State University of New York
at
Canton
Emergency Medical Service
Standard Operating Guidelines
Draft
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<td>Advanced Life Support</td>
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<td>ATC</td>
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<td>CISM</td>
<td>Critical Incident Stress Management</td>
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<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<td>E-PCR</td>
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<td>National Incident Management System</td>
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<td>NYS</td>
<td>New York State</td>
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<td>New York State Department of Health</td>
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<td>Occupational Health and Safety Administration</td>
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<td>PCR</td>
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<td>Person in charge</td>
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INTRODUCTION
SUNY Canton EMS is a student-run, New York State Certified Basic Life Support First Response agency that provides quick response, non-transporting emergency medical care to the SUNY Canton campus.

An integral part of the Emergency Medical Services (EMS) system is teamwork. In order for operations to run smoothly, everyone involved in a response from the University Police to SUNY Canton EMS and Canton Rescue must work together. While differences of opinion are sure to arise, it is crucial at all times to remember that SUNY Canton EMS exists to assist the members of the community which we serve.

The following SOG’s will provide the framework with which we can work together and confront the challenges of emergency medical services. These SOG’s were designed to remain within the limits of Federal, State, and Regional standards and laws. The safety of both providers and patients was given top priority in the creation of these SOG’s.

PURPOSE
The purpose of the SUNY Canton Emergency Medical Services (EMS) Standard Operating Guidelines (SOG’s) is to clarify the responsibilities of the agency and its members. By having these guidelines in writing, we hope to ensure that SUNY Canton EMS is able to continue to uphold its Mission in a safe and efficient manner into future.

Every emergency is unique and SOG’s may not be applicable in every instance. In other words, it is fundamentally impossible to plan for every possible scenario in EMS; however, the intention of these SOG’s is to cover the most common operational issues confronted on a daily basis and those issues which are foreseeable but occur on a less frequent basis.

To ensure that our agency continues to function at a professional level, it is absolutely imperative that all members are familiar with the material presented in this document. These SOG’s are important not only for upholding the status of SUNY Canton EMS but to ensure the highest levels of patient care to all those whom we serve.

MISSION
“SUNY Canton EMS seeks to provide quality professional emergency care with compassion and understanding, while cultivating an environment where leadership development, applied learning, and community service are a core value.”

Our mission is accomplished by providing emergency medical services during the academic year, in a manner that is respectful of individual rights and dignity. With this mission we will:

- Provide timely and professional emergency care to all persons in need, regardless of race, color, age, religion, national origin, disability, sexual orientation, or other protected characteristics.
- Provide care with compassion and understanding.
- Respond to the needs of the SUNY Canton community.
- Educate the SUNY Canton community.
SUNY CANTON STANDARD OPERATING GUIDELINES (SOG’s)
Section One - Organizational Information

1.1 – Name

The official name of this agency is “SUNY Canton Emergency Medical Services.” For the purpose of this document SUNY Canton Emergency Medical Services may be referred to as “SUNY Canton EMS,” or “the squad.”

1.2 – Logo

1.2.1 – Logo
Information regarding the logo here

1.2.2. – Patch
Information regarding the patch here

1.2.3. – Letterheads
Information regarding the letterhead

1.2.4. – Use of the Logos, Patch and Letterheads
Use of logos, patches and letterheads

1.2.5 – Images of SUNY Canton EMS Logo and Patch
Using images of SUNY Canton EMS

1.3 – Department Credentials

1.3.1 – Agency Code
SUNY Canton EMS operates under the New York State Department of Health (NYSDOH) Bureau of Emergency Medical Services and is issued Agency Code XXXX. SUNY Canton EMS abides by Part 800 of the NYSDOH Protocol and shall keep and maintain all equipment mandated by the relevant parts of Part 800.

1.3.2 – REMAC Recognition
SUNY Canton EMS is recognized by the North Country EMS Program Agency (NCEMS) and the North County Regional Emergency Medical Advisory Committee (NCREMAC) as a Basic Life Support (BLS) First Response Agency.

1.3.3 – Documentation of Credentials
Documentation of all credentials should be kept in a secure file in the SUNY Canton EMS office.
Section Two - Organizational Positions

2.1 – SUNY Canton EMS Advisory Board

2.1.1 - Role
The role of the SUNY Canton Advisory Committee is to be the college’s administrative body overseeing the operations of the squad. While the squad administers themselves there should be a body to oversee the operations, ensuring the club is abiding by its SOG’s, Constitution and By-Law’s as well as following all NYSDOH Bureau of Emergency Medical Services guidelines, the NCREMAC guidelines, and NCEMS agency guidelines. This is also the body that governs any sanctions held against the squad or an individual for improperly following the governing documents of the squad.

2.1.2 - Members
The members of the Advisory Board shall be:
- Vice President for Student Affairs or representative
- Chief of University Police or representative
- Director of Student Activities or representative
- Director of Student Health Services or representative
- College Athletic Trainer or representative
- Director of Residence Life or representative
- Environmental Health and Safety Director or representative
- Director of Counseling or representative
- A college faculty member
- A college staff member
- A student

2.2 – SUNY Canton EMS Advisor(s)

2.2.1 - Qualifications
The SUNY Canton EMS Advisor(s) will be a faculty or staff member employed in good standing with SUNY Canton. He or she will have EMS experience and be knowledgeable of the operating standards that SUNY Canton EMS follows.

2.2.2 – Selection
The SUNY Canton EMS Advisor(s) will be selected by the SUNY Canton EMS Advisory Board. The general SUNY Canton EMS membership will be made aware of any appointments and are welcome to attend any selection board meeting. Any conflict that a member of SUNY Canton EMS may have with a candidate may be submitted in writing to the SUNY Canton EMS Advisory Board. This letter must be signed and dated but intimate details of the letter that may be used to identify the member will be omitted.

2.2.3 – Duties
The SUNY Canton EMS Advisor(s) will be involved in an advisory means in the operation of SUNY Canton EMS. They will be welcome to come to meetings, to participate on calls and trainings, and will be available to advise SUNY Canton EMS in terms of directives and operations.

At least one Advisor will be present at all SUNY Canton EMS Advisory Board meetings

They will be kept updated on changes in operation and will be included in all squad communication. They will be asked to attend any official meetings, hearings, or cases of the like.
While they are fulfilling an advisory role for the squad they may override any decision made by the Director or Assistant Director with approval from the SUNY Canton EMS Advisory Board.

It is the duty of the SUNY Canton EMS Advisor(s) to ensure that no member or candidate be discriminated against based on race, color, age, religion, national origin, disability, sexual orientation, or other protected characteristics, and that the mission of SUNY Canton EMS is accomplished through the actions of the agency.

2.2.4 – Voluntary Termination of Services
At any time that the SUNY Canton EMS Advisor(s) feels he or she must step down from service, he or she must submit a notice at least four weeks prior to that date to the SUNY Canton EMS Advisory Board and the Director, informing them. The pertinent sections of the notice will be made available to the squad members. In this notice, he or she may make a suggestion as to who should take their SUNY Canton EMS Advisor position.

SUNY Canton EMS Advisor(s) are expected to occupy the position from the time he or she is selected through the end of the academic year. If there is no reason to replace any SUNY Canton EMS Advisor(s) or no new candidate approaches or is sought by the SUNY Canton EMS Advisory Board, the Advisor(s) will continue in the position.

2.2.5 – Removal from Service
The SUNY Canton Advisor(s) may only be removed from service by the SUNY Canton Advisory Board. If any of the SUNY Canton EMS Advisor(s) are removed from service by the SUNY Canton EMS Advisory Board, the board will appoint a new SUNY Canton EMS Advisor.

2.3 – Director and Assistant Director
For the purpose of this document the Director and/or Assistant Director may be referred to as “The Director’s” or “Supervisor”.

2.3.1 – Qualifications
The Director and Assistant Director must go through the application process of SUNY Canton EMS. To be selected as a Director or Assistant Director for SUNY Canton EMS, a candidate must be a certified New York State EMT at the basic level or higher. While practicing for SUNY Canton EMS each Director or Assistant Director must practice emergency medical care at the basic level and no higher in accordance with the NCREMAC basic EMT protocols. Each Director or Assistant Director must also have a valid cardiopulmonary resuscitation (CPR) for the professional rescuer certification. The Director and Assistant Director is responsible for making sure that these certifications stay current.

The Director and Assistant Director must complete their Director or Assistant Director training packet before running for the position.

Any member must be a SUNY Canton student, must be in good academic and judicial standings with the College and maintain a cumulative GPA of at least 2.5. If the GPA falls below 2.5, or the student loses their good standing with the College they can be put on probation or removed from their position or the squad.

2.3.1.1 – Age and Physical Requirements
- All members who wish to work with SUNY Canton EMS as a Director or Assistant Director must be at a minimum of 18 years of age, per NYSDOH policy.
• Under no circumstances will a member be allowed to work as a Director or Assistant Director if an Advisor or the SUNY Canton EMS Advisory Board feels that they are not physically or mentally capable of performing all possible assigned duties.
• Director and Assistant Director will inform the Advisor(s) of any medical problems that may affect his or her ability to perform services as a Director or Assistant Director.
• Medical leaves of absence may be granted by the Advisor(s). Medical leaves must be requested in writing stating the expected length of leave and the medical reason for the leave and may require an exit interview. When returning from leave, a letter from a physician stating that the member is able to return to duty may be required.

2.3.2 – Selection
The second general membership meeting of each spring the team will have an anonymous vote to decide the Director and Assistant Director for the next academic year. The only members eligible for the position are those who will fit the previous qualifications by the start of the next academic year. Each member in good standing is allowed a vote.

Each voting member will cast a single vote for Director and a single vote for Assistant Director. The names of the member with the highest number of votes for each position will be recommended for those positions to the Advisor(s). In the event of a tie, the Advisor(s) collectively may cast a single vote to break the tie. The Advisor(s) will have the final say in choosing the Director and Assistant Director for all votes.

2.3.3 – Duties
2.3.3.1 – Duties of the Director
The Director of SUNY Canton EMS is the head of the squad and is accountable to NCREMAC, the NCEMS Program Agency, and the College. The Director will handle all things medical related and thus must have a firm understanding and knowledge of EMS policies and procedures. Their tasks include but are not limited to, resupplying and maintaining equipment, and keeping informed and updated on protocols or changes in EMS. The Director of SUNY Canton EMS is also the primary contact for the squad.

2.3.3.2 – Duties of the Assistant Director
The Assistant Director of SUNY Canton EMS supports the duties of the Director under his or her request and is the second in command of the agency. The Assistant Director will assume the responsibilities of the Director in their absence. The Assistant Director will primarily be responsible for personnel, and training.

2.3.4 – Voluntary Termination of Services
The Director and Assistant Director are both expected to occupy the position from the time they are elected, to the end of the following academic year.

However, at any time that the Director or Assistant Director feels he or she must step down from service, he or she must submit a notice at least four weeks prior to that date to the Advisor(s).

The pertinent sections of the notice will be made available to the squad members. In this notice, he or she may make a suggestion as to who should take their position. The Advisor(s) are responsible for making the final decision on the replacement.

If the Director or Assistant Director chooses to step-down, he or she may either leave the agency entirely or occupy the position of EMT.
2.3.5 – Removal from Service
The only way a Director or Assistant Director can be removed from Service is through a vote from the SUNY Canton EMS Advisory Board. If a case is brought forward against the Director or Assistant Director the SUNY Canton EMS Advisory Board will follow procedures outlined in Section 10.10.

2.5 – Crew Chief

2.5.1 – Qualifications
The Crew Chief must go through the application process of SUNY Canton EMS. To be selected as a Crew Chief, a candidate must be a certified New York State EMT at the basic level or higher. While practicing for SUNY Canton EMS each Crew Chief must practice emergency medical care at the basic level and no higher in accordance with the NCREMAC basic EMT protocols. Each Crew Chief must also have a valid cardiopulmonary resuscitation (CPR) for the professional rescuer certification. The Crew Chief is responsible for making sure that these certifications stay current.

The Crew Chief must complete their Crew Chief training packet before working in the position.

Any member must be a SUNY Canton student, must be in good academic and judicial standings with the College and maintain a cumulative GPA of at least 2.5. If the GPA falls below 2.5, or the student loses their good standing with the College they can be put on probation or removed from their position or the squad.

2.5.1.1 – Age and Physical Requirements
- All members who wish to work with SUNY Canton EMS as a Crew Chief must be at a minimum of 18 years of age, per NYSDOH policy.
- Under no circumstances will a member be allowed to work as a Crew Chief if a Supervisor or Advisor feels that they are not physically or mentally capable of performing all possible assigned duties.
- Crew Chiefs will inform the Director or Assistant Director of any medical problems that may affect his or her ability to perform services as a Crew Chief.
- Medical leaves of absence may be granted by the Director or Assistant Director. Medical leaves must be requested in writing stating the expected length of leave and the medical reason for the leave and may require an exit interview. When returning from leave, a letter from a physician stating that the member is able to return to duty may be required.

2.5.2 – Selection
Each duty crew will have one EMT assigned by the Director and Assistant Director as the Crew Chief for that duty crew. This EMT will have worked for SUNY Canton EMS for at least one semester and have completed the probationary crew chief packet.

2.5.3 – Duties
The Crew Chief has the role of delegating throughout their team, making sure that shifts are distributed equally, to make sure that assigned tasks are completed and to confirm that the team is in good operating condition at all times.

The Crew Chief is also responsible for overseeing new members on their team, to ensure probationary EMTs and First Responders (FRs) are becoming comfortable and well oriented to SUNY Canton EMS operations. They are required to oversee probationary members during the probationary period of three weeks, or until the Crew Chief feels comfortable with the member’s performance, and report to the Directors any concerns they have about their probationary member(s).
The Crew Chief is responsible to ensure that each crew member is aware of REMAC and NYSDOH protocols and that each member carry on his or her person his or her current CPR card, certification level card, and SUNY Canton EMS ID tag whenever he or she is on-duty or operating in any form for SUNY Canton EMS.

The Crew Chief is accountable for the actions and whereabouts of the members assigned to his or her shift or duty crew. He or she is responsible for thorough knowledge of all posted notices, policy statements, directives, SOG’s, and the like, and for communicating these to their crew members.

It is not the Crew Chief’s responsibility to handle any disciplinary actions/issues that may arise within the crew. If there are any issues that arise, Crew Chiefs are to report them to the Director or Assistant Director of EMS as well as the Advisor(s) per Section 10.

It is also important for the Crew Chief to work as an intermediary between the Directors and his or her crew members.

The Crew Chief must adhere to, in addition to the above policies, all policies and procedures which apply to EMTs within SUNY Canton EMS.

2.5.4 – Voluntary Termination of Services
In the event that a Crew Chief chooses to step-down from his or her duties, he or she must supply the Director and Assistant Director with a written notice at least four weeks in advance of the termination date.

During that period, the Director or Assistant Director will work to arrange the following months schedule or work to train a new crew chief.

The leaving Crew Chief may request demotion to an EMT or leave the squad entirely.

2.5.5 – Removal from Service
A crew chief can only be suspended from service by the Director or Assistant Director. If the Director or Assistant Director sees need to remove a crew chief from service they must be placed on temporary suspension until the SUNY Canton EMS Advisory Board can determine if the suspension is justified. The facts will be presented by both side and the SUNY Canton EMS Advisory Board must then determine if the suspension is justified. The SUNY Canton EMS Advisory Board can make one of four decisions.

