



U T A H V A L L E Y U N I V E R S I T Y

Utah Valley University

Emergency Medical Services

Standard Operating Procedures

Standard Operating Procedures

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Table of contents

Document Purpose	5
Mission Statement	5
Team Goal	5
Management and Administration	6
Team Structure	7
General Procedures and Regulations	9
UVU EMS Stations and Office Operations	12
Uniform and Professional Conduct	16
Recruiting Process	17
Training and Qualifications	18
Corrective Action Procedures	20
Health Standards	21
Division of Responsibilities and Expectations	23
Emergency Medical Service Operations	26
Dispatching Procedure	27
Emergency Medical Call Response and Operations	29
Patient Care Reports	33

General Medical Call for Service Procedures	36
Medication Administration	45
Emergency Vehicle Operations	47
Infection Control Procedures	52
Event Stand-By Operations	58
Communications	59
Public Information Procedures	61
Interdepartmental Relations	61
Multiple Casualty Incident Procedures	62
Emergency Medical Care	63
Utah County Clinical Operating Procedures	64

Document Purpose

The purpose of the Utah Valley University Emergency Medical Service Team (UVU EMS) Standard Operating Procedures (SOP; SOPs) is to define guidelines and procedures to direct the smooth functioning of the UVU EMS during normal operations.

Mission Statement

Provide an engaged learning opportunity for Emergency Medical Service students to gain experience in their field.

Team Goal

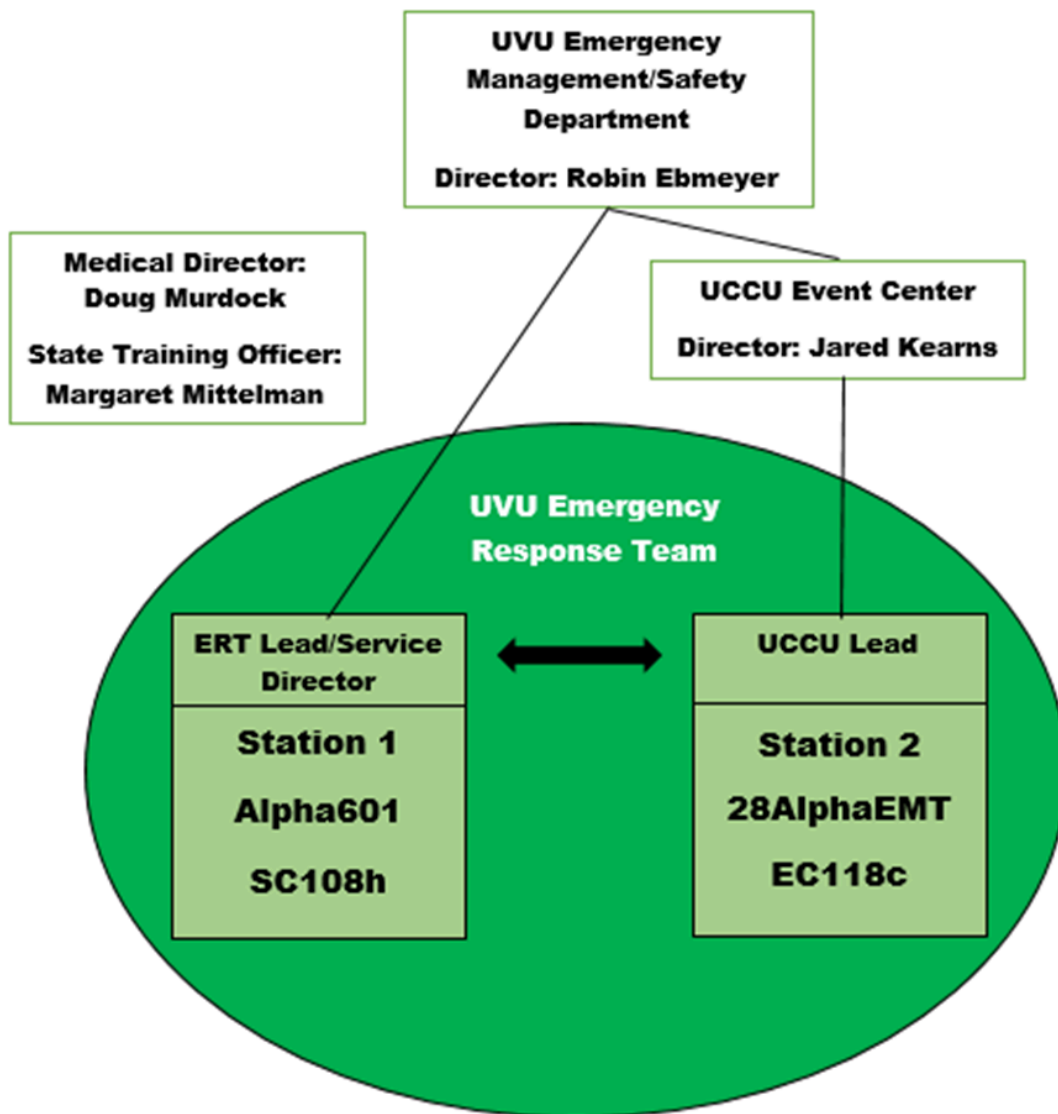
The goal of the UVU EMS is to provide effective emergency service to anyone in need of emergent medical care on UVU main campus.

