable with the non-designated physician’s actions.

If the on-scene physician is reluctant to agree to these terms, or orders an out-of protocol

procedure, the EMT must contact Medical Control. The

Medical Control Physician will make a judgment concerning the on-scene

physician’s participation and responsibility. Communication between the two

physicians is encouraged. If the on-scene physician refuses to communicate with

the Medical Control Physician, the EMT must inform the on-scene

physician that they may only accept the orders of the Medical Control Physician.

**Physician at the Site of a Disaster**

Once a scene has been declared a disaster by an authorized official, the orders of any

properly identified on-scene physician may be followed and documented on the

PCR or triage tag.

**Other Health Care Professionals at the Scene**

In any event where a health care professional other than a physician, as specified above, is at the scene, the EMT is to maintain responsibility for patient care.

**Emergency Vehicle Operations**

**Driving**

ERT vehicle drivers will drive with due regard for the safety of vehicle passengers and all other persons on the roadway.

1. Team members are not authorized to operate the ERT emergency vehicle until after completion of UVU Vehicle Operations Training.

2. Team members are not authorized to use the over-head warning lights while responding to a call until after completion of the probation packet and completion of ERT Code 3 Response Training.

3. Seatbelts must be worn by all vehicle occupants prior to moving.

4. Equipment transported within the vehicle must be safely secured.

**Maintenance**

Vehicle maintenance and repairs will be overseen by UVU Facilities. ERT team members are responsible for refueling the vehicle at half tank capacity. ERT members will wash the vehicle in order to maintain cleanliness, driver visibility, and vehicle visibility.

**Multiple Casualty Incident Procedures**

The procedures followed during the course of an MCI shall follow all applicable Utah County Clinical Operating Guidelines in addition to any other training received such as Incident Command Systems. UVU ERT shall participate in Utah County’s Multiple Casualty Incident and Disaster plan, and shall operate under Utah County’s Disaster and MCI Management procedures.

1. Upon arrival to the scene of the emergency call, the Team Lead on duty shall make

the determination of need.

2. DISPATCH shall be notified immediately of the situation and updated constantly as to

the development of the situation including all area locations.

**Infection Control Procedures**

Infection Control Procedures shall be consistent with current guidelines for emergency workers as most recently published by the Centers for Disease Control and Occupational Safety and Health Administration. It is the responsibility of UVU to provide personal protective equipment (PPE) with appropriate PPE training to ERT members.

**OSHA Bloodborne Pathogen Regulations**

As per OSHA Bloodborne Pathogens Regulations (29 CFR 1910.1030), all members must wear protective equipment.

**Body Substance Isolation**

BSI protection should be selected with careful considerations for each specific situation,

and the overall risk associated with the task. Factors to consider during evaluation

include type of body fluid and volume of blood or body fluid.

**Universal Precautions/Body Substance Isolations**

It is prudent to employ practices to protect against exposure to potentially infectious material when having contact with all patients since many persons who are infected with blood borne pathogens are not always diagnosed or identifiable.

**Definitions**

**Body fluids**

Body fluids are defined as blood, sputum, saliva, semen, vaginal secretions, wound

draining, amniotic fluids, breast milk, tears, urine, and feces.

**Exposure**

Exposure is defined as the actual direct contact to the above secretions. Potential

exposure is defined as to the potential for an exposure to occur. Clinical judgment

enters into all decisions.

**Responsibility**

All members are responsible for complying with these policies.

**Procedures**

1.) Protective attire is to be used to prevent accidental exposure to blood and other fluids.

a.) Gloves must be worn when touching mucus membranes or non-intact skin of all patients and changed between all patient contacts.

b.) Gloves must be worn when having contact with blood or body fluids and when handling items containing or contaminated with blood or body fluids.

c.) Gloves must be worn for venipuncture and other vascular access procedures.

d.) If a glove is torn or a needle stick or other injury occurs which will decrease the

ability to function as a barrier during an invasive procedure, the glove must be

changed as promptly as safety permits, and the needle or instrument removed

from the sterile field.

e.) If splashing of blood or other body fluids is likely to occur, and eye, nose or

mouth contamination can be reasonably anticipated, protective eye coverings

must be worn, in addition to a mask, gloves, and a gown or other protective

clothing.

2.) All procedures involving blood or other potentially infectious body fluids shall be

performed in such a manner as to minimize splashing, spraying and generation of

droplets.