2.5.5.1 – Good Standing
The crew chief can be placed back in good standing. This means the SUNY Canton EMS Advisory Board found no rationale for the suspension and nothing will be added to the crew chiefs file noting the temporary suspension.

2.5.5.2 – Probation
The crew chief can be placed on probation. This means the SUNY Canton EMS Advisory Board determined the suspension had some merit, but was not serious, and there is a belief the crew chief has learned from their mistake. The SUNY Canton EMS Advisory Board will reconvene 3 months from the crew chief being placed on probation to determine if the crew chief can be removed from probation. A note will be placed in the members personnel file noting the probation and outcome.
2.5.5.3 – Removal as Crew Chief
The crew chief can be suspended as a crew chief. This means the SUNY Canton EMS Advisory Board determined the actions of the crew chief were detrimental to a patient, squad member, or the Campus and an unnecessary risk was taken. The crew chief may be demoted to EMT and continue to run with the squad if they would like. A note will be placed in the Crew Chief’s personnel file noting the removal as EMT, and/or sent to the NYS DOH and may face College discipline. Any crew chief removed from service cannot reapply to be a crew chief.

2.5.4.4 – Removal from Squad
The crew chief can be removed from the squad altogether. This means the SUNY Canton EMS Advisory Board determined that the actions of the crew chief put unnecessary risk on the College, squad member or patient and has lost confidence in the crew chief’s ability to respond to any emergencies on campus. In this case the crew chief is stripped from membership of the squad and no longer allowed to run any calls or participate in squad related events. A note will be placed in the Probationary Crew Chiefs personnel file noting the removal as EMT, and/or sent to the DOH and may face College discipline. All squad gear shall be returned. Any Crew Chief’s removed from the squad cannot reapply to be a squad member.

2.7 – Emergency Medical Technician (EMT)

2.7.1 – Qualifications
The EMT must go through the application process of SUNY Canton EMS. To be selected as an EMT, a candidate must be a certified New York State EMT at the basic level or higher. While practicing for SUNY Canton EMS each EMT must practice emergency medical care at the basic level and no higher in accordance with the NCREMAC basic EMT protocols. Each EMT must also have a valid cardiopulmonary resuscitation (CPR) for the professional rescuer certification. EMT is responsible for making sure that these certifications stay current.

The EMT must complete their EMT training packet before working in the position.

Any member must be a SUNY Canton student, must be in good academic and judicial standings with the College and maintain a cumulative GPA of at least 2.5. If the GPA falls below 2.5, or the student loses their good standing with the College they can be put on probation or removed from their position or the squad.

2.7.1.1 – Age and Physical Requirements
- All members who wish to work with SUNY Canton EMS as an EMT must be at a minimum of 18 years of age, per NYS DOH policy.
- Under no circumstances will a member be allowed to work as an EMT if a Supervisor or Advisor feels that they are not physically or mentally capable of performing all possible assigned duties.
- EMTs will inform the Director or Assistant Director of any medical problems that may affect his or her ability to perform services as an EMT.
- Medical leaves of absence may be granted by the Director or Assistant Director. Medical leaves must be requested in writing stating the expected length of leave and the medical reason for the leave and may require an exit interview. When returning from leave, a letter from a physician stating that the member is able to return to duty may be required.

2.7.2 – Selection
Each duty crew will have one EMT assigned by the Director and Assistant Director as the Crew Chief for that duty crew.
2.7.3 – Duties
The EMT has the role of caring for the patient and following the orders given by the Crew Chief or the Director or Assistant Director.

2.7.4 – Voluntary Termination of Services
In the event that an EMT chooses to step-down from his or her duties, he or she must supply the Director and Assistant Director with a written notice at least four weeks in advance of the termination date.

The leaving EMT may request demotion to a First Responder (FR) or leave the squad entirely.

2.7.5 – Removal from Service
An EMT can only be suspended from service by the Director or Assistant Director. If the Director or Assistant Director sees need to remove an EMT from service they must be placed on temporary suspension until the SUNY Canton EMS Advisory Board can determine if the suspension is justified. The facts will be presented by both side and the SUNY Canton EMS Advisory Board must then determine if the suspension is justified. The SUNY Canton EMS Advisory Board can make one of four decisions.

2.7.5.1 – Good Standing
The EMT can be placed back in good standing. This means the SUNY Canton EMS Advisory Board found no rationale for the suspension and nothing will be added to the EMT’s file noting the temporary suspension.

2.7.5.2 – Probation
The EMT can be placed on probation. This means the SUNY Canton EMS Advisory Board determined the suspension had some merit, but was not serious, and there is a belief the EMT has learned from their mistake. The SUNY Canton EMS Advisory Board will reconvene 3 months from the EMT being placed on probation to determine if the EMT can be removed from probation. A note will be placed in the EMT’s personnel file noting the probation and outcome.

2.7.5.3 – Removal as EMT
The EMT can be suspended as an EMT. This means the SUNY Canton EMS Advisory Board determined the actions of the EMT were detrimental to a patient, squad member, or the Campus and an unnecessary risk was taken. The EMT may be demoted to FR and continue to run with the squad if they would like. A note will be placed in the EMT’s personnel file noting the removal as EMT, and/or sent to the NYSDOH and may face College discipline. Any EMT removed from service can no longer be an EMT on the squad.

2.7.4.4 – Removal from Squad
The EMT can be removed from the squad altogether. This means the SUNY Canton EMS Advisory Board determined that the actions of the EMT put unnecessary risk on the College, squad member or patient and has lost confidence in the EMT’s ability to respond to any emergencies on campus. In this case the EMT is stripped from membership of the squad and no longer allowed to run any calls or participate in squad related events. A note will be placed in the EMT’s personnel file noting the removal as EMT, and/or sent to the NYSDOH and may face College discipline. All squad gear shall be returned. Any EMT from the squad cannot reapply to be a squad member.
2.8 – First Responder (FR)

2.8.1 - Qualifications
The FR must go through the application process of SUNY Canton EMS. To apply as an FR, a candidate need not have any certifications, but must complete their training packet within three months. The candidate is not allowed to run any calls until training is completed. Each FR must also have a valid cardiopulmonary resuscitation (CPR) for the professional rescuer and First Aid certification. The FR is responsible for making sure that these certifications stay current.

The FR must complete their FR training packet before working in the position.

Any member must be a SUNY Canton student, must be in good academic and judicial standings with the College and maintain a cumulative GPA of at least 2.5. If the GPA falls below 2.5, or the student loses their good standing with the College they can be put on probation or removed from their position or the squad.

2.8.1.1 – Age and Physical Requirements
- All members who wish to work with SUNY Canton EMS as an FR must be at a minimum of 18 years of age.
- Under no circumstances will a member be allowed to work as a FR if a Supervisor or Advisor feels that they are not physically or mentally capable of performing all possible assigned duties.
- FR’s will inform the Director or Assistant Director of any medical problems that may affect his or her ability to perform services as an FR.
- Medical leaves of absence may be granted by the Director or Assistant Director. Medical leaves must be requested in writing stating the expected length of leave and the medical reason for the leave and may require an exit interview. When returning from leave, a letter from a physician stating that the member is able to return to duty may be required.

2.8.2 – Selection
Each duty crew can have one or more FR’s assigned by the Director and Assistant Director. This FR must maintain good academic and judicial standings with the college and the squad.

2.8.3 – Duties
The FR’s has the role of being an assistant. They can be assigned tasks by any other members on scene. Their role is to provide scene support. This can include but is not limited to carrying or fetching gear, writing of the PCR or other documentation, assisting with CPR if certified, or controlling the scene – as long as it is safe to do so. The FR should never be on scene alone or without an EMT.

2.8.4 – Voluntary Termination of Services
In the event that an FR chooses to step-down from his or her duties, he or she must supply the Director and Assistant Director with a written notice at least four weeks in advance of the termination date.

The leaving FR may request demotion to an FR or leave the squad entirely.

2.8.5 – Removal from Service
An FR can only be suspended from service by the Director or Assistant Director. If the Director or Assistant Director sees need to remove an FR from service they must be placed on temporary suspension until the SUNY Canton EMS Advisory Board can determine if the suspension is justified. The facts will be presented by both side and the SUNY Canton EMS Advisory Board must then
determine if the suspension is justified. The SUNY Canton EMS Advisory Board can make one of three decisions.

2.8.5.1 – Good Standing
The FR can be placed back in good standing. This means the SUNY Canton EMS Advisory Board found no rationale for the suspension and nothing will be added to the FR’s file noting the temporary suspension.

2.8.5.2 – Probation
The FR can be placed on probation. This means the SUNY Canton EMS Advisory Board determined the suspension had some merit, but was not serious, and there is a belief the FR has learned from their mistake. The SUNY Canton EMS Advisory Board will reconvene 3 months from the FR being placed on probation to determine if the FR can be removed from probation. A note will be placed in the FR’s personnel file noting the probation and outcome.

2.8.4.3 – Removal from Squad
The FR can be removed from the squad altogether. This means the SUNY Canton EMS Advisory Board determined that the actions of the FR put unnecessary risk on the College, squad member or patient and has lost confidence in the FR ability to respond to any emergencies on campus. In this case the FR is stripped from membership of the squad and no longer allowed to run any calls or participate in squad related events. A note will be placed in the FR personnel file noting the removal as FR, and may face College discipline. All squad gear shall be returned. Any FR from the squad cannot reapply to be a squad member.

2.9 – Chain of Command
2.9.1 – Chain of Command
All Operational matters should be handled in one of two ways. In an urgent or emergency situation, matters should be reported to the Person in Charge (PIC). In a non-urgent or non-emergency situation, matters should be reported to the appropriate Supervisor pursuant to their job descriptions.

Violations of this procedure will be dealt with as per section 10.10 – Disciplinary Action.

2.9.2 – Person In Charge (PIC)
During each call or event there must be one Person in Charge (PIC). The person in charge shall always be the highest ranking member on scene (Director or Assistant Director, followed by Crew Chief, then EMT). If multiple members on scene have the same rank, the member with the most time in the squad shall be considered the PIC, unless they yield the responsibility to another equally qualified member.

2.9.3 – Organizational Chart
The diagram below is a pictorial rendition of the Chain of Command.

[Diagram of Chain of Command]

NYS DOH/NC REMAC
SUNY Canton EMS Advisory Board
Advisor(s)
Director / Assistant Director
Crew Chiefs
EMTs
First Responders
Section Three - On-Duty Policies

3.1 – Call Response

2.1.1 – SUNY Canton EMS Dispatch

When a call is received by University Police, the SUNY Canton dispatcher will take down the pertinent information from the caller, dispatch a University Police Officer to the scene and activate the EMS system. If from the hours of 2200-0600 the duty crew on-call will be dispatched, otherwise an all call will be sent.

Page information should include the call location, patient description and the nature of the emergency. Further communication should be handled pursuant to Section 4 – Radio Procedures.

2.1.1.1 – Responding to Calls

2.1.1.1.1 – Duty Crew

Duty crews run between the hours of 2200-0600. When a page comes in between those hours the duty crew assigned to that night should respond to the call. The crew chief should acknowledge the call on the radio, at which point all other members on the duty crew may respond en route. If the Crew Chief does not respond within 3 minutes another page will be put out at which point any EMT on the duty crew may acknowledge the call. If no EMT from the duty crew acknowledges the call within another 3 minutes - 6 minutes from the first call being placed, dispatch will page an all call. At this point any EMT’s may acknowledge the call. EMT’s are the only members able to acknowledge call’s no FR shall acknowledge a call or go on scene without an EMT. Once an EMT acknowledges the call, FR’s can respond. If paged out three times and no members acknowledge the call the dispatcher is to dispatch Canton Rescue.

2.1.1.1.2 – All Call

All call hours run between the hours of 0600-2100. When a call comes out between those hours dispatch places an all call. For the first page only crew chiefs are able to acknowledge the call. Once a crew chief acknowledges the call, any other available members may respond en route. If no crew chief acknowledges the first call dispatch will page out a second all call which any EMT may acknowledge. EMT’s are the only members able to acknowledge call’s no FR shall acknowledge a call or go on scene without an EMT. Once an EMT acknowledges the call, FR’s can respond. If paged out three times and no members acknowledge the call the dispatcher is to dispatch Canton Rescue.

2.1.1.2 – Call Types

Some calls will require an ambulance or additional help form Canton Rescue regardless of the response from SUNY Canton EMS. If the dispatcher takes one of these calls they should call 911 to Dispatch out Canton Rescue directly after dispatching SUNY Canton EMS. When Dispatching SUNY Canton EMS the dispatcher should notify members that Canton Rescue is being dispatched. The following types of calls should trigger an Automatic Canton Rescue Response in addition to SUNY Canton EMS:

- Cardiac
- Respiratory
- Pregnancy
- Loss of consciousness
- Open fracture
- Suspected or confirmed head or spinal injury

### 2.1.1.3 - Map Book
Specific building response procedures will be deferred to a map-book which shall be reprinted and included with this document as an appendix. This book should be kept as up-to-date as possible. It should be easily available within the SUNY Canton EMS jump bag.

### 2.1.2 - Emergency Medical Technicians (EMT’s)
The EMT is to respond to all calls during his or her shift. If there is an all call an EMT may respond after a crew chief acknowledges the call. If no Crew Chief acknowledges the first page, upon the next page any EMT may acknowledge. No EMT has permission to miss or leave a class for a call. If a student is to miss class for other squad related event it must be approved by the Professor, and Director or Assistant Director beforehand. Should a conflict arise, the EMT is responsible for following the Rescheduling SOG’s as per Section 3.8.

### 2.1.3 - First Responders (FR)
The First Responder is to respond to all calls during his or her shift. No FR is to acknowledge or respond to a call without an EMT. No FR has permission to miss or leave a class for a call. If a student is to miss class for other squad related event it must be approved by the Professor, and Director or Assistant Director beforehand. Should a conflict arise, the FR is responsible for following the Rescheduling SOG as per Section 3.8.

### 3.2 - Uniform

#### 2.2.1 - Uniform
While on duty for SUNY Canton EMS, either during normal operations or stand-by events, each member is expected to act and present themselves in a professional manner. This includes being appropriately dressed (no potentially offensive clothing, other fire or rescue apparel, or open-toed shoes) and presentable. Each member also needs to be able to be identified as a member of SUNY Canton EMS by wearing his or her ID tag in a prominent place and whenever possible an article of clothing identifying them as SUNY Canton EMS.

At the minimum, all members should be dressed in their work shirt while on-duty. This may be supplemented with other agency approved articles of clothing.

#### 2.2.2 - Uniform Cleanliness
All uniforms must be kept clean at all times. In the event that a Uniform becomes soiled, contact the EMS Supervisor immediately for cleaning instructions.

#### 2.2.3 - Uniform Design
The SUNY Canton EMS uniform will be designed the following way:

##### 2.2.3.1 - Polo
The polo design shall consist of a royal blue polo with the Star of Life on the left breast and “SUNY Canton” on top of the Star of Life and “EMS” below the Star of Life. If chosen the member may have their name printed on the right breast. The back of the shirt will have printed “EMS” in large letters in the middle of the back. Polo shirts shall be used for all special events
for standbys. If the member is a NYS certified EMT, the NYS EMT-Basic Patch shall be affixed to the left sleeve and the SUNY Canton EMS Patch shall be affixed to the right.

2.2.3.4 – Shirt
The shirt design shall consist of a navy blue shirt with the Star of Life on the Left Breast and “SUNY Canton” on top of the Star of Life with “EMS” below the Star of Life. There will be no other print on the front of the shirt. The back of the shirt will have printed “EMS” in large letters in the middle of the back.