Management and Administration

Team Structure

UVU EMS is subject to the organizational oversight of Utah Valley University and the Utah State Bureau of Emergency Medical Services.

Organizational Diagram



Team Structure



General Procedures and Regulations

Minimum Staffing

To be in service, UVU EMS requires a minimum of two licensed Emergency Medical Technicians (EMT); one of whom must have completed probation. This applies to regularly scheduled shifts and UVU event shifts.

UCCU Center events can have one EMT in service if only one is available. When the UCCU center is short staffed, UCCU crew will notify UVU EMS, and the in-service crew will inform UVU Dispatch that they will be responding to UCCU Center incidents along with the UCCU Event crew.

Attendance

Active members of UVU EMS must be present at UVU main campus for all assigned shifts. If a member of UVU EMS cannot be present due to extenuating circumstances, they must find another team member to take their shift. The Team Lead must be notified of any shift crew changes. Invalid excuses or any other violation of this section are subject to corrective action procedures with dismissal from the Team.

Procedure for Missing Personnel

If any UVU EMS personnel fail to arrive at the appointed time for their assigned shifts, the crew should attempt to contact them by telephone and notify the Team Lead. The crew must meet minimum staffing requirements to go in service.

Difficulties with Shift Coverage

When a team member is unable to find a replacement, the team member will contact the Team Lead to arrange for coverage. Notification of need for coverage must be at least twenty-four hours in advance. If a replacement cannot be found, the partner scheduled on shift must be notified that the shift will be short staffed and will not go into service.

Absences

Absences will be tolerated so long they are not deemed excessive.

- 1) Team members must notify crewmates on their shift as well as the Team Lead that they will be absent.
- 2) Team members exhibiting excessive absences will be contacted by the Team Lead to determine a better shift schedule.
- 3) If the team member continues to be absent after discussion with the Team Lead, the Team Lead will notify the absentee of pending suspension and/or dismissal from the team.

Lateness

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

Ailments or Injuries

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

Reporting of Ailment or Injury

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

Use of Intoxicants and Drugs

It is strictly forbidden to report for shift, operate or ride in any UVU vehicle, or respond to calls under the influence of any cognitively impairing substance. UVU EMS members currently under the influence of a cognitively impairing substance will not report to shift and will follow SOP for finding shift coverage.

- 1) Use of alcohol less than eight hours prior to reporting to shift is not permissible.
- 2) The duration of drug effects varies. Therefore, it is the responsibility of the team member to understand the drugs they are taking and ensure they are not cognitively impaired on duty.
- 3) Any violation of this subsection shall result in the immediate suspension and subsequent dismissal.

Gratuities

No money, gifts, items, or service is to be accepted in return for services rendered as a member of UVU EMS. If any persons or organizations would like to thank UVU EMS for any services rendered, they should be directed to the Team Lead.

Personal Vehicle Parking

There are no assigned parking spots for EMS members. Team members must park in accordance with UVU parking regulations.

- 1) A UVU Student Semester Parking Pass can be obtained through the Team Lead and Parking Services.
 - a) The Pass is subject to UVU Parking Services policy. It is the responsibility of the pass holder to understand the parking policy. Parking tickets are the responsibility of the car owner.
 - b) The pass must be renewed every semester. If a ERT member is no longer volunteering with the ERT a pass will not be given to them.
 - c) If an ERT member is involved in a disciplinary, suspension, or dismissal corrective action, a parking pass will not be given to them.

UVU EMS Stations and Office Operations

UVU EMS has two stations. Station 1 is located in the Student Center building room 108H (SC108H). Station 2 is the UCCU Center First Aid office (EC188C). Due to the confidential nature of patient records and the presence of medications, the EMS stations must be kept secure.

Guests

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

Office Phone Usage

The purpose of the office phone is for EMS operations. It is a secondary dispatching method if radio traffic fails. Personal calls and messages for members of UVU EMS should be kept to a minimum. Any phone message for a UVU EMS member that is not present will be recorded on a slip of paper detailing the date, time, and name of the person leaving the message, and the message itself. Emergency messages will be delivered immediately to the addressed personnel.

Office Phone as backup dispatch:

- UVU Dispatch will call and relay dispatching information by phone if the radio fails. This means it is important to answer the phone on shift.

Phone Call requesting Medical Service:

- If an EMS member answers the phone and the caller needs medical help, the team member will write down the person's name, location, nature of illness/injury, and time of call. EMS will then radio to UVU Dispatch and create an incident and go en route.

Communication

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

Station Security

All doors to the office must be locked whenever the on-duty crew leaves, regardless of purpose or any members that remain behind. Any problems related to station security must be reported to the Team Lead. All UVU EMS equipment must be kept secure to prevent loss and theft at all times.

1) Patient Information

- a) EMS members must log out of Image Trend and close internet browsers after PCR completion to prevent a breach in security of patient information.

2) Team Roster

- a) The team roster has every UVU EMS member's name, UVU EMS number, and personal contact information. It is private information for active UVU EMS members only. No information on the ___ roster is to be shared with persons not on the team.

3) Team Schedule

- a) The ___ schedule is not to be shared with persons not on the team and/or with non-active members.