3.) Gloves, surgical masks, and protective eyewear must be worn for all invasive

procedures. Invasive procedures include all procedures that commonly result in

generation of droplets, splashing of blood or body fluids, or generation of bone chips.

Gowns or aprons made of materials that provide an effective barrier must be worn

during invasive procedures.

a.) An invasive procedure is defined as surgical entry into tissues, cavities, or organs.

Repair of traumatic injuries:

i.) The manipulation, cutting or removal of any oral or perioral tissues during

which bleeding or potential for bleeding exists.

ii.) A vaginal or caesarian delivery or other obstetric procedures during which

bleeding may occur.

b.) Gloves, gowns, and face shields must be worn when handling the placenta or

newborn infant until blood and amniotic fluids have been removed from the

infant’s skin. Gloves should be worn during post delivery care of the umbilical

cord.

4.) Hands and any other skin must be washed thoroughly and immediately with

soap/water or waterless soap, or flush mucous membranes if accidentally

contaminated with blood or body fluids. Hands must be washed immediately or as

soon as possible after the removal of gloves and/or other personal protective

equipment.

5.) All BSI shall be removed prior to leaving the work area. It must be placed in the

appropriate designated area of disposal receptacle.

6.) Contaminated sharp items (needles, and other sharp instruments) should be

considered as potentially infectious and be handled with extraordinary care to prevent

accidental injuries.

7.) Disposable syringes and needles and other sharp items should be placed into puncture

resistant containers. To prevent needle stick injuries, needles should not be recapped,

purposefully bent, broken, clipped, or otherwise manipulated by hand.

8.) Resuscitation bags or mouthpieces are to be used in place of mouth-to-mouth

resuscitation and must be readily available where they are likely to be needed.

9.) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact

lenses are prohibited in the work areas where there is a likelihood of occupational

exposure.

10.) Food and drink shall not be kept on shelves, in cabinets, or on counters where blood

or potentially infectious material is present.

11.) If a percutaneous (e.g. needle stick, bites, lacerations, etc.) ocular, mucous

membrane, or open skin lesion exposure to blood or body fluids occurs, immediate

evaluation for necessary management is required. This includes the filing of an

Incident Report.

12.) When caring for and/or performing a procedure on an uncooperative/combative

patient, caution should be taken to prevent exposure to blood or body fluids.

Assistance should be utilized in these situations.

13.) All equipment and environmental and working surfaces shall be cleaned and

decontaminated after contact with blood or other potentially infectious material.

14.) Hospital shall be notified of the need for isolation prior to bringing patient into the

hospital.

**Disposal of Needles and Syringes (Sharps)**

All needles and syringes should be disposed of immediately to prevent accidental injury.

**Procedures**

1.) Personnel should exercise meticulous care when handling syringes and needles

contaminated with blood. Accidental needlesticks should be avoided. If an accident

occurs, it should be reported to Supervisor and an Incident Report filed. Follow up will be done by the team or personal physician.

2.) Disposable needles and syringes are used and never reused.

3.) Used needles should not be purposely bent; because an accidental needle puncture

may occur. They should be immediately discarded in the impervious puncture

resistant container located in each vehicle. These containers shall be puncture

resistant, leak proof on the sides and bottom, and have a biohazard label.

4.) Filled puncture proof containers should have the top locked on the opening. Drop off

container at the hospital when full.

**Care of Equipment Used in Isolation**

All equipment touched by the patient and personnel providing care for the isolation patient must be cleaned, disinfected, and sterilized before being used on another patient.

**Procedure**

All equipment removed from the vehicle must be bagged and arranged for drop off at the Pope science building dock.

**Blood Spill Policy**

Cleaning of all spills consisting of blood or body fluids must be done in such a manner as to avoid contamination of other surfaces. Team Members do not clean up bodily fluids at the scene. If a spill does occur notify a police officer and restrict access

**Exposure report**

Any exposed member must fill out an exposure report within 24 hours of exposure.

**HIV Positive Health Care Workers**

In accordance with principles and recommendations by the Utah State Department of

Health,, UVU ERT has adopted the following guidelines.

1.) HIV infected health professionals may continue all professional practices for which

they are qualified with strict adherence to infection control practices.

2.) Limiting practice of HIV infected Health Care professionals is not necessary unless:

a.) There is clear evidence that the worker poses a significant risk of transmitting

infection through the inability to meet basic infection control standards.

b.) They are functionally unable to care for patients based on the individual’s ability

to perform up to generally accepted standards and practices expected of all health

care personnel.