2.2.4 – SUNY Canton EMS Property
The SUNY Canton EMS issued uniform and ID tags are the property of SUNY Canton EMS and may be asked to be returned when a member leaves or is asked to leave the team or at the end of the semester. In the event that a Uniform and/or ID tag is not returned, SUNY Canton EMS reserve the authority to charge the member’s student account for each parcel of uniform found to be missing.

3.3 – Alcohol, Tobacco and Drug Use
2.3.1 – Prohibition of Use
While working for SUNY Canton EMS no member may use or be under the influence of alcohol, tobacco or any illegal drugs. All members are not to consume alcohol 10 hours prior to a shift, meeting, or when acting in any form of SUNY Canton EMS. No member shall respond to any call or event while under the influence of any substance.

Furthermore, abiding by Smoke Free New York and NYSDOH policy statement #00-07, no bystanders and/or civilians are permitted to smoke on scene of a call, or within 20 feet of any emergency vehicle. This is in addition to the SUNY Canton EMS policy banning members from the use of tobacco products while on-duty.

Members shall not partake in the consumption of alcohol, legal or illegal drugs or smoke while wearing any type of SUNY Canton EMS apparel or identification. Doing so could result in disciplinary action taken against the member.

2.3.2 – Suspicion of Use
If a member is suspected to be under the influence of alcohol or any illegal drug while on duty, he or she will be immediately suspended until the case can be reviewed by the SUNY Canton EMS Advisory Board.

If it is found that a member was operating under the influence of alcohol or any illegal drug they will be permanently removed from the squad and be sent to the SUNY Canton Conduct Office. The Director of SUNY Canton EMS and the Advisor(s) may submit that member who were found to be under the influence of alcohol or any illegal drug to the NYSDOH, NC REMAC, and/or State, County, or Village Law Enforcement Officials.

SUNY Canton EMS will not tolerate any member of our team who assumes the safety and wellbeing of our community to be under the influence of alcohol or drugs.

2.3.3 – Prescription Medications
If a member feels that their ability to perform the tasks required of them while a representative of SUNY Canton EMS may be compromised due to a prescription or non-prescription medication, they are to contact a the Director of Assistant Director 24 hours prior to their shift. The Supervisor will meet with them, get their concern in writing, and discuss it in confidentiality with Advisor(s) to formulate a plan.
2.3.4 – Assistance with Substance Abuse Treatment
If a member feels that they may have an alcohol, drug or tobacco problem, they may contact the Director, Assistant Director or Advisor with full confidence of confidentiality. They will, to his or her full ability, seek to help the member in every way, and utilize the resources available to SUNY Canton Students. This can be done without fear of termination so long as none of the above policies have been violated.

3.4 – Pre-Hospital Care Reports (PCRs)

2.4.1 – PCR Information
All information must be reported, including the patient’s (if any) home address, age, birth date, sex, chief complaint (circled), secondary complaints, care rendered, if suspected/confirmed child abuse/neglect, suspected/confirmed sexual assault/rape, obvious/pronounced death occurs, etc. The primary EMT must provide, at a minimum, his or her first initial and last name, EMT level and number, and the names and license numbers (if available) of the other providers on-scene. The “Driver” section shall be left blank unless it is needed to document an additional provider, in which case “driver” will be left blank. The EMT should also document the time that care is transferred and/or Medical Control is contacted.

2.4.2 – Copies of PCRs
SUNY Canton EMS utilizes Electronic Patient Care Reports. In each of the jump bags are blank copies of a PCR form you may utilize to document while on the call. Upon completion of the call members should return to the office and complete the E-PCR online. Only the office computer should be used to access the E-PCR website. Once submitted the paper copy of the PCR should be secured in the locked PCR box.

2.4.3 – Patient Requesting a Copy of the PCR
If the patient wishes to have or see a copy of his or her PCR, he or she must submit the request in writing to the SUNY Canton EMS Advisor. The Advisor will then meet in person to discuss the PCR and provide a photocopy of the report to the patient. The request will remain on file with the PCR.

2.4.4 – Multiple Patients
In the event a single call has multiple patients, a PCR must be filled out for each patient treated and thus for every PCR completed. See Section 6.12 for the Multiple Patients SOG.

2.4.7 – Standby and Special Event PCRs
A Standby and/or a Special Event requires, at the minimum, a single PCR which describes the event and tallies the number of patients treated as well as briefly describes why each patient was treated. A subsequent PCR must be completed for each and every patient treated at that event. See Section 6.15 for the Medical Standby SOG.

3.5 – Run Sheets

2.5.1 – Notes
Please note in the “Notes” section of the Run Sheet any difficulties on-scene (i.e. personal accident, second call, malfunction or disappearance of medical equipment, mechanical malfunction, violation of SOG, suspected crime, patient/family complaint of crew, security breach of response vehicle, NYSDOH or REMAC protocol violation, or other situation that the EMT finds necessary to report). These forms, along with the Items Used section, are reviewed daily. Any issues that arise on calls will be brought to the attention of the Directors, Advisor(s), and/or the team at large.
2.5.2 – Items Used
There are a number of items that are essential for our operation. Please mark on the Run Sheet if an essential piece of equipment is transported to the hospital (either replaced by a piece of Canton Rescue's or other agency's equipment or not), an oxygen tank is emptied, a drug is used, or an item is entirely used, contact the Supervisor immediately.

2.5.3 – Multiple Patients
In the event a single call has multiple patients, a Run Sheet must be filled out for each patient treated and thus for every PCR completed. See Section 6.12 for the Multiple Patients SOG.

2.5.4 – Standby and Special Event Run Sheet
A Standby and/or a Special Event requires, at the minimum, a single Run Sheet which describes the event and tallies the number of patients treated. A subsequent Run Sheet must be completed for every patient treated and thus for every PCR completed. See Section 6.15 for the Medical Standby SOG.

3.6 – Equipment Checks
2.6.1 – Evening Bag Checks
Each evening when starting duty crew, the crew chief must check to ensure the tamper seals on the bag are secure. These will ensure that you have what you need for your shift. If the tamper seals are broken the jump bag must be taken out of service and a full bag check must be completed before it can come back in service. All members should be notified when any equipment is taken out of service.

2.6.2 – Weekly Equipment Checks
Every week the Director or Assistant Director are required to do a check of all equipment. There are paper forms for use while doing the checks, which then must be uploaded on-line. All members should be notified when any equipment is taken out of service.

3.7 – Access Rights
All active good standing members of SUNY Canton EMS are given full access to the residence halls. This access is only to be used for calls. Random audits of member’s cards will be completed. Use of your access control card in non-permitted spaced while not on a call or abuse in any other way of this privilege will result disciplinary action as per Section 10.10.

3.8 – Scheduling
It is the responsibility of each crew member and crew chief to know when his or her team is on, when he or she has a shift, when shift changes occur, and when meetings, trainings, and similar events occur.

2.8.1 – Monthly Schedules
A Duty Crew schedule will be made available to the team every month. A duty crew will be assigned each night that SUNY Canton EMS is in service. It is that duty crew's responsibility to ensure that the shift is covered. The schedule will also have important meeting, training, and other dates noted on it.

2.8.2 – Squad Meetings
The squad shall have meetings every two weeks on a day chosen by the general membership. During these meetings squad decisions will be discussed and important information will be conveyed. Members will be required to attend at least half of the meetings per year, to remain in good standings. Members must notify the secretary in writing at least 24 hours prior to a meeting if they will not be
attending to be excused. More than 3 unexcused absences could result in disciplinary action per section 10.10

2.8.3 -- Squad Training
The squad shall have Trainings every two weeks on the days there are no squad meetings. Trainings are optional, however members are required to attend half of the provided trainings per semester, to remain in good standing with the squad. Failure to do so could result in disciplinary action per section 10.10

2.8.4 – Conflicts
In the event a member is unable to fulfill a duty crew it is their responsibility find cover of the same certification level or higher and notify their Crew Chief, the Director and Assistant Director by email as well as call University Police so the schedule can be updated. If they do not find coverage it is their responsibility to still run that shift. Failure to do so could result in disciplinary action per section 10.10

3.9 – Personnel Files
Each member who applies to SUNY Canton EMS will have a file held in the office. These files will be locked at all times and will remain confidential and only the EMS Advisory Board, Advisor, Director and Assistant Director shall have access to these files. The files will include, but are not limited to, the application, training papers, copies of certification, driver’s license, student ID, SUNY Canton EMS ID, changes in status, disciplinary notices. NYS requires that personnel files remain in the agency’s possession for seven years after the member leaves SUNY Canton EMS.

3.10 – Membership
Membership shall be open to any SUNY Canton student in good academic and judicial standing with a GPA of at least 2.5. Membership shall not be limited to on campus students, but any off campus student must be within 5 minutes of campus on their duty crew night. If more than 5 minutes from campus they must either arrange accommodations on or close to campus for that night or swap shifts with another member.
Section Four - Radio Procedures

4.1 – General Communications Policy
An essential part of the SUNY Canton EMS system is the efficient and proper communication with University Police Officers, dispatchers, supervisors, and other EMS personnel. This agency operates on the SUNY Canton EMS frequency (Channel 1) for all EMS operations. It is important that all EMS communication be kept to emergency and imperative use only.

4.1.1 – General Radio Etiquette
   When speaking on the radio, EMT’s and FR’s should clearly identify themselves using the procedures in Section 4.5.1. They should speak clearly, keep communications brief and maintain a professional front at all times.

   In the event that numbers must be given over the radio, they will be done so using individual digits.

   While communicating on the radio, the “Hey YOU, It’s ME,” format should be used. An example of this is “EMS Dispatch this is EMT 18”

4.1.2 – Communication of Protected Health Information
   Radio frequencies may be monitored by anyone at any time, so it is imperative that sensitive information is protected. Sensitive information should only be conveyed if it is felt that the subject’s own safety and life depend on it. Otherwise, cell phones and/or landlines should be utilized to convey.

4.2 – Call Signs
   The following are the only approved call signs for SUNY Canton EMS. If you are not signed on to an approved call sign but must transmit over the air, identify yourself by stating your level of training followed by your last name (e.g. EMT Smith or FR Smith).

   - EMS Dispatch – University Police Dispatch
   - Central Dispatch – St. Lawrence Country Dispatch
   - EMT-1 -- Director, SUNY Canton EMS
   - EMT-2 -- Assistant Director, SUNY Canton EMS
   - EMT-# -- EMT’s assigned by the Director and Assistant Director
   - FR-# -- FR’s assigned by the Director and Assistant Director

4.3 – Ten Codes
   Every agency throughout the world has a different way of communicating on the radio using ten codes and signals. This agency does not utilize ten codes as it often causes problems translating from one member to another. When communicating on the radio use clear and concise English to convey points. Examples: “EMT 4 On Scene” “Message Received” “Crew is clear of call” etc.

4.4 – Call Response
   When responding to a call both EMT’s and the FR’s must notify EMS Dispatch of their status. The protocol for response to a call is outlined below:

   After Dispatch pages a call. You will then call dispatch:
   • To acknowledge the call
   • When en route to the call
   • When on scene
• To advise if Patient status changes
• To request additional services: EMS Transport/Counseling Services /Additional EMS/University Police Officer
• To advise that all EMS units are clear from the scene. The patient’s disposition should be included in this transmission.
• Note: When requesting transport to another EMS Agency, advise EMS Dispatch of patient’s condition, age, sex, and Location but never any personal identification information.

4.5 – Other EMS Frequencies
In most cases, EMS Dispatch is responsible for communicating with other EMS units. Should an EMT feel it is necessary, only the crew chief or PIC may do so. EMS Dispatch must be advised that the radio is being switched to a different frequency. Once it is appropriate to do so, the radio should be switched back to the SUNY Canton EMS frequency.

4.5.1 – Contacting SUNY Canton County Central Dispatch
Central Dispatch should be contacted using the Fire Repeater frequency.

4.5.2 – Contacting EMS Units
EMS Units should be contacted using the County EMS frequency.

4.5.2.1 – Contacting Canton Rescue
Canton Rescue should be contacted as per Section 4.5.2 and then asked to switch to the Canton Fire private frequency.

4.6 – Private Radio Use
It is a violation of Federal Law to transmit on any frequency for which the user does not have written permission to do so. Anyone wishing to transmit on the SUNY Canton EMS frequency must have the written permission of the SUNY Canton EMS Board. Anyone wishing to transmit on a St. Lawrence County frequency such as the Fire Repeater or the County EMS frequency must have written permission from St. Lawrence County to do so. Violations will be dealt with as per Section 10.10.
Section Five - Vehicle Procedures

5.1 – Vehicle Procedures

5.1.1 – Audible and Visual Warning Privileges
As a non-transporting agency with no vehicles, audible and visual warning devices are not permitted for members of SUNY Canton EMS.

5.1.2 – On Campus Members
Members that are on campus during their assigned duty crew, or are on campus for an all call may take their personal vehicles to a call, but must abide by all College, State and Local laws and rules. This means no speeding, no parking in unauthorized parking lots, and no parking in loading and unloading zones. It is important for the roads and loading zones to remain clear incase an ambulance is needed.

5.1.3 – Off Campus Members
Members that are off campus during their assigned duty crew, may take their personal vehicles to a call, but must abide by all College, State and Local laws and rules. This means no speeding, no parking in unauthorized parking lots, and no parking in loading and unloading zones. It is important for the roads and loading zones to remain clear incase an ambulance is needed.

5.2 – Patient Transport
At no time are patients to be transported or moved in any form by SUNY Canton EMS members. If the patient requires warming or cooling, that should be done in the University Police Vehicle.
Section Six - Special Types of Calls

6.1 – Walk-Up Calls

6.1.1 – Walk-Up Calls
If, while on duty or wearing any SUNY Canton EMS apparel, a member is approached by someone requesting medical assistance or notices someone in need of medical assistance it is their duty to act. An EMT or FR in this situation should notify SUNY Canton EMS dispatch via radio or phone immediately. The member calling should give SUNY Canton EMS dispatch their location, call type, patient status, and request any resources that might be needed immediately. Also request that a page be sent out to all SUNY Canton EMS members so those available may assist.

6.1.2.1 – Approached En-route to Unstable Patients
If the EMT or FR is responding to a confirmed critically unstable patient, the member must stop when flagged down and notify SUNY Canton EMS dispatcher that he or she has been approached by someone in need. After gathering the call location and type, the member must explain to the patient that he or she is en-route to a critically ill patient and that he or she will have help dispatched to the current location. The member will then contact SUNY Canton EMS dispatch with that information and request SUNY Canton EMS be dispatched to the location. In either case, a page should be sent through the SUNY Canton EMS paging system to inform all on-duty members that a second call has occurred.

6.1.2 – Walk-up Calls to an Emergency Scene
6.1.2.1 – Walk-up with Patient in another Location
Should, while at the scene of an emergency call, an EMT or FR be notified in person that there is another patient in another location, the ranking EMT should notify SUNY Canton EMS dispatch with the pertinent details for the second patient. The EMT should then treat this situation as per the Multiple Call Procedure Section 7.1

6.1.2.2 – Patient Walk-up
Should, while at the scene of an emergency call, another patient walk-up to an EMT or FR and request assistance, care cannot be withheld. The ranking EMT should contact SUNY Canton EMS dispatch immediately with the pertinent details for the second patient. The EMT should also request that backup, respond to their location. The EMT should do their best to keep both patients stable until additional resources arrive on scene.