Use of Personal Property

The use of personal property by a team member while serving ---- is permitted, but not encouraged. Any member can carry and use their personal property items while attending to a call for service provided such personal property items are regularly stocked by UVU EMS. Any member can carry and use personal property and items not regularly stocked by UVU EMS while serving on the team unless prior approval of the personal property item given by the Team Lead. If personal property is damaged while in use on a call, it is the --- member's financial responsibility to replace the item.

General Expectations

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

State of Readiness

The on-duty crew must always maintain the ability to respond to an emergency without unreasonable delay. This means ensuring that:

- 1) Response Bags are stocked appropriately
- 2) EMS has called in service
- 3) EMS maintains the ability to respond without delay for the duration they are in service.

In Quarters Duties

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

Station Cleanliness

It is the responsibility of all team members to ensure that the office is in a clean and usable state at all times. If problems arise with a crew or team member not maintaining office cleanliness, the immediate issue should be resolved, and the Team Lead should be notified verbally or in writing.

- 1) Food and drink shall not be kept on shelves, in cabinets, or on counters where blood or potentially infectious material is present.

Responding from Classroom

Team members will remain in service and response ready while in class. Team members are required to obtain approval from the class professor if class is held regularly during a shift.

- 1) Team members are permitted to attend a face-to-face class on UVU main campus for a maximum of 1 hour per shift.
 - a) Members must be able to respond to a call while in class.
 - b) While a member is in class, their partner will remain in the office. In the event the crew is dispatched to a call, both members will respond to the scene.
 - c) Team members should not meet up if it causes a delay in response.

Observers/Ride Along

Observers do not have the rights of a UVU EMS member and may be dismissed at any point at the discretion of the on-duty crew or Team Lead. Observers may not direct patient care, however, they may assist at the discretion and direction of a UVU EMS member. Observers are not permitted to perform any procedures unsupervised. All Observers must be dressed appropriately per the Uniform and Professional Conduct SOP.

Problems on Shift

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

Uniform and Professional Conduct

Respect from the general UVU public and other UVU departments is earned through how we behave and treat others when on duty. Every member has the responsibility to always act appropriately and always treat others with professional respect.

UVU EMS Uniform

All members while on shift are required to wear the approved uniforms. The approved uniform includes a probationary T-shirt or the post-probationary polo, blue or black pants, and black professional closed toed shoes. The Team Lead reserves the right of uniform approval and/or disapproval.

- 1) Probationary team members are not permitted to wear a post-probation polo. Post-probationary team members are permitted to wear the probationary T-shirt when their polo is unavailable.
- 2) Shirt and pants must be clean and in good repair. Shirt must be tucked in.
- 3) Individual members are responsible for all other items of clothing. It is encouraged but not required that team members purchase a pair of black EMS boots and dark blue EMS pants.

Misrepresentation

No member can wear a uniform or borrow another member's uniform bearing another member's name or bearing a higher level of training or certification than his or her own. Members are not allowed to respond to a call bearing the insignia or name of another agency. Members are not allowed to wear any other agency's attire while on duty.

Recruiting Process

Recruiting times

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

Recruiting Process

Processing of new recruits will be performed as follows:

- 1) Recruit is placed on an interest list and emailed an application within a week of showing interest.
- 2) Once the recruit has filled out the application and returned it to UVU EMS or sent it to UVUERT@uvu.edu, they will be contacted by the Team Lead for an interview.
- 3) The Interview will consist of interview questions, recruit availability, and a medical experience assessment.
- 4) After the interview, the recruit will be placed on two 5 hours shifts based on their availability.
- 5) The new team member will be on probation until they complete their probation packet and provide copies of their EMS certification, CPR card, and Driver's license.
- 6) Once probation is completed the recruit is a member of the UVU EMS Team.

Training and Qualifications

Team Member Qualifications

To be a member of UVU EMS, a person must have an active:

- 1) EMT, AEMT, or Paramedic license in the state of Utah.
 - a) Applicants who are in or have completed an EMT class and/or do not have a current license may join the team, but they will only operate as a Ride Along until their license is obtained.
 - b) The applicant must obtain their certification and licensure within 1 semester of volunteering for the team.
- 2) CPR certification from an agency approved by the Team Lead.
 - a) CFR, EMT, AEMT and Paramedic certifications do not imply CPR certification, and are NOT acceptable substitutes for a valid and current CPR certification.
 - b) If a prospective member does not have a CPR card, they will be required to obtain one within one semester of joining the team. They cannot pass probation without a CPR certification.
- 3) A driver license is not required, but team members without an active driver's license will not be allowed to operate any agency vehicles.

Probation

All new members will be placed on probationary status until they complete the probationary packet. Upon completion of the probation packet the Team Lead will review their PCRs and performance on the UVU EMS SPOT Test. From this evaluation the Team Lead will determine if the member completes the probationary period and receives an invitation to continue with the team.

Failure of Probation

If a team member does not pass probation, they may continue volunteering with the team in probationary status. They are not able to obtain any leadership positions on the team. Dismissal from the team due to failure of probation will follow Corrective Action procedure.

On Shift Training Expectations

While on shift the on-duty crew is expected to train by doing practice scenarios or studying. Post-probationary team members are expected to run probationary members through scenarios to help them complete their probation packet. If all team members on duty are post-probation, it is expected that they do some form of training while on shift, as determined by the needs of the crew.