3.) Decisions about the work responsibilities of HIV infected health care workers with

functional impairment or lack of infection control competence will be made on a

case-by-case basis involving the worker’s personal physician.

4.) Education of personnel regarding the following principles will be performed:

a.) Health care workers are encouraged to learn their HIV status to protect and

improve their own health.

b.) HIV infected individuals are encouraged to seek periodic evaluation for

functional limitations that could significantly compromise quality of care.

c.) HIV infected health care workers are encouraged to inform UVU ERT when there is

a significant risk of comprised patient care.

**Pandemic**

The ERT will follow Utah state and U.S. Centers for Disease Control recommendations for personal protection, patient protection, and infection control.

**Special Events Coverage**

Any organization or department requesting the service of ERT coverage must submit a written request to UVU ERT office detailing date, time, and type of event at least two weeks prior to the event.

**Emergency Care at an Athletic Standby**

The on-duty crew is responsible for caring for the spectators only. If an athlete is injured, the on-duty crew shall only provide assistance if requested by the athletic trainer/medical care personnel.

**Documentation at Mass Gathering Events**

When UVU ERT provides a standby crew for a large event, such as a concert, where many patients are anticipated, every patient treated or transported must be logged on this form regardless of whether a PCR is completed. A PCR must be used for any patient who is transported, or any patient the Team Lead believes needs to go to the hospital but refuses

**Communication**

**Primary communications**

The primary method of communications with dispatch will be via two way radio. The use of the radio shall comply with all applicable FCC regulations.

**Proper radio procedures**

Members of the UVU ERT using the radio shall be properly trained in its use. Members will only use approved 10 codes or clear text. Members shall maintain proper radio demeanor at all times. Use of abusive, obscene, or threatening language will not be tolerated.

**Cell phones**

In the event UVU ERT members are unable to contact dispatch via radio, a cell phone may be used. A cell phone may also be used when the information being relayed is of a confidential nature or the use of the radio would be inappropriate. Members using a cell phone shall follow proper telephone etiquette.

**Cell phone procedures/prohibitions**

1. Ringtones used by UVU ERT members while on duty, representing UVU, or wearing identifiable UVUERT clothing shall be kept at an appropriate volume and the ringtone shall not have any inappropriate language or messages.

2. Office phone calls will be answered promptly.

3. Members shall refrain from sending or answering text messages while on a call.

4. Members shall not engage in personal calls when on a call. The member shall inform the caller of their unavailability or allow the call to go to voice mail.

5. Members shall not use their cell phones or any type of recording equipment to record any performance while on duty or wearing recognizable UVU ERT clothing.

**Public Information Policies**

**Privileged Information**

All information contained on a PCR shall be treated as confidential information and

shall not be discussed with or disclosed to anyone except UVU ERT members, law enforcement officers, incoming agencies, and hospital staff as necessary for patient care in accordance to federal HIPAA regulations.

**Public Information**

Any inquiries that may ensue at the completion of a call must be promptly referred to the Associate Vice President of University Marketing and Communication (PIO). The PIO may designate a different person this will be incident dependant. No other information will be disclosed. If any person inquires of information refer them to campus police and they will get them to the PIO.

**Interdepartmental Relations**

**Police Officers**

The team members on duty will handle all dealings with Police Department at the scene of a 911 call, including any requests for information by any officer at the scene.

**At the Scene**

Police Officers are in charge of the scene, UVU ERT crews are in charge of patient care.

**Discrepancies with Police Department**

Any conflicts arising on the scene of an emergency call with the Police Department

should not be addressed until after the patient care is rendered. Conflicts should be

avoided, however, any problems shall be reported to the Team Lead immediately after completion of the call.

**University Health Service Administrators**

If a University Health Service Administrator~~s~~ requests information or has questions

pertaining to the service rendered by UVU ERT, they shall be referred to the Team Lead.

**Student Health Service Center Staff**

A full report must be obtained from any Student Health Service provider passing patient

care to the UVU ERT.

**Local Fire Departments**

The UVU campus is protected by the Orem City Fire Department. Orem Fire Department will be dispatched to every medical call. If patient does not need transporting or advanced life support a police officer may cancel the responding unit with the medical advice from the ERT. The Incident Commander, or UVU ERT member on scene who places highest within UVU ERT Chain of Command will coordinate with the person in command of any fire department operation and in turn release the patient to their care in an effective manner.

**Emergency**

**Medical Response**

**Utah County Clinical Operating Procedures**

UVU ERT will operate according to the current UCCOG.