6.2 – Mental Health Emergencies
6.2.1 – General Procedures
Scenes in which a mental health emergency exists have a high potential to become unsafe for EMS providers.

6.2.1.1 – Scene Evacuation
Should an EMT or FR arrive at a scene and identify it as unsafe, the member should evacuate his or herself and all other responders until University Police can secure the scene. The SUNY Canton EMS Dispatcher should be notified as soon as possible that the scene has been evacuated and EMTs should follow Section 6.2.1.2 once they have finished evacuating the scene.

6.2.1.2 – Staging
Should an EMT and FR be dispatched to a call involving a mental health emergency, the EMT and FR should stage within a one to two minute response distance of the scene until University
Police advise that the scene is safe. The EMS Dispatch should be notified that the responding members are staging and where and should be asked to notify them when the scene is safe.

6.2.1.3 – Crime Scenes
Scenes in which a mental health emergency exists also have a higher likelihood of being crime scenes. Members should follow the Crime Scene SOG if they suspect a crime has been committed, see Section 6.3.

6.2.2 – Mentally Stable Patients
For patients who do not appear to be threats to themselves or others but who are none-the-less experiencing a mental health emergency, SUNY Canton Counseling Services should be notified as they have personnel on-call during the school year who are available to talk with students in need.

6.2.2.1 – Mentally Stable Patients with Medical Problems and/or Injuries
Patients who have, in addition to a mental health emergency, a medical problem or an injury should be treated for their non-mental health issues first, if the scene is determined to be safe. If the patient does not require transport to a medical facility, then Counseling Services may be notified. If, however, the patient does require transport, this should not be delayed so that Counseling Services can evaluate the patient.

6.2.3 – Mentally Unstable Patients
New York State requires that all patients who attempt suicide be transported to a health care facility. For patients who appear to be a danger to themselves or others, University Police should be requested if not already on scene and shall take control. SUNY Canton EMS shall be released, unless University Police requests otherwise.

6.3 – Crime Scenes
6.3.1 – General Procedures
Like mental health emergency scenes, crime scenes have a high potential to become unsafe for EMS providers.

6.3.1.1 – Identification of Crime Scenes
If an EMT or FR arrives on scene and determines that a crime has been committed, they should assess whether it is safe to remain on scene. If they determine that it is safe to do so, they should immediately request University Police if not already on scene and treat patients per the relevant protocols and SOGs while at the same time following the procedures outlined in Section 6.3.2.

6.3.1.2 – Scene Evacuation
Should an EMT or FR arrive at a scene and identify it as unsafe, the EMT or FR should evacuate his/herself and all other responders until University Police can secure the scene. SUNY Canton EMS Dispatch should be notified as soon as possible that the scene has been evacuated and members should follow Section 6.3.1.3 once they have finished evacuating the scene.

6.3.1.3 – Staging
Should an EMT or FR be dispatched to a call involving a crime, the EMT or FR should stage within a one to two minute response distance of the scene until University Police and/or Law Enforcement advise that the scene is safe. SUNY Canton EMS Dispatch should be notified that the responding members are staging, and where and should be asked to notify them when the
scene is safe.

6.3.2 – Specific Crime Scene Procedures

6.3.2.1 – Scene Contamination
Contamination of the crime scene is to be avoided. If necessity requires the alteration of the scene for the purpose of aiding the victim/patient, the investigating agency must be informed. Avoid unnecessary contact with physical objects at the scene.

Anything carried into the scene including dressings, wrapping and/or packages should be removed by the on-duty crew when they leave the scene. Do not remove anything from the scene other than those items.

If entering the scene specifically at the request of law enforcement, a single path into and out of the scene should be used.

6.3.2.2 – Patient Treatment
If it is necessary to cut through the clothing of the victim/patient, avoid cutting through tears, bullet holes or other damaged or stained areas of clothing.

Do not wash or clean the victim’s hands or areas which have fluid on them unless doing so is necessary for treatment.

6.3.2.3 – Gunshot Victims
In gunshot cases, be aware that expended bullets as well as additional evidence can be found in the clothing of the victim/patient, especially when heavy winter clothing is worn. Any items of evidence found should be turned over to the investigating agency as soon as possible. All findings should be documented on the PCR as well.

Gunshot Victims with one or more wounds to the Torso, Neck and Head should also be treated with spinal precautions.

6.3.2.4 – Hanging or Asphyxiation
In cases of obvious death by hanging or asphyxiation, avoid cutting through or untying knots in the hanging device or other material. If the patient is not obviously dead and CPR is initiated, take care to leave hanging devices or other material as intact as possible when removing them to access the patient’s airway.

Hanging victims should also be treated with spinal precautions.

6.3.2.5 – Stabbings
In stabbing cases, any impaled object must be left in place for both medical reasons and evidence collection.

6.3.2.6 – Initiation of CPR
If the patient does not meet the criteria for initiation of CPR, do not remove or continue to examine the victim in any way.
6.4 – Alcohol and Substance Abuse

6.4.1 – Assessment
Any patient who is suspected of ETOH involvement or substance abuse must be asked the following questions:

1. Can you tell me your full name?
2. Can you tell me where you are right now?
3. Can you tell me what day of the week it is?
4. Do you know how much you have had to drink tonight?
5. Can you tell me what it was you were drinking? (liquor, beer, wine)
6. Can you tell me when you started drinking?
7. Can you tell me when you stopped drinking?
8. Have you had anything other than alcohol tonight?

6.4.2 – Patient Sign-Offs
Patients who are able to answer the questions listed in Section 6.4.1 to the satisfaction of the EMTs on scene may be allowed to sign-off given that there are no other medical problems or injuries which require transport to the hospital. Patients must be deemed competent in order to sign-off and must understand their decision.

If the patient is not able to answer one or more of the questions listed in Section 6.4.1 but the EMTs still believe that the patient should be signed off, a Supervisor should be immediately requested to respond so that a secondary evaluation may be completed.

6.4.3 – Disagreements over Patient Disposition
If a University Police Officer on-scene disagrees with the decision, Canton Rescue should be immediately requested to respond so that a secondary evaluation may be completed.

6.5 – Child Abuse

6.5.1 – Definition
Child abuse refers to the intentional maltreatment by a caregiver of any child under the age of eighteen (18) years of age. Four categories are defined:

1. Neglect: Failure to provide basic needs such as food, shelter and supervision.
2. Physical Abuse: Infliction of bodily injury or harm.
3. Sexual Abuse: Passive or active use or exposure of children to sexual acts.
4. Emotional Abuse: Humiliating, coercive behavior that retards a child’s psychological development.

6.5.2 – Crime Scene Considerations
If appropriate, the scene should be considered a crime scene and should be treated as per the Crime Scene Protocol (see Section 6.3.2). This includes following scene safety procedures (see Section 6.3.1.2). Patients should be evacuated with providers if at all possible.

6.5.3 – Physical Findings and Clinical Presentation
1. Presence of multiple injuries of various ages.
2. Presence of injuries more commonly inflicted by others.
3. Burns occur in 10% of abuse children usually resulting from cigarettes or immersion of buttocks or extremities in scalding hot water.
4. Retinal hemorrhage and signs of subdural bleeding, which is commonly found in children who have suffered shaking or significant head trauma.
5. Presence of sexually transmitted diseases.
6. Disruption of normal genital anatomy is often associated with recurrent sexual abuse.

6.5.4 – Treatment
All patients who are possible victims of child abuse should be treated as per the appropriate New York State and NCREMAC protocols as well as the relevant SUNY Canton EMS SOGs. EMTs should document all information received from all parties involved thoroughly and should take care not to taint the history in anyway with their own bias. EMTs should make every effort to provide patients with a private and secure physical space for assessment and interviewing and should be extremely conscious of the gender of the patient in relation to the gender of the EMTs on location and follow procedures outlined in Section 7.7.

6.5.5 – Reporting
University Police should be notified immediately and a report should be taken. All information should be forwarded to the transporting agency. Immediately after completing the call, an oral report should be made to the New York State Child Abuse and Maltreatment Register (1-800-635-1522). This should be followed up with a written report forwarded to the same agency, completed using the NYS Child Abuse Form (Form LDDS 2221-A).

Members should contact a Supervisor about Child Abuse calls either during the call or after the call is completed.

6.6 – Domestic Violence
6.6.1 – Definition
Domestic violence is any violent felony or misdemeanor crime committed by a current or former spouse or intimate partner of the victim, a person sharing a child with the victim, or a person cohabitating with the victim as a spouse or intimate partner.

Dating violence is any act of violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on the victim’s statement and with consideration of the type and length of the relationship and the frequency of interaction between the persons involved in the relationship. Two people may be in a romantic or intimate relationship, regardless of whether the relationship is sexual in nature; however, neither a casual acquaintance nor ordinary fraternization between two individuals in a business or social context shall constitute a romantic or intimate relationship. This definition does not include acts covered under domestic violence.

Dating and domestic violence may manifest in a variety of ways, including physical assault, emotional and verbal abuse, false imprisonment, and stalking.

6.6.2 – Crime Scene Considerations
If appropriate, the scene should be considered a crime scene and should be treated as per the Crime Scene Protocol (see Section 6.3). This includes following scene safety procedures. Patients should be evacuated with providers if at all possible.

6.6.3 – Physical Findings and Clinical Presentation
Victims may present in multiple ways given the wide variety of types of Domestic Violence. Victims may be unwilling to admit that they are the victims of abuse. They may try to rationalize any abuse and cover up the causes of any physical injuries. Victims may also be unwilling to speak out about any potential abuse when they are in the vicinity of their abuser or feel that their abuser may find out they spoke out.
EMTs should be especially cognizant of traumatic injuries of varying ages as well as injuries which are more commonly inflicted by others. EMTs should also be cognizant of the signs of sexual abuse and/or rape (see Section 6.7).

6.6.4 – Treatment
All patients who are possible victims of Domestic Violence should be treated as per the appropriate New York State and NC REMAC protocols as well as the relevant SUNY Canton EMS SOGs. EMTs should document all information received from all parties involved thoroughly and should take care not to taint the history in anyway with their own bias. EMTs should make every effort to provide patients with a private and secure physical space for assessment and interviewing and should be extremely conscious of the gender of the patient in relation to the gender of the EMTs on location (see the Patients of the Opposite Gender SOG – Section 7.7).

These patients should be transported by ambulance.

6.6.5 – Reporting
University Police should be contacted immediately and a report should be given. All information should be forwarded to the transporting agency.

Members should contact a Supervisor about Child Abuse calls either during the call or after the call is completed.

6.6.6 – Other Resources Available
In addition to University Police being contacted, victims have several other options for additional assistance:
• SUNY Canton Counseling Services
• Renewal House (1-315-379-9845)
• New York State Domestic Violence Hotline (1-800-942-6906)

6.7 – Sexual Abuse
6.7.1 – Definition
Sexual misconduct encompasses a range of behavior used to obtain sexual gratification against another’s will or at the expense of another.

6.7.2 – Crime Scene Considerations
If appropriate, the scene should be considered a crime scene and should be treated as per the Crime Scene Protocol (see Section 6.3). This includes following scene safety procedures Patients should be evacuated with providers if at all possible.

6.7.3 – Specific Scene Considerations
The removal and/or washing of clothes, sheets or other items which may contain evidence (specifically fluids) must be prevented until the evidence can be secured by University Police. Patients should likewise be strongly discouraged from washing their hands and/or other areas of their body as well as going to the bathroom.

6.7.4 – Treatment
All patients who are possibly the victims of sexual abuse and/or rape should be treated as per the appropriate New York State and NCREMAC protocols as well as the relevant SUNY Canton EMS SOGs. Patients should be comforted and should be encouraged to be seen at a health care facility so
that a rape kit may be completed. EMTs should document all information received from all parties involved thoroughly and should take care not to taint the history in anyway with their own bias. EMTs should make every effort to provide patients with a private and secure physical space for assessment and interviewing and should be extremely conscious of the gender of the patient in relation to the gender of the EMTs on location (see the Patients of the Opposite Gender SOG – Section 7.7).

6.7.5 – Reporting
University Police should be contacted immediately and a report should be given. All information should be forwarded to the transporting agency.

6.7.6 – Other Resources Available
In addition to University Police being contacted, victims have several other options for additional assistance:
• SUNY Canton Counseling Services

6.8 – Obvious Death
6.8.1 – Definition
Should a patient meet one or more of the signs of obvious death: decapitation; dependent lividity; decomposition and/or smell; cupped pupils; or rigor mortis, the EMT may pronounce death.

6.8.2 – Continuation of CPR
If a patient meets the criteria outlined under Section 6.8.1 but CPR has been initiated by bystanders, civilians and/or other First Responders, CPR must be continued until the arrival of Advanced Life Support (ALS). ALS may make a decision to transport or field terminate the patient upon secondary evaluation.

6.8.3 – Obvious Death Procedures
The EMT should request a supervisor, University Police, and Canton Rescue immediately and must await University Police before leaving the scene of an obvious death, and give them all the necessary information for their police report.

The EMT must complete a PCR and reports.

6.8.4 – Critical Incident Stress Management
Any EMT part of a call involving the death of one or more patients will be subject to the Critical Incident Stress Management (CISM) provisions of the Member Health and Infection Control SOG (see Section 10.6).

6.9 – Hazardous Materials Incidents
6.9.1 – Definition
A Hazardous Materials Incident is any situation in which there is a release of a known or unknown substance. SUNY Canton EMS members should utilize the United States Department of Transportation Emergency Response Guidebook to identify any potential HAZMAT incident. This book should be kept in an easily accessible place in the office and should be replaced with updated copies if and when they are released by the Department of Transportation.

6.9.2 – Response
The ranking EMT should work in conjunction with University Police to immediately request the response of Canton Fire, Canton Rescue as well as HAZMAT services from St. Lawrence County. They should
then gather as much information as safely possible, preferably from any available Material Safety Data Sheets (MSDS), and follow the guidelines in the Emergency Response Guidebook.

6.9.3 – Treatment
Any patients should be treated once they have been decontaminated as per NYS Protocol, NCREMAC Protocol, Emergency Response Guidebook guidelines and MSDS guidelines. If the incident is deemed an MCI, the MCI plan should be initiated (see Section 6.12).

6.9.4 – Crew Contamination
Should a crew become contaminated for any reason, they should alert other responders of their medical status and should make every attempt to not contaminate other responders until the crew can be decontaminated.

6.10 – Pandemic Incidents and Bioterrorism
6.10.1 – Definitions
6.10.1.1 – Pandemic
A pandemic incident occurs when a disease spreads rapidly between people, generally in a global setting.

6.10.1.2 – Bioterrorism
An incident of bioterrorism occurs when a biological agent is deliberately released with the intent of harming individuals.

6.10.2 – Identification
6.10.2.1 – Internal Identification
Should EMTs see a high number of medical problems occur on-campus, especially in a smaller geographic unit such as a residence hall or other building, they should immediately suspect a rapidly spreading disease. They should immediately contact University Police and alert them of the situation. It is highly likely that, by this time, the SUNY Canton EMS responders will have themselves been exposed to the disease, so steps should be taken to limit exposure to others. These steps should include wearing appropriate PPE.

6.10.2.2 – External Identification
Should the SUNY Canton Pandemic Plan (see Appendix A-5) be placed into effect in any manner, SUNY Canton EMS membership should be altered immediately with pertinent information, including symptoms with which they may be confronted.