Monthly Trainings and Continuing Medical Education

The Team Lead will schedule a day and time each month for Monthly Training. The purpose of monthly training is to provide members with continuing medical education (CME) hours for recertification. The training will provide AEMT and Paramedic level medical knowledge to team members. When possible, training sessions will involve special guests and other EMS agencies.

Emergency Vehicle Operators Requirements (EVO's)

To operate a vehicle registered with the agency, the member must hold a valid,

Non-restricted Driver's License, and wear corrective lenses if required. EVOs must follow all driving laws and regulations while operating the vehicle.

- 1) Team members must complete UVU's vehicle operator training prior to operating any agency vehicle.
- 2) To operate the overhead emergency lights on the vehicle during response to a call, members must have completed probation and received Code 3 training from the Team Lead.

Corrective Action Procedure

The purpose of this procedure is to provide a formal process for addressing members in the infraction of performing their responsibilities as a member.

Standard Procedure

A verbal correction will be the initial response to a breach of responsibility issue.

If the breach is observed again after the initial verbal correction, the Team Lead will be notified of the issue. The Team Lead will then initiate a private conversation with the team member(s) involved to discuss the UVU EMS SOPs, the breach of responsibility, and the need for corrective action.

If the conversation is unsuccessful, a documented procedure will be initiated. This procedure will involve the Director of Emergency Management/Safety. The documented procedure will precede any punishment, discipline, suspension, or dismissal.

Health Standards

Use of Intoxicants and Drugs

It is strictly forbidden to report for shift, operate or ride in any UVU vehicle, or respond to calls under the influence of any cognitively impairing substance. UVU EMS members currently under the influence of a cognitively impairing substance will not report to shift and will follow SOP for finding shift coverage.

- 1) Use of alcohol less than eight hours prior to reporting to shift is not permissible.
- 2) The duration of drug effects varies. Therefore, it is the responsibility of the member to understand the drugs they are taking and ensure they are not cognitively impaired on duty.
- 3) Any violation of this subsection shall result in the immediate suspension and subsequent dismissal.

Ill or Injured Member

Members will report to duty in good physical and mental health. No ailment may interfere with the team member's ability to respond adequately to calls for medical service.

1. If a member becomes injured due to events outside of UVU EMS and is unable to report to duty they will notify the Team Lead.
2. Members will notify the Team Lead as soon as possible if they are ill and will not be present for their shift.

On-Duty Fatigue Management Plan

Members will report to duty well rested and response ready. If abnormally increased call volume occurs during a particular shift resulting in extreme fatigue of EMS providers, the Team Lead will immediately be notified. The Team Lead will evaluate the situation and consider removing the team from service until replacements are found. Members are permitted to sleep on duty if response readiness can be maintained.

Vaccination

Utah Bureau of Emergency Medical Services and Preparedness (BEMSP) recommends all healthcare providers receive the following vaccinations:

- Hepatitis B Vaccine
- Tetanus, Diphtheria, Pertussis (TDAP) Vaccine
- Measles, Mumps, Rubella (MMR) Vaccine
- Influenza Vaccine (seasonal)
- COVID-19 Vaccine

Members are not required to receive the above vaccinations. If members would like to be vaccinated, they may contact their healthcare provider. UVU Student Health Services, Utah County Health Department, are available to administer vaccinations.

Pandemic Testing

If any team member receives a positive test indicating that they are infected with the COVID-19 virus, they shall complete a UVU self-reporting form to initiate contact tracing.

Storage and Access to Member Health Records

Members' health records shall be stored in a secured location. Members' health records are confidential. As such, access to members' health records shall be restricted to the Team Lead. These files are to be accessed only as necessary.

Division of Responsibilities and Expectations

Responsibilities of all Team Members

All members in active-duty status must be able to:

- Remain response ready for the entirety of their shift.
- Use appropriate body substance isolation and infection control procedures.
- Assess safety of the scene, gain access to the patient, and assess extent of injury or illness.
- Communicate with the dispatcher requesting additional assistance or services, as necessary.
- Determine nature of illness or mechanism of injury.
- Visually inspect for medical identification emblems to aid in care.
- Provide emergency care following Utah County Clinical Operating Guidelines (UCCOGs).
- Assess and monitor vital signs and general appearance of the patient.
- Make determination regarding patient status and need for emergency medical care and emergency medical transport using established criteria contained within this document and the UCCOGs.
- Reassure the patient, family members and bystanders.
- Assist with lifting, carrying and properly loading patients into and out of the vehicle.
- Maintains patient safety from injury while moving or ambulating a patient.
- Report nature of injury or illness to receiving agency
- Request OFD response for medical direction and carries out medical control orders as directed by OFD.
- Report verbally and in writing a medical transfer of care report to OFD.
- Comply with regulations in handling deceased patients notifies authorities and arranges for police officers to provide protection of property and evidence at scene.
- Replace supplies, properly dispose of medical waste.
- Properly clean contaminated equipment according to established guidelines.
- Check all equipment for future readiness.
- Maintain the emergency response vehicle in operable condition.
- Ensure cleanliness and organization of the vehicle, its equipment, and supplies.
- Maintain familiarity with all specialized equipment.