6.10.3 – Response
In the case of either internal or external identification, the Director and/or Assistant Director will meet immediately with College official’s part of the campus emergency response plan as well as outside sources to formulate a Temporary Operating Procedure (TOP) (see Section 10, Paragraph 1) in order to outline a response to the incident.

6.11 – Acts of Violence
6.11.1 – Basic Response
An act of violence should, first and foremost, be handled using the Crime Scene SOG (Section 6.3). This includes, most importantly, that dispatched EMS unit’s stage until they are advised that the scene is safe. The SUNY Canton EMS Mass Casualty Plan (Section 6.12) should be immediately activated if multiple patients are believed or confirmed to be present.
6.11.2 – Barricaded Person and/or Un-apprehended Shooter
Should an act of violence involving a barricaded individual or an un-apprehended shooter occur, EMTs should stage and create a treatment area which is located in a safe and sheltered area. University Police should be directed to bring patients to this treatment area. Other EMS units responding should also be directed to stage at this area.

6.12 – Multiple Patient Incidents and Mass Casualty Incidents (MCIs)

6.12.1 – Definitions

6.12.1.1 – Multiple Patient Incident
A Multiple Patient Incident is an incident with at least two patients which overwhelms the resources currently on-scene but which can be easily mitigated with minimal additional assistance.

6.12.1.2 – Mass Casualty Incident (MCI)
A MCI is an incident with at least two patient which overwhelms the resources currently on-scene which cannot be easily mitigated with minimal additional assistance. These incidents require a large amount of EMS resources to effectively manage them.

6.12.2 – Multiple Patient Incident Response
Should EMS providers find themselves initially overwhelmed with two or more patients but believe that, with minimal additional assistance, the situation can be easily handled, they should request that University Police respond if not already on scene and SUNY Canton EMS Dispatch page out for additional EMS resources. Providers should do their best to provide care to patient(s) until additional resources arrive.

6.12.3 – Mass Casualty Incident Response
6.12.3.1 – Identification
Should a SUNY Canton EMS member respond to a scene which they believe constitutes the definition of a MCI, they should immediately activate the SUNY Canton EMS MCI Plan. This is done by contacting SUNY Canton EMS Dispatch and informing them that an MCI exists at the given location with the number of patients they believe to be involved. SUNY Canton EMS Dispatch will then contact Canton Fire/Rescue and any other agencies as needed.

6.12.3.2 – Initial Response
Initial member’s who are on the scene should not enter any affected building. They should instruct other responding agencies to direct patients to their location.

6.12.3.3 – Incident Command Structure
As members respond, the incident command structure shown below should be instituted.

All members should refer to themselves on the radio as their sector position and not their normal call sign. This would mean that if EMT-1 were in triage, they would identify themselves as ‘Triage.’

This Incident Command Structure will be adapted as personnel from other EMS agencies arrive on-scene and a unified command structure is established.
6.12.4 – Suggested Staging Areas
The initial ranking EMT should select an appropriate staging area based on wind direction, hazards and available room for responding units. They should be cognizant of changing conditions which may require the movement of the staging area.

6.12.5 - Critical Incident Stress Management
Any EMT part of a Mass Casualty Incident will be subject to the Critical Incident Stress Management (CISM) provisions of the Member Health and Infection Control SOG (see Section 10.6).

6.13 – Mutual Aid
SUNY Canton EMS has no Mutual Aid agreement with any other departments. While University Police assists with community request, SUNY Canton EMS has limited resources and a prior commitment to serve the campus, so EMTs should not respond to emergencies off campus, unless responding under the authority of another agency or as a Good Samaritan.

6.14 – Cancellation of Response
6.14.1 – Cancelled Response
In the event that SUNY Canton EMS’s response to an incident is cancelled by a University Police Officer, the SUNY Canton EMS Dispatcher, or an EMS Supervisor, the responding crew should acknowledge the cancellation of the call and return to service.

6.14.2 – Cancellation of Other Responding EMS
In the event that another EMS agency has been requested to a scene, but is no longer needed or required, the SUNY Canton EMS member should contact Central Dispatch Directly and advise them that they can cancel the responding unit.

In these cases, Central Dispatch usually advises the responding agency that they may respond at their own discretion.
6.14.3 – Documentation
A canceled response should be documented on a PCR as per Section 3.4 and on a Run Sheet as per Section 3.5.

6.15 – Medical Stand-by
A medical stand-by may be scheduled in advance by contacting SUNY Canton EMS.

6.15.1 – Classification of Stand-bys

6.15.1.1 – Out of Service Stand-bys
When SUNY Canton EMS stations staff members at an event outside of normal In-Service hours it is considered an Out Of Service (OOS) standby. OOS standbys are limited by member availability and cannot be guaranteed. See Section 10.12 for the SUNY Canton EMS OOS SOG.

6.15.1.2 – In Service Stand-bys
When SUNY Canton EMS stations staff at an event, but the squad is still available to respond to emergency calls on-campus.

6.15.2 – Stand-by Payment
It is the policy of SUNY Canton EMS to never charge for its EMS services or standbys for any Faculty, Staff or Student while school is in session.

6.15.2.1 – Out of Service Standbys
In the event a standby request comes in for a standby while the squad is not in service a nominal fee could be charged for services, if members are available. In the event fees are charges a bill will be sent from the Treasure before services are rendered.

SUNY Canton EMS personnel are not compensated for their time and calls at the stand-by, any money for standbys goes back to club funds.

6.15.2.2 – Non SUNY Canton affiliated requests
In the event an off campus group or agency requests a standby at an event while SUNY Canton EMS is In Service or Out of Service a nominal fee could be charged for these services. In the event fees are charges a bill will be sent from the Treasure before services are rendered.

SUNY Canton EMS personnel are not compensated for their time and calls at the stand-by, any money for standbys goes back to Squad funds.

6.15.4 – Stand-by Paperwork
See Section 2.4.7 for the Stand-by PCR SOG and Section 2.5.4 for the Stand-by Run Sheet SOG.

6.16 Athletic Events

6.16.1 Athletic Standbys
In the event that services are requested for an athletic event, the SUNY Canton Athletic Trainers (ATC) are the primary responders for all intercollegiate Student Athletes (SAs). The EMT Personnel is there for the spectators. At no time will an EMT provide any first aid services of any kind on an intercollegiate
SA unless directed to do so by the Certified Athletic trainer on site. If EMT determines that an ATC is not immediately available and critical care would be delayed by waiting for permission, the EMT would provide immediate care.

Should an ATC require and emergency transport for an intercollegiate student athlete, protocol is to have University Police immediately notified so a transport can be arranged.

6.16.1.1 Intercollegiate Student Athletes as patients
If EMT is instructed to care for, or assist an ATC in caring for a student athlete, the ATC is in charge of the athletes care. If a life threat is present EMT will take responsibility (primary role) for the athlete but will still work alongside the athletic trainer for the care and safety of the SA.

6.16.1.2 Club Sports/Non-Intercollegiate Sponsored Activities/Intramurals
EMT would be considered primary first responder in the likelihood that an injury/emergency take place.

Should for any reason an ATC be on site for an emergency prior to EMT arriving, care for the individual would be handed over to the EMT as long as the first initial responder (ATC) is able to remove him/herself from the scene safely without disruption in care for the patient.

6.16.1.3 High School Events
EMT would be considered primary first responder in the likelihood that an injury/emergency take place on or off the field and would include spectators.

Should for any reason an ATC be on site for an emergency prior to EMT arriving, care for the individual would be handed over to the EMT as long as the first initial responder (ATC) is able to remove him/herself from the scene safely without disruption in care for the patient.

Playoff schedules for Section 10 High School Athletics will occasionally dictate an ATC on site. EMT (if emergency response allows) should determine if an ATC is onsite as a responder.
Section Seven – Special Considerations On Calls

7.1 – Multiple Calls

7.1.1 – Basic Procedures

In the event of multiple calls occurring while SUNY Canton EMS members are on-scene with a call, the ranking EMT will decide how the subsequent calls are handled. If the ranking EMT determines that there are enough resources available to handle the second call without endangering the welfare of the first patient, he or she should notify Safety and Security Dispatch with the call signs of the members responding. If the ranking EMT determines that covering the second call is not possible, he or she should request that Canton Rescue respond to the call.

7.1.2 - Abandonment

EMTs should never abandon a patient so that multiple calls may be covered. This includes not leaving a patient with only a FR on-scene. An EMT must remain with the first patient at all times.

7.1.3 – First Responder Utilization

At the discretion of the ranking EMT, he or she may send the FR to the scene of the second call so long it can be assured that another EMT will be responding to the second call within a reasonable amount of time. The FR may perform interventions up to his or her level of training and may request additional resources (i.e. Supervisor or Canton Rescue). The FR may not, under any circumstances, leave the scene of the second call prior to relief from a more highly trained provider. The FR may not sign patients off. He or she may begin the appropriate paperwork if he or she is competent in doing so.

The Supervisor must be made aware of this response type as soon as it is prudent to do so.

7.2 – Refusal of Care by Minors

7.2.1 - Definitions

7.2.1.1 – Minor
New York State defines a minor as any person who is under eighteen (18) years of age.

7.2.1.2 – Emancipated Minor
Any individual who is past his or her sixteenth birthday, is permanently living separate from their parents, is not receiving financial support from them, is living beyond the parent’s custody and control, and is not in foster care is considered emancipated in New York State.

7.2.2 – Refusal of Care, Transport Required

If a non-emancipated minor patient refuses treatment and/or transport but the EMT feels the patient’s condition requires treatment or transport and there is no parent or guardian present then the patient cannot legally refuse treatment or transport and the EMT has implied consent to treat and transport. In this case the EMT should attempt explaining to the patient why they feel treatment or transport is necessary. If the patient still refuses then University Police should be involved.

7.2.3 – Refusal of Care by Parent, Transport Required

If there is a parent or legal guardian who is refusing treatment and/or care for a non-emancipated minor whom the EMT feels needs treatment, University Police should be contacted. EMTs should be especially careful to not place themselves in a situation that may turn violent.

7.2.4 – Refusal of Care, Transport Not Required

If a non-emancipated minor refuses treatment and/or transport with no parent or legal guardian present and the EMT does not feel treatment or transport is necessary, the EMT should request a Supervisor to
the scene at once. The Supervisor will reassess the patient and determine whether or not consent by a parent or legal guardian will be accepted over the phone. If the Supervisor agrees with the EMTs disposition decision, the Supervisor will contact the parent or legal guardian over the phone and, with the parent or legal guardian’s permission, sign off the patient.

7.2.4.1 – No Supervisor Available
If the EMT has made a reasonable effort to contact a Supervisor and no response is obtained, the ranking EMT on-scene should carry out the provisions of Section 6, Paragraph 2.4 and obtain consent from the parent or legal guardian.

7.2.4.2 – No Contact with Parent or Legal Guardian
If the Supervisor or, in his or her place, the ranking EMT, cannot obtain consent from the parent because they are unreachable, the Supervisor or ranking EMT should contact Medical Control and explain the situation to the Medical Control Doctor. The Doctor should make the decision about whether a sign off is appropriate.

7.2.4.3 – Parents or Legal Guardian Refuse to Give Consent
Should a parent or legal guardian refuse to give consent, the patient should be treated as per Section 6, Paragraph 2.2.

7.2.4.4 – Documentation
All attempts to obtain consent should be documented on the PCR in the greatest of detail. If the parents give consent to release the minor, the on-scene Security Office should sign the release and the signature of a witness is required. The EMT should document in the narrative that the minor signed the back as though he or she had the ability to consent to refusal.

7.2.5 – Emancipated Minor Refusal of Care
If a minor who meets the criteria for emancipation and can provide documentation to make that claim refuses care, he or she should be treated as an adult as per Section 6, Paragraph 3. This should be extended to any minor who is married and can provide documentation of that as well as any minor who has a child.

7.3 – Refusal of Care by Adults
7.3.1 – Refusal of Care, Transport Not Required
An aware patient, who is alert and oriented, not abusing any drug or alcohol, not suicidal and not a minor may refuse medical aid. Every effort should be made to convince the patient that emergency evaluation and/or care should be rendered. However, if the patient understands his or her actions by refusing medical aid and the risks associated with such refusal, then he or she may refuse care.

7.3.1.1 – Documentation
Every attempt should be made to have the patient sign the Release Section on the back of the PCR page and should be witnessed by a bystander on scene who witnessed the EMT’s attempt to have the patient make an informed decision.

7.3.2 – Refusal of Care, Transport Required
Any patient who is not alert and orientated, whose judgment is impaired by any drug or alcohol (see Section 6.4), who is threat to themselves or others (see Section 6.2) and who is past their eighteenth birthday does not have the right to refuse care.
Should a patient who does not meet the above criteria but should still be seen in an Emergency Department refuse care, every attempt should be made to convince the patient that emergency evaluation and/or care should be rendered. Should they still refuse and the EMT feels that this refusal is not appropriate, EMTs have two further options. Before undertaking either option, they should request a Supervisor to the scene.

7.3.2.1 – Refusal of Care Against Medical Advice (AMA)
EMTs may allow patient’s whose life is not in immediate danger to refuse care Against Medical Advice (AMA). This must be witnessed by a bystander and the patient and bystander must understand that the release is being signed against the advice of the EMTs on-scene. All EMTs on-scene must agree with this disposition. Transporting EMS should be requested while attempts are made to convince the patient to be transported so that transport is not delayed if the patient changes his or her mind.

7.3.2.2 – Mental Health Arrest for Medical Reasons
If EMTs feel that the patient’s life is in immediate danger, University Police should be requested immediately along with transporting EMS. Once on-scene, the ranking EMT should confer with the University Police officer and the ranking member of Canton Rescue and decide on a course of action. University Police may decide to place the patient under Mental Health Arrest for Medical Reasons if they feel that doing so is in the patient’s best interest. EMTs should never force a patient who is refusing care to go to the hospital without a Law Enforcement officer present.

For this provision, University Police has the authority to make a Mental Health Arrest or to witness a patient be compelled to be transported to the hospital.

7.3.2.3 – Documentation
Every attempt to convince the patient to go the hospital should be documented to the greatest extent possible. Every aspect of Section 7.3 must be likewise documented to the greatest extent possible.

7.3.3 – Refusal of Care, Medications Administered
Any patient who has been administered medications pursuant to NYS EMT-Basic protocols must be transported to an Emergency Department. If the patient refuses, Medical Control must be contacted immediately. The Doctor must then make the decision about whether a sign off is appropriate and direct the EMT in the response. Transporting EMS should still be requested.

7.3.3.1 – Documentation
Every attempt to convince the patient to go the hospital should be documented to the greatest extent possible. All information from the contact with Medical Control should be documented as well. This must be witnessed by a bystander and the patient and bystander must understand all aspects of the decision they are making.

7.3.4 – Agreement
All SUNY Canton EMS providers on-scene must agree with the decision to sign a patient off. If there is any disagreement, a Supervisor should be requested to respond.
7.4 – Medical Directives

7.4.1 – Advance Directives
Advance Directives are written instructions that are used to give direction about the type of healthcare that the patient wants or does not want to receive. If an individual has an advance directive, they must be presented in original form to the provider. If no such copy can be presented, the provider is to render care as if implied consent is given.

7.4.2 – Examples of Advance Directives

7.4.2.1 – Health Care Proxy (HCP)
This document allows an individual to appoint another individual (the health care agent/proxy) to make medical decisions when the individual is unable to make decisions for themselves. The health care agent or proxy must be 18 years old, mentally competent, and be someone the individual can trust with important decisions. The form does not require a lawyer to complete. Once the form is completed, the individual and their proxy must sign it in the presence of two witnesses of 18 years of age or greater.

EMTs are not legally obligated to follow any medical directions within a Health Care Proxy even if they contain pertinent directions. When in doubt, medical control should be contacted.

7.4.2.2 – Living Will
This document requires a lawyer to complete and is similar to a Health Care Proxy. An individual can provide a written document expressing his/her healthcare decisions. This document specifically states an individual’s wishes. This document does not provide the power for another individual to make healthcare decisions for the patient. EMTs are not legally obligated to follow any medical directions within a Living Will even if they contain pertinent directions.

7.4.2.3 – Do Not Resuscitate (DNR)
Every patient that SUNY Canton EMS cares for shall be presumed to consent to the administration of Cardiopulmonary Resuscitation (CPR) and defibrillation in the event of a cardiac arrest and the administration of CPR in the event of a respiratory arrest, unless there is an order to “Do Not Resuscitate” (DNR) in accordance with the provisions of New York State Law.

The document must be signed by the patient and the patient’s physician. In the event that the original DNR may not be presented, the provider is to render care as if implied consent is given. EMTs are legally obligated to follow the directions within a DNR unless directed otherwise. They may support the patient with oxygen administration but may not support respirations or administer chest compressions.

6.4.2.3.1 – Special Considerations with DNRs
In the event that the patient states that he or she wishes to not honor the DNR and then suffers cardiac or respiratory arrest, the provider is to render care, as the patient wishes. In the event that a patient states that he or she wishes to not be resuscitated, the request is to be at the discretion of the provider.

7.5 – Confidentiality
Due to the sensitive nature of EMS, all calls and communications regarding a call or incident are to be kept strictly confidential. SUNY Canton and NYSDOH policies prohibit the disclosure of patient information as it is confidential. Any breach of confidentiality will result in disciplinary action as per Section 10.10. EMTs and FRs
may only discuss calls with other EMS personnel who responded. They may only do so in a private setting but may not relay patient name or identifiable information.

No member may relay the details of a call, including a patient’s name, condition, identifiable information, or care rendered to any unauthorized persons outside of the team. This information is known as Protected Health Information. Discussion of a call within the team should be governed on a need-to-know basis. Calls involving crimes, sexual assaults and/or rapes, domestic violence, and/or child abuse should be treated as strictly confidential.

7.6 – Impartiality

7.6.1 – Patient Discrimination

Given that the SUNY Canton community is a small one, responding members should not use any outside information to prejudice their treatment of any patient. Patients should not be discriminated against based on their race, color, age, religion, national origin, disability, sexual orientation, or other protected characteristics. If a member of SUNY Canton EMS cannot make impartial decisions for a patient, for whatever reason, consult another member on-scene and/or contact a Supervisor for an impartial decision.

7.6.2 – Patient Relationship

If a member feels that their relationship with the patient is close enough that a decision to release a patient may seem to be improperly influenced, they should recuse themselves from making any such disposition decision. Another member on-scene should be charged with making an unbiased disposition decision, or, if no EMT is available or both EMTs feel that they should not make the disposition decision, a Supervisor should be summoned. If there is no response from a Supervisor, Canton Rescue should be requested.

7.6.3 – Treating Members of SUNY Canton EMS

If a member knowingly responds to a scene where another member is a patient, they should request a Supervisor to respond immediately.

7.7 – Patients of the Opposite Gender

No member of SUNY Canton EMS should be alone with a patient at any time, regardless of gender. In the event a SUNY Canton EMS member must be left alone with a patient, University Police should be requested to stay with the SUNY Canton EMS member and patient. If University Police is not available, a Residence Life Staff or other employee of SUNY Canton of the opposite gender of the SUNY Canton EMS member would be the next best option. If the EMT is still unable to find someone of the other gender, a roommate or friend should be asked to remain in the room at all times, but this should only be done as a last resort.

7.8 – Patient Transport

Patients have several transport options available to them should the EMS feel that their patient requires treatment in a medical facility, but not necessarily via ambulance. In these situations patients must be stable enough to sign off. If a patient does sign off they must find their own ride if not being transported by ambulance. SUNY Canton EMS or University Police does not transport students.

7.8.1 – Disposition Locations

Below are local emergency and non-emergency health facilities:

- SUNY Canton Health Center
- E.J. Noble After Hours Clinic
- CPH Urgent Care
- Claxton-Hepburn Medical Center
7.8.2 – Emergency Transport
Ambulances may be requested to transport patients only to the hospitals listed in Section 7.8.1. Ambulances should be requested for all potentially unstable, unstable and/or critical patients. See Section 8.4 for further information for Transporting EMS Agencies.

7.8.3.1 – PCR Transfer
The PCR should be transported as per Section 3.4.

7.8.3 – Request of Transport
Transport should be requested as per the procedures outline in Section 3. When requesting transport from another EMS Agency, advise SUNY Canton EMS Dispatch of the patient’s condition, age, sex, and LOC.

7.8.4 – Request to Assist Transporting EMS
There are certain circumstances when a transporting EMS agency requests a member of SUNY Canton EMS to assist in transport. There are many reasons for this, ranging from protecting providers from sexual harassment accusations to the need of additional manpower. SUNY Canton EMS members may ride on the ambulance as long as they notify a supervisor.

7.9 – Patient Searches and Personal Property

7.9.1 – Patient Property
The SUNY Canton EMS crew is not responsible for patient clothing and valuables.

7.9.2 – Patient Searches
The crew may search the neck, wrist, ankle areas, wallet, and dorm room if valuable medical information may be gathered. Medication may be counted and recovered. Further searches should be done by a University Police when needed.

Patients will at no time be exposed unnecessarily.

7.9.3 – Theft of Patient Property
Any member who is suspected of stealing from a patient or a scene will be immediately suspended pending an investigation performed by the SUNY Canton EMS Advisory Board, and could face judicial sanctions if found guilty.

7.10 – Decontamination of Equipment

7.10.1 – Equipment
If after a call, the crew members discover non-essential equipment that has been contaminated, the crew should place the item in a red bio-hazard bag that is clearly labeled with what is in it and directions for it. For example, “Soiled Stethoscope. Needs Decontamination. 21:15 on 9/22/07. J. Doe.” The bag should be left in the office and a Supervisor should be made aware of the situation and should resolve it in a timely manner.

If essential equipment is soiled, contact a Supervisor immediately.

Equipment will be cleaned as mandated by NYSDOH.
7.10.2 – Cleaning Equipment Available in the SUNY Canton EMS Office
A spray bottle of disinfectant or disinfectant wipes should be kept available in the Office. When any
cleaning is being done, gloves should be worn. The bottle should always be labeled appropriately.

7.10.3 – Decontamination of Equipment
Surfaces should be wiped down with a paper towel so that all visible liquid or bodily fluids are removed.
Waste Management procedures, including disposing of any towels which are saturated with fluids in red
bags, should be followed for disposing towels. Surfaces requiring a simple wipe-down should be
disinfectected with a disinfectant wipe. Larger surfaces should be cleaned by liberally spraying the
disinfectant cleaner and wiping the surface(s) down with paper towels. Do not store equipment before
surface(s) are dry.

7.10.4 – Sterile Equipment
If there is a suspicion that sterile equipment is no longer sterile, that equipment should be removed and
replaced with uncontaminated equipment.

7.10.5 – Disposal of Sharps
Sharps should be put in the Sharps Container in the office. The Supervisor should be made aware of
this immediately.

7.10.6 – Special Considerations
Some equipment has special cleaning procedures which will be followed. Please follow manufacturers’
instructions. For example, the Pulse Ox should be cleaned with an alcohol wipe, not a Clorox solution.

7.11 – Non-solicited Medical Intervention
In the event that a medical physician who properly identifies him or herself appears at the scene and wishes to
intervene in Basic Life Support care, the crew will present the physician with the DOCTOR CARD from NC
REMAC. If the physician chooses to continue to remain on-scene, the EMS crew is to contact Medical Control
at CPH. Members may only follow the physician’s advice once medical control has approved the physician. If
emergency transport is required, the on-scene physician must accompany the patient to the hospital.

Consult the NCREMAC protocols “Physician On-Scene” and “Physician On-Scene Card.”

7.12 – AED Procedures
7.12.1 – Mandatory AED Situations
The closest AED will be obtained and brought to the scene if a call matches the following criteria:
• Patient is unconscious
• Patient is unresponsive
• Calls of a cardiac nature
• Any other call when the EMT feels that the call warrants it or when the EMT feels that cardiac arrest
  may be likely.

7.12.2 – AED Locations
• University Police Vehicle 821
• University Police Vehicle 825
• SUNY Canton EMS Office
• Main area of every building
• Athletic Training Office

Locations of the AED’s are marked at the main entrance of every building

7.12.3 – Documentation
PCR documentation of a Cardiac Arrest should time of arrest, time CPR was initiated by bystanders, time CPR was transferred to SUNY Canton EMS, and the number of shocks which were delivered by SUNY Canton EMS providers. If the patient was shocked before arrival of SUNY Canton EMS personnel, the number of shocks delivered by bystanders should be documented as well.

7.12.4 – Notification
A Supervisor should be notified anytime the AED is used.

7.13 – Medication Administration Procedures
7.13.1 – Basic Life Support (BLS) Medications
• Activated Charcoal
• Albuterol
• Aspirin (ASA)
• Epinephrine
• Oral Glucose
• Naloxone (Narcan)

7.13.2 – Medical Control
Medical Control should be contacted as needed per NYS BLS protocols and NC REMAC protocols.

7.13.3. – Transporting EMS
Transporting EMS should be requested if any medication is administered.

7.13.4 – Documentation
In addition to filling out a PCR as per Section 3.4, a continuation must be filled out. A full set of vitals along with the medication information should be filled out for every dose of medication administered. When care is transferred to a transporting EMS unit, the continuation form with medication administration information must be completed and given to the transporting EMS unit.

7.13.5 – Notification
As soon as it is prudent, a Supervisor should be notified and informed that medications were administered.

7.14.5.1 – NC REMAC Notification
If Epinephrine is administered, NCREMAC requires that forms are filled out for the purposes of Quality Assurance.
Section Eight – Resources

8.1 – Supervisors

8.1.1 – Supervisors On-call
At all times when SUNY Canton EMS is in service at least one Supervisor (either the Director or the Assistant Director) will be on-call and available to respond to calls and/or handle any other situation in regards to EMS. Should member’s on-scene require additional assistance or have questions regarding patient care, the SUNY Canton EMS Dispatcher should be asked to contact the Supervisor on-call. Supervisors will respond to all calls and make decisions regarding operations.

In the event the supervisor on call does not answer, the supervisor not on call should be contacted and asked to assist if they are available. If they are not available or do not answer an Advisor should be contacted in their place.

Supervisors should also be notified as per any procedure within the SOGs which requires it.

8.1.2 – Office Hours
Supervisors will maintain regular office hours which shall be posted on the monthly schedule. These are for use by members for the purposes handling concerns, conflicts or questions. Supervisors will also be available to go over any training, equipment use and/or EMT course material.

8.1.3 – Concerns Regarding Supervisor Actions
Should a member feel that a Supervisor has acted inappropriately, has not adequately addressed a concern, or has violated a NYS EMT protocol, a NCREMAC protocol, a SUNY Canton EMS Standard Operating Procedure, a SUNY Canton EMS Policy Statement, a SUNY Canton EMS Temporary Operating Procedure, or a SUNY Canton EMS Administrative Operating Procedure, the member should fill out a formal complaint form as per Section 10.11.1 and should file it with the SUNY Canton EMS Advisor(s) as per the Chain of Command Section 2.9.

8.2 – SUNY Canton University Police Officers

8.2.1 – Description
University Police Officers provide emergency assistance in coordination with SUNY Canton EMS and other first responders. In addition, they are responsible for maintaining the peace on SUNY Canton’s Campus with the assistance of local, state and federal law enforcement agencies.

8.2.2 – Response to EMS Calls
University Police Officers are notified of all EMS calls on the SUNY Canton campus and should respond accordingly. Their vehicles, are equipped with AEDs and they are trained in CPR. Officers will additionally assist on an as needed basis.

8.2.3 – Requests for Assistance
If SUNY Canton EMS is on-scene and no University Police Officer is on scene and assistance from a University Police Officer is needed, they should contact SUNY Canton EMS dispatch. This should be done as per the procedures set forth in Section 4.

8.3 – Law Enforcement Agencies

8.3.1 – Local Law Enforcement
The Canton Police Department is the secondary law enforcement agency for the SUNY Canton Campus, they can be assisted by the St. Lawrence County Sheriff’s Department.
8.3.2 – State Law Enforcement
The New York State Police maintain a barracks in the Village of Canton and assist local law enforcement agencies as needed.

8.3.3 – Requests for Assistance
If an EMT needs additional assistance from Law Enforcement, they should request it through the on-scene University Police Officer or, if none is present, through EMS Dispatch. This should be done as per the procedures set forth in Section 4.

8.4 – Transporting EMS Agencies
8.4.1 – Requesting Transport
Transport should be requested as per Section 4.

8.4.2 – Preparing for the Transfer of Care
The PCR should be completed as per Section 3.4. At the very minimum, the demographics section of the PCR should be complete and all information pertaining to the administration of medications should be complete.

All information and necessary equipment should be prepared prior to the arrival of the transporting EMS agency so that the transfer of care is efficient and timely.

8.4.3 – Equipment Replacement
Any pieces of equipment used should be refilled after the call. They may be refilled at the office.

8.4.4 – Transporting EMS Members On-Scene
If a member of the transporting EMS agency arrives on-scene prior to the ambulance, SUNY Canton EMS expects this member to identify him or herself to the University Police Officer on-scene (if any) and to the EMT in charge. After identifying oneself, the transporting EMS agency member should step out of the immediate space unless requested otherwise by SUNY Canton EMS. It is the policy of SUNY Canton EMS to not turn over patient care until an ambulance has arrived at the scene.

However, during the period before the Ambulance arrives, the transporting EMS agency member may be briefed. This is to be done at the sole discretion of the SUNY Canton EMS crew providing patient care.

8.4.5 – Request for Immediate Advanced Life Support (ALS)
If the emergency scene becomes one that requires immediate ALS intervention, SUNY Canton EMS may request the EMS Dispatcher to inform Central Dispatch that the emergency is a priority patient, thereby suggesting swift action on the part of the transporting EMS agency.

8.4.6 – Canton Rescue
Canton Rescue is the primary transporting EMS agency that SUNY Canton EMS works with. They are quartered on Riverside Drive along with the Canton Fire Department.

8.5 – Canton Fire Department
Canton Fire Department, quartered on Riverside Drive along with Canton Rescue, provides fire protection and rescue services to the SUNY Canton Campus. They should be requested to respond for any fire incident which SUNY Canton EMS initially reports as well as to any MVA to which SUNY Canton EMS initially responds.
8.6 – SUNY Canton Health Center

8.6.1 – Patient Care
SUNY Canton Health Center offers students many services including acute care and routine medical services.

In the event that a patient does not require emergency department treatment or emergency care, and is a SUNY Canton student, SUNY Canton EMS may suggest the student go to the Health Center.

The Health Center is not an option for unstable patients, patients who wish to be transported, patients who have an altered mental status, or those who have threaten suicide. Those who are unstable must be transported by ambulance to a Hospital as per Section 7.8.