Responsibilities of Probationary Team Members

In addition to the responsibilities of all team members, Probationary members are responsible for being response ready while on shift, maintaining station cleanliness, and completing their probation packet.

Responsibilities of Post-Probation Team Members

In addition to the responsibilities of all team members, Post-Probationary members are responsible for being response ready while on shift, managing calls, directing patient care, teaching, and training new team members, and helping team members pass probation.

Responsibilities of Team Training Officer

Team Training Officers are responsible for planning and preparing 2 monthly trainings per year. The duration of the training should be about 1 hour. The training topics will be consistent with continuing medical education (CME) hours. A practice scenario should be written for team members to go through on shift after the training.

Responsibilities of the Assistant Leads

Under the direction of the Team Lead the Assistant Team Leads will be given delegated duties and responsibilities from the Team Lead. Corrective Action procedures are not to be executed by Assistant Leads.

Responsibilities of the Team Lead

The Team Lead shall be responsible for the day-to-day operations of UVU EMS. The Team Lead will delegate tasks or duties when needed, if possible. The Team Lead will act in the best interest of UVU EMS and its members.

1. The Team Lead is responsible for maintaining accurate records of members, including training records, corrective actions procedures, and dismissals.
2. The Team Lead is responsible for maintaining accurate records of on-campus AEDs.

Chain of Command

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

- Team Lead
- Assistant Leads/Training Officers
- Post-probation on-duty crew with highest level of certification OR Paramedic

Emergency Medical Service Operations

Dispatching Procedure

Calls for Medical Service

- 1) UVU EMS will be dispatched to all medical related emergencies located on UVU's Main Campus.
 - a) All on-duty personnel are responsible for monitoring radio traffic to be notified of requests for service.
- 2) For medical emergencies reported to UVU EMS that have not already been reported by 911 or 801-863-5555, the providers will notify UVU Dispatch by radio to initiate a call for medical service.
- 3) If there is any indication of injuries by some type of weapon and/or violence, the providers will be directed by UVU Dispatch to stage in the area until a "Code 4" is given from officers on scene. If no staging location is designated by UVU Dispatch, the providers will choose a safe staging location and inform UVU Dispatch of the chosen location.

Radio Communications

- 1) Providers are required to notify UVU dispatch (by radio or phone) whenever they:
 - a) Check on and off duty for the day.
 - b) Will be unavailable for short amounts of time during their scheduled shift.
 - c) Have shifts without coverage.
 - d) Have a walk-in patient or other request for service initiated by in person contact.
 - e) Acknowledge dispatch, are enroute, have arrived on scene, and/or have cleared an incident.
 - f) Obtain any information relative to the task, when officers are not available to do so, i.e. patient/vehicle/suspect descriptions, location updates, etc.
 - g) Any delay in response, along with approximate ETA.
- 2) When UVU dispatch obtains information indicating a patient condition that would place providers at risk of contamination, UVU dispatch will notify providers of a patient health advisory. Providers can contact UVU dispatch for details and respond per protocol given the nature of the advisory.

Code 1 Agreement with Orem Fire Department

- 1) Code 1/Code 3 Response is determined by UVU/Orem dispatch. Responding units from Orem Fire Department (OFD) can change Code 1/Code 3 response status according to their protocol and discretion.
- 2) When the team is in service, responding OFD units may choose to go on standby for Code 1 medical calls located on UVU main campus. The team will be dispatched to the Code 1 medical call and respond per normal operating procedures.
 - a) Responding OFD units may bypass standby and respond directly to the scene according to their protocols and discretion.
 - b) Standby location will be located near or on UVU main campus and will be determined by OFD according to their protocols and discretion.
- 3) UVU EMS does not exercise the authority to cancel responding OFD units. UVU Police will exercise the authority to cancel responding OFD units.
- 4) Providers will exercise authority to request that OFD cease standby and respond to the scene.
 - a) Upon patient contact, the providers will assess the initial patient condition. If the provider's judgement is that Advanced Life Support (ALS) care or hospital transport is needed, the provider will request OFD cease standby and respond to the scene.
 - b) If the provider's judgement is that ALS care or hospital transport is not needed, they will continue to assess the patient and administer BLS care.
 - c) If UVU Police on scene determine that OFD response is needed, no matter provider judgement, UVU Police will request that OFD cease Standby and respond to the scene.
 - d) If UVU Police on scene determine that OFD response is not needed, in consideration of provider judgement, UVU Police will cancel OFD response to scene.
- 5) OFD units will respond immediately to the scene for Code 3 medical calls.

Emergency Medical Response and Operations

Notification of a Call for Medical Service

Care providers are notified of a person in need of emergent medical attention generally by one of three means:

- 1) Providers are dispatched by UVU Dispatch OR the Provider self-dispatches when Orem Fire Department (OFD) is dispatched to UVU main campus for a medical call.
- 2) An ill or injured person approaches the provider and requests assistance.
- 3) Bystander notifies the provider of an ill or injured person.

The primary method of notifying UVU EMS of a medical call for service or “call” is (1).

Operational Guidelines according to Means of Patient Notification

1) Dispatchment

When providers are dispatched by UVU Dispatch or the provider self-dispatches with OFD on a 9-1-1 medical call, the providers will follow the guidelines in the *Dispatching Procedure* section of this document.