8.6.2 – Care of SUNY Canton EMS Members
Should SUNY Canton EMS members request or need non-emergency medical assistance, the SUNY Canton Health Center can provide such services as they would any other SUNY Canton Student. These services may be requested through the SUNY Canton Health Center. See Section 10.6 for further information on member health.

8.7 – SUNY Canton Counseling Services

8.7.1 – Voluntary Consultation
In addition to offering services to patients with mental health issues, SUNY Canton Counseling Center is available to talk to any EMT or FR who feels the need to speak to a mental health professional. Their professionals are trained in stress and grief counseling and may be consulted after any call which members of SUNY Canton EMS found particularly stressful. These services may be requested through the counseling center or University Police.

8.7.2 – Mandatory Consultation
As per the Critical Incident Stress Management (CISM) section of the Member Health SOG members may be required to consult with SUNY Canton Counseling Center.

8.7.3 – Group Consultation
Group consultations can also be arranged on an as needed basis for SUNY Canton EMS members who are involved in an incident as a group. This should be done through a SUNY Canton EMS Supervisor.

8.7.4 – Confidentiality
SUNY Canton Counseling Center is bound by patient privacy procedures and thus cannot reveal the content of any discussions had with members of SUNY Canton EMS. SUNY Canton EMS Advisor(s) can only be informed that in the event of a suspension for mental health reasons, a member is or is not cleared to return to work for SUNY Canton EMS.

8.8 – E.J. Noble After Hours Clinic
The EJ Noble After Hours Clinic is open Monday through Friday from 1600 hours until 2100 hours, Saturday from 0900 hours to 2100 hours, and Sunday from 1000 hours to 1800 hours. This clinic should be utilized when the SUNY Canton Health Center is closed and is an option for non-emergency patients, only.
8.9 – On-Line Medical Control
SUNY Canton EMS utilizes Canton-Potsdam Hospital (CPH) for On-Line Medical Control. In the event that a SUNY Canton EMS provider must contact Medical Control to initiate medication or concerns about patient care, the provider should avoid use of the County Radio frequencies to contact CPH’s ED. Rather, use a cell or room phone to call CPH’s ED at 315-261-5910.

When calling CPH’s ED, the EMT should identify themselves with their name, level of training, and their association with SUNY Canton EMS. They should briefly explain the situation and ask to speak with an Emergency Department Physician. When the Physician is on the line, the EMT should re-identify themselves and fully explain the situation. They should then follow the guidance given by the Physician. Before ending the direction, the EMT should request the name of the Physician and should note that name clearly on the PCR.

8.10 – Intra-Agency Relations
The agencies listed in Section 8 as well as any other agency which SUNY Canton EMS may interact with on a professional basis are crucial to the on-going mission of SUNY Canton EMS.

8.10.1 – Professional Etiquette
Members of any agency which members of SUNY Canton EMS find themselves working with should be treated with respect and courtesy at all times.

8.11.2 – On-Scene Issues
Any issues which arise on-scene should be handled with the utmost of care. No effort should be made to confront a member of any other agency on-scene unless SUNY Canton EMS members feel that doing so could prevent the patient from experiencing undue harm. Should members feel that they must confront a member of another agency, they should do so in as professional and courteous manner as possible and never in front of the patient. A Supervisor should also be requested to respond to the scene as soon as possible.

8.12.3 – Intra-Agency Complaints
When it is prudent to do so, each on-scene member should record their version of what transpired separately and without collaboration on a formal complaint form (see Section 10.11). This should be done as soon as possible and submitted to the responding Supervisor. The ‘notes’ section of the Run Sheet should be used to record that a conflict occurred. If the conflict was over patient care, what was witnessed should also be recorded on the PCR.

8.13.4 – Response to Complaint
Each member submitting a complaint will have a response submitted in a timely fashion to them in writing detailing the outcome of the SUNY Canton EMS investigation.
Section Nine – Training
9.1 – Initial EMT Training

9.1.1 – Probationary Packet
All EMTs must complete their probationary packet to move on from Probationary Status. It will provide the most relevant Standard Operating Guidelines for day-to-day operations. EMTs should be introduced to their crews during this probation.

9.1.2 – Medication Administration Training

9.1.2.1 – Epinephrine Administration Training
All EMTs must attend a NCREMAC approved Epinephrine Administration course before they will be allowed to administer Epinephrine.

9.1.2.2 – Albuterol Administration Training
All EMTs must attend a NCREMAC approved Albuterol Administration course before they will be allowed to administer Albuterol.

9.1.2.3 – Aspirin Administration Training for Reciprocity EMTs
All Reciprocity EMTs who have not completed a New York State EMT-Basic Refresher course must attend a course on the administration of Aspirin before they will be allowed to administer this medication.

9.1.2.4 – Other Medication Training
All EMTs must be given training in the administration of Oral Glucose and Activated Charcoal before they will be allowed to administer these medications.

9.1.2.5 – Medication Administration Packets
A packet for each BLS Medication will be maintained and kept as up-to-date as possible. This packet should include a FAQ, an administration flowchart, all relevant protocols and policy statements and a skill station assessment sheet.

9.1.2.6 – Medication Administration Cards
A copy of each BLS Medication’s administration flowchart will be laminated and kept in both the drug bag and the primary bag clipboard for quick reference by on-duty EMTs.

9.1.3 – Cardiopulmonary Resuscitation (CPR)
EMTs are responsible for ensuring that their CPR card will remain valid throughout the time of their membership. SUNY Canton EMS will provide recertification on an as needed basis.

9.1.4 – Blood Bourne Pathogens
EMTs must receive an OHSA approved course which will consist of two parts. The global section detailing different types of Blood Bourne Pathogens may be given with other departments and/or online. The local section must be completed at a SUNY Canton EMS training session and will include SUNY Canton EMS procedures relevant to the topic.

9.1.5 – Hazardous Materials Awareness
EMTs must receive an update to their Hazardous Materials Awareness certification if they have been out of their EMT class for more then a year to the date of their hire and/or have not received a comparable class through another department which will remain valid a year to the day after their hire.
9.1.8 – Probationary Status
Members who have been approved through the membership committee will begin as a probationary member.

9.1.8.1 – Probationary Status Requirements
Probationary EMT’s are not allowed to act as the PIC.

9.1.8.2 – Promotion to Cleared Status
Once an EMT has worked and showed competency to the Crew Chief and/or Supervisor, usually a period not less than three weeks, and completed their probationary packet, the Crew Chief should recommend promotion to Active Status to both the Director and the Assistant Director. The Director and Assistant Director will meet to review all relevant CQI forms and ensure that EMTs have completed the certifications required. They shall then inform the EMT in writing as well as the Crew Chief that the EMT has been promoted to Active Status.

EMTs are responsible for ensuring that their EMT card remains valid during their membership. If their card lapses they will lose their Active EMS status.

9.2 – Initial First Responder Training
9.2.1 – Probationary Status
All First Responders must complete their probationary packet to move on from Probationary Status. It will provide the most relevant Standard Operating Guidelines for day-to-day operations. EMTs should be introduced to their crews during this probation.

9.2.2 – First Aid
First Responders must be given a course in First Aid before they begin their duties. Courses will be offered the beginning of each semester.

9.2.3 – Cardiopulmonary Resuscitation
First Responders must be given a course in CPR before they begin their duties. Courses will be offered the beginning of each semester.

9.2.4 – Assist-a-Basic
First Responders must be given an Assist-a-Basic training before they begin their duties which covers common practices which they may be asked by EMTs to assist in. However, First Responders found operating above their First Aid certification without the express permission of an on-scene EMT will be dealt with as per Section 10.10.

9.2.5 – Blood Bourne Pathogens
First Responders must receive an OHSA approved course before they can run calls.

9.2.6 – Hazardous Materials Introduction
First Responders must complete an introduction to Hazardous Materials equivalent to the Hazardous Materials Awareness level of certification before they begin their duties.

9.3 – Returning Member Training
This section applies only to EMTs who return as EMTs and First Responders who return as First Responders. If a First Responder is rehired as an EMT, they must undergo the Initial EMT Training.
9.3.1 – Returning EMT Training
  9.3.1.1 – Cardiopulmonary Resuscitation
  EMTs whose CPR certification will expire within a year of the date of their rehire must be given a recertification course in CPR before the expiration of their certification.

  9.3.1.2 – Blood Bourne Pathogens
  EMTs must receive an OSHA approved course before each academic year of membership which refreshes the Blood Bourne Pathogens certification received.

  9.3.1.3 – Hazardous Materials Awareness
  EMTs must receive an update to their Hazardous Materials Awareness certification at the beginning of each academic year of membership. EMTs will be exempted from this section if they have proof that they have received a comparable class through another department which will remain valid a year to the day after their hire.

9.4 – Secondary Training
  9.4.1 – NIMS IS-700
  All members are required to become certified to the NIMS IS-700 level (An Introduction to the National Incident Management System). This certification is valid indefinitely and can be obtained online.

  9.4.2 – NIMS ICS-100
  All members are required to become certified to the NIMS ICS-100 level (An Introduction to the Incident Command System). This certification is valid indefinitely and can be obtained online.

  9.4.3 – NIMS ICS-200
  All members are required to become certified to the NIMS ICS-200 level (ICS for Single Resources and Initial Action Incidents). This certification is valid indefinitely and can be obtained online.

9.5 – Tertiary Training
  9.5.1 – Training Meetings
  Trainings will be completed twice a month on the days there are no general membership meetings. Trainings will be organized by the Assistant Director and will vary based on squad needs.

  9.5.2 – Evaluation Calls
    9.5.2.1 – Basic Information
    Evaluation calls can be conducted on Friday and/or Saturday evenings, The Director, Assistant Director, and an Advisor will be present for the entire evaluation.

    9.5.2.2 – Dispatch and Response
    The on-duty crew will be dispatched and respond as per Section 3.1. There is one exception to this – the word “EVALUATION” will be included in all dispatch information. All communications will be undertaken as per Section 4.

    9.5.2.3 – On-Scene Procedures
    The on-duty crew will treat an evaluation call exactly as if it were a real call except that they will not actually call additional resources to the scene, if they feel additional resources are needed they will notify the evaluators on scene that they would call for additional resources.
9.5.2.4 – Documentation
The on-duty crew will fill out a PCR and a corresponding Run Sheet as per Section 3.5. They will each receive back a packet including a written evaluation of their performance and written evaluations of their PCR and Run Sheets. These will be returned in the same manner as CQI.

9.6 – Continuous Quality Improvement (CQI) Committee

9.6.1 – Training Mission
The CQI Committee’s primary mission is to improve the quality of care delivered by SUNY Canton EMS EMTs. This is done through constant critiques of the documentation and treatment of SUNY Canton EMS calls. Each critiqued call will have a corresponding written form which will be made available to EMTs at Staff Meetings. EMTs should not remove this form from Staff Meetings as a copy of the PCR will be attached to it. Any attempt to do so will result in disciplinary action as per Section 10.10

9.6.2 – Policy Mission
The CQI Committee’s secondary mission is to approve policy decisions made by the Director and Assistant Director of SUNY Canton EMS. This will be done by majority vote.

9.6.3 – Composition and Selection
The CQI Committee will be composed of a SUNY Canton EMS Advisor, the Director of SUNY Canton EMS, and the Assistant Director of SUNY Canton EMS.

9.7 – EMT Course Sponsorship
Any SUNY Canton student who wishes to be sponsored by SUNY Canton EMS for an EMT-Basic course must request so in writing to the Director of SUNY Canton EMS and must have been an active member of the squad for at least one semester. All those sponsored should be informed that sponsorship does not guarantee them a position as an EMT with SUNY Canton EMS the following semester.
Section Ten – Internal Affairs

10.1 – SUNY Canton EMS Office

10.1.1 – Office Use
The SUNY Canton EMS Office is located XXXX.

It is necessary to always keep the office as neat and presentable as possible. Contact a Supervisor if necessary equipment or paperwork is not present or low in supply.

10.1.1.1 – Acceptable Office Use
The office will not be use to host any illegal acts or substances or actions. Any of the above actions in the office will be immediately reported to the SUNY EMS Advisor(s) and will be subject to disciplinary action as per Section 9, Paragraph 9.

10.1.1.2 – Office Visitors
No visitors of non-business related issues are allowed in the office.

10.2.3 – Telephone, Fax, Copier, Printer

10.2.3.1 – Office Telephone
Only official calls are be made from this line. No personal, long distance, or unprofessional calls may be made from this line. Members should not use any form of vulgarity or profanity while using this line.

If a member is unsure of an answer to a question or inquiry, a message should be taken down. No questions should be answered regarding patient care or otherwise confidential information. No information should be communicated to a member of the media.

10.2.3.2 – Office Fax
If a fax is needed it can be sent or received at the University Police Office. Only official EMS documents may be faxed.

10.2.3.3 – Office Copier
If a copier is needed it can be used at the University Police Office. Only official EMS documents may be copied.

10.2.3.3 – Office Printer
The SUNY Canton EMS office will be equipped with a black and white printer. This printer is to be used for official documents only and an audit of the documents printed will be periodically performed to ensure it is not being abused.

10.3 – SUNY Canton EMS Computer Policy

10.3.1 – SUNY Canton EMS Computer
The SUNY Canton EMS office contains a computer connected to the SUNY Canton network. This computer is for official business only and all SUNY Canton acceptable computing use policies should be followed.

10.3.2 – SUNY Canton EMS Account
The SUNY Canton EMS Account should be used for official business only. Any inappropriate or unauthorized access or use is subject to disciplinary action as per Section 10.10.
10.4 – General Membership Meetings
For the purposes of effective communication and an upkeep of training, bi-monthly General Membership Meetings will be held. These meetings will be announced on the monthly schedule and attendance is required. Meeting absences must be approved in advance by the Director or Assistant Director. After three unapproved absences, a two week suspension will be issued. After three, the member may be removed from SUNY Canton EMS.

10.5 – Non-Disclosure and Document Security
10.5.1 – Non-Disclosure
The content of these Standard Operating Procedures, Temporary Operating Procedures, Policy Statements, all other documents, meetings, emails and personal communications are strictly confidential. At no time should operation details be discussed outside of the agency. Any disclosure of operations will be dealt with as per Section 10.10.

10.5.2 – Document Security
All documents, images, and websites designed for the use of SUNY Canton EMS cannot be used for another purpose without the express consent of the SUNY Canton Advisory Board. Those who create such items forfeit their right to copyright once the document is turned over to SUNY Canton EMS for its use. Since SUNY Canton EMS then retains the copyright, unapproved use may be subject to legal action.

The latest versions of all documents, images, and websites should be turned over to the Director of SUNY Canton EMS upon the voluntarily or non-voluntary ending of service with SUNY Canton EMS. All versions should then be deleted and/or destroyed.

10.6 – Member Health and Infection Control
10.6.1 – Mental Health
Any member who feels as though they may need mental health assistance should request it as per Section 8.7.

10.6.1.1 – Critical Incident Stress Management
Should an EMT, First Responder or any combination thereof be involved in an incident deemed by a Supervisor to be a significant incident, they may be required to have a consultation with the SUNY Canton Counseling Center.

10.6.1.2 – Medical Leave of Absence for Mental Health Reasons
Any member who visits Counseling Services voluntarily or is compelled to visit them may be placed on a Medical Leave of Absence for Mental Health Reasons. If they are placed in this category, they may not return to work until they have been approved to do so by SUNY Canton Counseling Center.