2) Walk-In/Walk-Up

When a provider is approached by an ill or injured person:

- a) An initial patient assessment will be performed.
- b) The team will decide if the illness or injury is emergent. If the illness or injury is emergent, the provider will notify UVU dispatch and request to be put on a call.
- c) If the patient’s condition indicates a need for hospital transport by ambulance or ALS care, or the patient requests an ambulance, the provider will request OFD response.

3) Bystander Notification

When providers are notified of an ill or injured person by a bystander and/or Event Staff:

In Service at Station 1 (SC 108H)	On Standby-by at UVU/UCCU Event/Station 2 (EC118C)
a) Providers will contact UVU dispatch and initiate an incident. b) Providers will request ALS per guideline. c) Upon patient contact, providers will assess the patient's condition. d) If the patient is non-emergent, providers will cancel ALS per guideline.	a) Providers will respond to the scene. b) On patient contact, providers will make an assessment. c) If the patient's condition is emergent, providers will initiate an incident by calling UVU dispatch. d) If the patient needs hospital transport by ambulance or ALS care, providers will request OFD response.

Emergent Patient Condition

Emergent Patients will be defined as ANY of the following:

- a) In need of vital sign assessment.
- b) In need of assessment by Advanced Life Support (ALS) providers.
- c) In need of transport to a hospital.
- d) Any injury or illness of the head, neck, or body trunk (chest, abdomen, or pelvis).
- e) If the provider's judgement is that they are an Emergent patient even if they do not meet the above criteria.

Non-Emergent Patient's will be defined as ALL of the following:

- a) Not in need of vital sign assessment.
- b) Not in need of assessment by ALS providers.
- c) Not in need of transport to a hospital.
- d) Their injury or illness is not located in the head, neck, or body trunk (chest, abdomen, or pelvis).

Request for ALS Response

Because UVU exists within Orem City, the closest ALS ambulance will be from the Orem Fire Department. Medic Ambulance 31, 33, and 34 are the closest stationed ALS ambulances to UVU.

Providers can request OFD response for assistance at their discretion.

Automatic ALS Request on Dispatch/Notification of Patient

Providers will request an ALS response for any of the patient presentations listed below.

- Chest Pain
- Difficulty Breathing
- Suspected Stroke
- Cardiac Arrest
- Unconscious/Unresponsive
- Syncope/Loss of Consciousness
- Abnormal Altered Mental Status
- Seizure
- Provider judgment that ALS care is needed.

Canceling ALS Response

Providers may consider cancelling ALS response if the patient does not have an emergent condition and/or the patient's chief complaint has been resolved, and the patient has refused hospital transport by ambulance. Providers will not cancel OFD if the patient refuses transport or care against medical advice.

- 1) Providers cannot cancel Orem Fire Department (OFD) without a UVU PD officer on scene to approve of and request the cancellation.

Online Medical Control

If the provider's judgement is that Online Medical Control needs to be contacted, the provider will request ALS response. If communication to a physician is required for patient care or patient release the transporting agency will contact the hospital.

Scene Release of Patient

Providers can have a patient sign for release into care of self if the following requirements are met:

- 1) The patient is GCS 15, alert and oriented to the situation.
- 2) The patient is not believed to be under the influence of intoxicants or poisons compromising their judgement.
- 3) The patient is a legal adult, over the age of 18.
- 4) No physical finding or evidence of illness or injury that may impair their ability to understand and evaluate their current situation.
- 5) Patient has been evaluated, found to have no emergency life threatening medical condition and it appears safe for them to seek care at their own discretion.
- 6) They are refusing transport to a hospital by ambulance.
- 7) The patient is informed of the possible ailments that may result from refusal of ambulance transport.
- 8) The patient must be informed that 1) they can call 911 again for any reason and any time and that 2) they need to be seen by their physician as soon as possible or be driven by another person to an Emergency Department as soon as possible.

High Risk Release Considerations

Patient release into care of self should not be considered without requesting OFD response if any of the following conditions exist:

- 1) The patient has an altered mental status.
- 2) The patient is less than 18
- 3) The patient has neurological, cardiac, or respiratory symptoms.
- 4) The patient's Glasgow Coma Score is less than 15.
- 5) The patient's vital signs are abnormal.
- 6) There is suspected alcohol or drug use involved.
- 7) There is a suspected carbon monoxide exposure.

Refusal of Medical Care Against Medical Advice (AMA)

If a patient is refusing emergency medical care and/or hospital transport for an emergent and/or life or limb threatening condition against medical advice, ALS will be requested to respond (if not already present), and patient care will be transferred to the transporting ambulance crew.

Patient Care Reports

All medical care administered by providers must be documented. UVU EMS uses ImageTrend for electronic documentation of all medical calls for service. Every ImageTrend Patient Care Report (PCR) needs the corresponding incident number from UVU Dispatch. PCRs are a confidential medical document and must be protected from inappropriate information distribution.

PCR Requirements

- 1) All dispatched calls must have an ImageTrend PCR.
- 2) Non-dispatched patient encounters may or may not require an ImageTrend PCR. If the patient on a non-dispatched encounter is determined to be Emergent, Team members will complete an ImageTrend PCR.