10.6.2 – Physical Health
10.6.2.1 – Body Substance Isolation
OSHA recognizes standard precautions that are intended to prevent transmission of infectious agents from moist body substances: Gloves, Gowns/aprons, masks, goggles. Hand Hygiene Practices, that is hand washing and/or hand decontamination with a waterless antiseptic agent, are the most effective methods of infection control and prevention.
10.6.2.1.1 – Hand Washing

Hands should be washed for approximately two (2) minutes with soap and water when hands are potentially soiled or contaminated after patient care or contact with materials such as blood, feces, sputum, or urine. Should soap and water not be available, hands should be cleaned with an alcohol based waterless antiseptic agent. Waterless agents may be used if there are no visible signs of contamination. In addition, cosmetics or lip balm should not be applied while the provider has the potential for providing patient care.

Hand washing or waterless antiseptic agent should be used:
- When coming on-duty
- When hands are soiled or dirty
- Before and after meals or breaks
- After coughing, sneezing, or blowing/wiping nose
- After personal use of toilet
- At end of shift

10.6.2.1.2 – Artificial Fingernails

OSHA does not allow any material applied to the nail for the purpose of strengthening or lengthening nails by healthcare providers who are “direct patient care givers,” which includes those in the pre-hospital setting.

10.6.2.1.3 – Body Substance Isolation Procedures

Universal Precautions are required when any patient contact occurs or any cleaning occurs. Gloves should be replaced if torn, punctured, contaminated, or if they are flawed. Gloves should not be washed for reuse.

10.6.2.2 – Communicable Illnesses

The Center for Disease Control has issued the following disease specific procedures:
- Conjunctivitis (Pink Eye): Employees cannot work until they have received antibiotic treatment for at least 24hrs and the eye drainage has ceased. The member must contact a Supervisor prior to returning to work.
- Draining or infected skin lesions: Members cannot work in patient contact or support service areas until the infection has resolved and/or the wound is no longer draining. Wounds that are still present, but no longer draining, must be covered before returning to work. Contact a Supervisor prior to returning to work.
- Oral herpes with draining lesions: Members cannot work in patient contact and support service until the herpes lesion is dry, without drainage. Contact a Supervisor before returning to work.
- Group A streptococcal disease (Strep Throat): Members cannot work in patient contact service until 24 hours of antibiotic treatment is received. Contact a Supervisor prior to returning to work.
- Scabies/Lice: Members may not work in patient contact service until they have been evaluated in a clinical setting and treatment has been received at least 24 hours prior to returning. Contact a Supervisor prior to returning to work.
- Salmonella, Shigella, Giardia, or Hepatitis A: Members cannot work in patient contact service without written permission from a physician or practitioner. Contact a Supervisor once such permission is obtained prior to returning to work.
- Measles, Mumps, Rubella, or undiagnosed rashes: Persons cannot return to work without written permission from a physician or practitioner. Contact a Supervisor once such permission is obtained prior to returning to work.
- Active Tuberculosis: Members diagnosed with active tuberculosis will be excluded from work until two weeks of appropriate therapy is completed and there are three negative sputum
smears from acid fast bacilli. Written permission to return to work is required from the treating physician. The Supervisor should be contacted prior to returning to work.

- Zoster (localized in normal person): Member may not return to work until treated properly and has written permission to return to work. A Supervisor should be contacted prior to returning to work.

10.6.2.3 – Exposure Control Plan
1) Immediately treat the area of exposure by
   a) Puncture: Cleans with betadine or alcohol immediately and follow by vigorous washing with warm, running water and soap. The area should be cleaned continuously, keeping a thick soap foam, for no less than five minutes.
   b) Skin Contact: First wash the area with soap and warm, running water. Then, clean with a waterless antiseptic alcohol.
   c) Mucous membranes: If in mouth, rinse out mouth with a large quantity of tap water; if in eyes, flush with water from an eyewash station or the eyewash in the drug bag. If eyewash is not available, use tap water.
2) Notify a Supervisor immediately following a potential exposure for urgent follow-up and completion of an employee incident report. If a garment is penetrated by blood or other body fluid, the garment(s) must be removed as soon as feasible. The Supervisor will facilitate the washing of the garment(s).
3) The Health Center will be contacted and the member will either seek immediate treatment on campus or in a hospital Emergency Department. The Director of SUNY Canton EMS, or an Advisor, will follow-up with the SUNY Canton EMS member and the treatment facility and may recommend confidential counseling.
4) EMS Supervisor will notify an Advisor, who will ensure the SUNY Canton ECP is followed.

10.6.2.4 – Medical Leave of Absence
Based on the recommendations of the Health Center as well as any other agency consulted, Supervisors have the right to require that a Medical Leave of Absence be taken because of illness, exposure and/or injury.

10.7 – Administrative Operating Procedures (AOPs)
The SUNY Canton EMS Supervisors are required to maintain and keep up-to-date Administrative Operating Procedures which outline Supervisor specific duties. These shall be formatted in a manner similar to the Standard Operating Procedures and shall be available to any member who wishes to view them. Printed copies should be made available to new Supervisors upon their appointment.

10.8 – Personnel Files
Each member of and student who applies to SUNY Canton EMS will have a file held in the office. These files will be locked at all times and will remain confidential. The files will include, but not limited to, the application, training papers, copies of certification, driver's license, student ID, SUNY Canton EMS ID, changes in status, disciplinary notices. NYS requires that personnel files remain in the agency's possession for at least seven years after the member leaves SUNY Canton EMS.

10.9 – Professionalism
10.9.1 – Professionalism
SUNY Canton EMS members are expected to act in a professional manner at all times when representing SUNY Canton EMS in an official manner. SUNY Canton EMS members are further reminded that, even when off duty and not bound by any SOG, they should act in a manner which is
consisted with the image SUNY Canton EMS upholds. Acting professional includes maintaining a clean physical appearance and maintaining a calm and professional demeanor.

When working in a professional capacity for SUNY Canton EMS, members should treat each other in a professional and courteous manner. Any differences should be settled as such. If differences arise over patient care, all attempts should be made to avoid a confrontation on scene. If one feels that they should confront another member, it should be done in as courteous and polite a manner as possible.

10.9.2 – Workplace Violence and Harassment
Consistent with a professional workplace, the SUNY Canton EMS workplace should be one free of both violence and harassment. Workplace Violence includes causing physical harm to another person; making threatening remarks; aggressive or hostile behavior that creates fear of injury; intentionally damaging property; possession of a weapon while on duty, committing acts motivated by, or related to, sexual harassment or domestic violence. Harassment includes the use of slurs or negative stereotypes; threatening, intimidating, or hostile acts; denigrating jokes; written or graphic material that denigrates or shows hostility. Sexual harassment is: unwelcome sexual advances; requests for sexual favors; other verbal or physical conduct of a sexual nature.

10.9.3 – Reporting
Any incidents which result in an unprofessional act or an act of violence or harassment should be reported as per Section 10.10

10.10 – Disciplinary Action
10.10.1 – SUNY Canton EMS Advisory Board

10.10.1 – Disciplinary Action
Any member who is found in violation of, but not limited to, posted notices, policy statements, directives, SOGs, TOPs, and the like, who steals agency, patient, or personal property, tools, equipment, documents, reports, and the like, or who falsification any report, document, statement, including, but not limited to checklists, PCRs, applications, relevant exams and reports, and the like may subject to disciplinary action.

In such an event, a member of the public, a Team Member, Crew Chief, Assistant Director of EMS, Director of EMS, or other SUNY Canton employee may file a report on a Complaint Form to a SUNY Canton EMS Advisor. The complaint will be reviewed by the SUNY Canton EMS Advisory Board.

The person(s) who is named in the complaint may be subject to suspension prior to disciplinary action.

In the event that disciplinary action is determined appropriate after an SUNY Canton EMS Advisory by the SUNY Canton Advisory Board an Advisor will issue a disciplinary action notice to those parties involved.

The notice will include all relevant findings and the disciplinary action rendered. Disciplinary action will follow the below guidelines but will not necessarily be followed in the order provided as some actions warrant harsh punishment.
10.10.2 – Forms of Discipline

10.10.2.1 – Verbal Warning
In the event that an error has occurred, a complaint is not necessarily required. In such a case, the Supervisor may, alone, provide a verbal warning to the member(s) involved. The Director of EMS or Assistant Director of EMS will be made aware and such action will be noted in the member(s) file.

10.10.2.2 – Verbal Reprimand
A complaint received by a Supervisor will be brought to the attention of the SUNY Canton EMS Advisory Board. The Board will charge a Supervisor who did not accept the complaint to issue the verbal reprimand and the Board’s findings.

10.10.2.3 – Written Reprimand
The Board will review the written complaint and issue a written statement of reprimand to the member(s) involved after an investigation by SUNY Canton EMS or another Department has occurred. The Board will issue such a reprimand through the Campus Mail in a sealed envelope. The reprimand, investigation, and initial complaint will be placed in the member(s) file. The investigation findings as a whole will not be made public or available.

10.10.2.4 – Suspension
After a complaint is filed, the investigation complete, and the Board’s decision made and approved, a suspension is implemented. The member(s) involved will not be active in any SUNY Canton EMS activities, functions, duties, and the like for the period of time determined by the SUNY Canton EMS Advisory Board.

A letter of Suspension with relevant investigation findings will be submitted to the member(s) involved. The investigation findings as a whole will not be made public or available.

The suspension letter, the Board’s recommendations, the investigation’s findings, and initial complaint will be placed in the member(s) file.

10.10.2.5 – Permanent Expulsion
After a complaint is filed, the investigation complete and the SUNY Canton EMS Advisory Board’s decision made and approved, expulsion will occur. The member(s) involved will be dismissed from all SUNY Canton EMS activities, functions, duties, and the like. The Board findings and disciplinary actions will be submitted to the Vice President for Student Affairs approve the action.

A letter of expulsion with relevant investigation findings will be submitted to the member(s) involved. The investigation findings as a whole will not be made public or available.

The suspension letter, SUNY Canton EMS Advisory Board’s recommendations, the investigation’s findings, and initial complaint will be placed in the member(s) file and will also be sent to the Vice President for Student Affairs office for file in the student’s records.

10.10.3 – Appeal
Members may make a written appeal of action within five days to the SUNY Canton EMS Advisor(s), which will be added to the member file.

Members may file an explanation and/or response in writing, which will added to the member file.
10.10.4 – Authorities
In the event that the action is severe enough, The SUNY Canton EMS Advisory Board may choose to submit the member who committed the action to the State of New York Department of Health, NC REMAC, and/or Law Enforcement Officials.

10.10.5 – Disciplinary Action Against Supervisors
Any member wishing to lodge an official complaint against a Supervisor should do so in writing to a SUNY Canton EMS Advisor. The SUNY Canton EMS Advisory Board will meet and decide on a course of action as well as the appropriate form of discipline.

10.11 – Agency Report Forms
10.11.1 – Formal Compliant Form
Any intra-agency, inter-agency or Supervisor complaints should be filed within 24 hours of the offending incident. The complaint form should be submitted directly to a SUNY Canton EMS Advisor.

10.12 – SUNY Canton EMS Out-of-Service
10.12.1 – SUNY Canton EMS OOS
In the event that SUNY Canton EMS must be taken Out-of-Service for any reason, including staff shortages, during SUNY Canton vacations, etc. the following measures must be taken:
• OOS signs placed on Office door with the following message “SUNY Canton EMS Out Of Service. Use 315-386-7777 to reach University Police for any emergencies.”
• Medications must be locked in Medicine cabinet
• All Radios must be accounted for and left charging
• University Police must be notified with relevant information via E-Mail
• A page must be sent to all members notifying that SUNY Canton EMS is out of service until further notice
• A campus wide email should be sent notifying the campus of the change of status

10.12.2 – OOS for Training
In the event that SUNY Canton EMS is taken OOS for training, University Police must be notified to contact SUNY Canton EMS in the event that an emergency situation arises and ask if SUNY Canton EMS is able to respond. If able, the agency will respond. If unable, SUNY Canton EMS Dispatch should be advised to contact Canton Rescue.

Anytime a SUNY Canton EMS plans on being out of service they must obtain permission from an SUNY Canton EMS Advisor.

SUNY Canton EMS will make University Police aware when SUNY Canton EMS is Back-in-Service from training by radioing the EMS Dispatch.
Section Eleven Amendment

11.1 – Temporary Operating Procedures (TOPs)

11.1.1 – Description
Temporary Operating Procedures (TOPs) should be used to introduce non-standard operating procedures for a short period of time. Such incidents could include stand-bys or significant weather events.

11.1.2 – Timeframe
TOPs can be valid for any period of time up to and including fifteen (15) days. If they expire and are still needed, they must be re-issued.

11.1.3 – Format
TOPs should be titled in the following manner:
TOP - <F (Fall) or S (Spring)> - <Year> - ###
Example: TOP-F-2015-001 would be the first TOP for the Fall, 2015 semester.
TOPs should include all relevant information to the incident involved including the start and end dates for the TOP.

11.1.4 – Issuance
The Director of SUNY Canton EMS issues TOPs; they need to review the TOP with an Advisor before Issuance.

11.1.5 – Posting
TOPs do not need to be publicly posted. It is the duty of the Director and the Assistant Director to make sure that all involved personnel are informed of the contents of the TOP.

11.2 – Policy Updates

11.2.1 – Description
Policy Updates are to be used when a permanent change must be made to an SOG or when a new issue has arisen which requires an SOG, to the constitution or to the by-laws.

11.2.2 – Timeframe
Policy Updates are valid indefinitely.

11.2.3 – Format
Policy Statements should follow the original document format and the version history must be updated noting the Policy change.

11.2.4 – Approval
Policy Statements must be approved by a majority vote of the general membership and approved by the SUNY Canton Advisory Board.

11.2.5 – Posting
A agency-wide email should be sent out with a copy of the Policy Update attached. A copy of the Policy Update should be posted in a binder in the SUNY Canton EMS Office.
11.2.6 – Confirmation of Understanding
All members will be required to sign the back of the first page of the Policy Statement within fourteen (14) days of its issuance to confirm that they have read and understand the Policy Statement. Repeated failure to do so will result in disciplinary action.

11.2.7 – Member Suggestions
If a member has a suggestion for a Policy Update, this can be made in the general membership meeting.

11.2.8 – Superseding Policy Statements
If a policy update supersedes an earlier policy statement, the earlier policy statement should be removed from all current documentation. The old policy should be saved and a rationale for the change should be noted and file away to prevent confusion.

11.2.9 – Yearly Review
Each year both the SUNY Canton EMS Advisory Board as well as the SUNY Canton Director and Assistant Director will review each of the squads governing documents to ensure accuracy.
## REVISION HISTORY

<table>
<thead>
<tr>
<th>Version #</th>
<th>Revised by</th>
<th>Revision Date</th>
<th>Description of Change</th>
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<tr>
<td>0.1</td>
<td>R. Mattimore</td>
<td>9/1/15</td>
<td>Initial Draft</td>
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<tr>
<td>0.2</td>
<td>R. Mattimore</td>
<td>10/1/15</td>
<td>Added Acronyms, Title IX, Mental Health</td>
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<td>0.3</td>
<td>R. Mattimore</td>
<td>10/16/15</td>
<td>Updated Student Athletes,</td>
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<td>0.4</td>
<td>R. Mattimore</td>
<td>10/29/15</td>
<td>Updated Sexual Misconduct, Refusal by Minors</td>
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