For walk-in/walk-up patients, an Emergent Patient will be defined as ANY of the following:

- a) In need of vital sign assessment.
- b) In need of assessment by Advanced Life Support (ALS) providers.
- c) In need of transport to a hospital.
- d) Any injury or illness of the head, neck, or body trunk (chest, abdomen, or pelvis).
- e) If the provider's clinical judgement is that they are an emergent patient even if they do not meet the above criteria.

- 3) All Non-Emergent patients such as walk-ins and non-dispatched encounters will be documented with a Qualtrics form.

Non-Emergent Patient's will be defined as ALL of the following:

- a) Not in need of vital sign assessment.
- b) Not in need of assessment by ALS providers.
- c) Not in need of transport to a hospital.

- d) Their injury or illness is not located in the head, neck, or body trunk (chest, abdomen, or pelvis).
- 4) If a provider is in doubt about what report system to use, the provider should use ImageTrend.
 - a) The team lead will review all ImageTrend and Qualtrics PCRs and inform the associated crew members if the report needs to be transferred to ImageTrend.

Hard Copy PCRs

UVU EMS uses the electronic ImageTrend system to document all medical calls for service. In the event of technological malfunction, a hard copy PCR will be used, but will need to be transferred to an ImageTrend PCR as soon as possible. If a Hard Copy is used, it must be completed in blue or black ink, and shredded after all information is transferred to Image Trend. Hard Copy PCRs can be used to obtain a physical signature that can be attached to the Image Trend PCR.

Signatures on Medical Call for Service PCRs

Each ImageTrend PCR requires three signatures: two from the on-duty crew who ran the call, and one from either the patient or Orem Fire Department (OFD) to document transfer of care.

- 1) If a patient does not have an emergent condition and they do not want to be transported to the hospital by ambulance; UVU EMS will obtain a patient signature for refusal of ambulance response and ambulance transport.
- a) If the provider's assessment is that the patient needs to go to the hospital and the patient refuses, the provider will follow the Against Medical Advice (AMA) procedure.
 - 2) If patient care is transferred to OFD, patient signature will be obtained by OFD. UVU EMS does not need a patient signature if care is transferred.
- a) If patient care is transferred to OFD, providers will request a signature from any OFD crew member for transfer of care.
 - 3) Minors cannot sign PCRS. If a minor requests care from UVU EMS, their parent or guardian must be contacted in person or by phone to discuss care for their child. If a parent cannot be reached, care can be administered under implied consent. Do not withhold care to a minor due to lack of parental consent.

- a) If a parent is not able to sign, document that verbal parental consent was obtained by phone. Do not allow the minor to sign for themselves or their parents.
- b) Document parent/guardian name and phone number.

PCR Confidentiality

All patient information collected by providers while conducting patient care must be kept confidential. To protect patient privacy, all patient information collected by providers must not be shared publicly or to anyone not directly involved in the patient's care.

The PCR is a legal medical document; strict procedures for maintaining confidentiality must be followed. The PCR is protected by HIPAA and is subject to all HIPAA distribution procedures. The Team Lead must approve any exceptions to these procedures. Exceptions may not overrule any county, state, or federal procedures.

- 1) The PCR and/or its contents are not to be discussed with any individual not authorized to have access to such information. Authorized individuals include the Medical Director, Training Officer, Team Lead, and responding crew.
- 2) PCRs will be kept on file for the duration required by Utah Bureau of Emergency Medical Services, 100 years.
- 3) When using PCRs for Quality Assurance/Quality Improvement (QA/QI) or training purposes, the patient's name, address, phone number, age/birthdate, and the Utah certification numbers of those providing medical treatment should not be included. Copies of the PCR prepared for QA/QI purposes should be promptly shredded when such copies are no longer needed for QA/QI purposes.
- 4) The Team Lead, Training Officer, or Medical Director may request to review any PCR.
- 5) Patients have the right to unlimited access to their PCR. The Team Lead will be the only person to distribute a copy of the PCR. If a patient requests access to their PCR, their identity must be verified prior to giving them any information contained in the PCR.
 - a) Patient identification must be verified with the following three identifiers: Full Name, Date of Birth, date of incident.
 - b) Date of Release, Reason for request and patient identification must be documented.
- 6) If anyone besides the patient requests PCR access, team members will report the name, contact information, and reason for request of the person requesting PCR access and report it to the Team Lead promptly, within 24 hours. PCR access will be denied until the Team Lead and Medical Director have reviewed the request.

- a) Patient identification must be verified with the following three identifiers: Full Name, Date of Birth, date of incident.
- b) Date of Release, Reason for request and patient identification must be documented.

Quality Assurance/Quality Improvement

Formal QA/QI review of all calls and/or randomly selected calls can be performed by the Medical Director, Training Officer, or Team Lead.

General Medical Call for Service Procedures

The following are general guidelines for an emergency medical call. All knowledge obtained through Emergency Medical Technician training, continuing medical education training, emergency vehicle operations training, and any other applicable training as well as guidelines listed in the Utah County Clinical Operating Guidelines should be incorporated into the rational decisions made throughout the course of the call.

Equipment list for approach bags

As required by Utah Bureau of Emergency Medical Services (BEMS), the following items will be in approach bags at all times. If an item is used during a call the crew must replace used items as soon as possible. The crew will be out of service until restocking has occurred.

Radio Transmissions

Radio transmissions should be kept short, concise, and appropriate. Clear/Simple language will be used over the radio.

- 1) UVU EMS will only transmit communications over UVU MED radio frequency. No transmissions are to be sent over Orem Fire 1 radio frequency.

2) In addition to any pertinent information updates, providers in response to a call will notify UVU dispatch when they are:

a) En route to the Scene

b) On scene

c) Clear of scene and available

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

Responding from Classroom

Team members on duty will remain in service and response ready while in class. Team members are required to obtain approval from the class professor if class is held regularly during a shift.

- 1) Team members are permitted to attend a face-to-face class on UVU main campus for a maximum of 1 hour per 5-hour shift.
- 2) Providers must be able to respond to a call promptly while in class.
- 3) While a crew member is in class, their partner will remain in the office. In the event the crew is dispatched to a call, both members will respond to the scene.
- 4) Team members should not meet up prior to responding directly to the scene if it causes a delay in response.

Vehicle Parking on Scene

Agency vehicles will be parked on the scene of an incident in consideration of:

- Safety of all persons, structures, and other vehicles in proximity.
- Access of other responding units.
- Avoidance of blocking pedestrian or vehicle traffic.
- Roadway Safety

Responding to Emergencies on Roadways

In the case of a vehicle accident or other roadway incident with potential patients occurring on College/Campus Drive, Wolverine Way, or 960 S, the UVU EMS will NOT respond to the

incident unless response is requested from UVU PD. UVU EMS will never respond to roadway incidents on 800 S, 400 W, 1200 S, and 1200 W due to limitations of the UVU EMS vehicle.

All providers at roadway scenes will don reflective traffic safety vests prior to entering the roadway.

Vehicle Parking On Roadway Scene

Minimum of one closed and cordoned off lane-of-safety on all sides of the roadway operations is required on roadway incidents. Parking will be coordinated with UVU PD. At no time is any UVU EMS vehicle to park in handicapped spaces or fire zones.

Off-Duty Personnel

Off-duty personnel may not respond to a scene unless granted prior approval from the Team Lead. Team members must be in uniform to respond off-duty. The on-duty crew may accept or decline off-duty team member's assistance per their assessment of need for additional personnel.

At Scene Prior to Crew

If any off-duty personnel are at the scene prior to the on-duty crew's arrival, they will give a verbal report and transfer patient care to the arriving crew. They may stay on scene or leave the scene after the transfer of care to the on-duty arriving crew.

No Injuries or Illness

If providers respond to an incident where the potential patient(s) and all EMS providers find that no injuries or illness exist and that there are no individuals requesting EMS assistance, UVU EMS will clear the incident and return to service.

Suicidal Ideations

If an individual informs the on-duty crew that they feel suicidal or have intent to harm themselves or take their own life, providers will follow the procedure below:

If the suicidal individual does not show immediate intent to harm themselves, providers will:

- 1) Invite the person into the station.
- 2) Call UVU Dispatch and request an Officer respond for assistance.
- 3) Ascertain if the person is injured or ill and needs emergency medical care and/or ambulance transport to a hospital.
- 4) If the patient requires care, providers will provide care per normal operation.
- 5) After officer arrival, patient care will be transferred to Officer and/or UVU Student Health Services.

If the suicidal individual shows immediate intent to harm themselves, such as threatening to jump from a ledge, or threatening to stab themselves, providers will:

- 1) Immediately request UVU PD and an ALS response.
- 2) Stay at a safe distance from the individual. Providers may choose to speak with the individual at their discretion according to their experience and comfort level.
- 3) Providers will discontinue contact and/or flee at any time if the scene becomes unsafe.

Title IX

If a student/employee/person reports to a member of UVU EMS that they have a Title IX complaint or issue (sexual misconduct, sexual harassment, sexual violence, sex discrimination):

- 1) According to UVU Policy 162.4.7.4.1, team members are not required to report Title IX complaints or UVU Police unless they are a minor or vulnerable adult.
- 2) Team members will ascertain if the individual has an emergency medical complaint and provide emergency medical care per normal operation.

3) If no medical complaint is present, team members will direct them to the UVU Title IX Office in BA 203.

Uncooperative Patient / Suspected Psychiatric Patient

Providers will immediately request UVU PD response to assist with any suspected psychiatric patient. Any patient may be placed under protective custody by a Police Officer at the officer's discretion. If the patient's psychiatric condition is emergent, a Medic Ambulance will be requested to respond to provide transport to a hospital emergency department for emergent psychiatric evaluation if necessary.

Uncooperative Bystander

If a bystander is being uncooperative or is interfering with patient care, providers will request UVU PD response and ask the officer to work with the individual.

Unable to Locate Patient

If providers arrive on the reported scene of a medical call for service and is unable to locate the patient, the following procedure will be followed:

- 1) Confirm with UVU Dispatch the correct incident address.
 - a) Request a call-back to the caller for address confirmation, if needed.
- 2) Confirm the correct address with UVU Police on scene.
- 3) If after an adequate search effort, the call is determined to be unfounded, or the patient is no longer in the area, UVU EMS will clear the incident and return to service.

Unable to Gain Entry

If the patient is unable to be accessed, UVU Police will be requested to respond for assistance for campus access. If forcible entry is determined to be necessary, care providers will work with UVU PD and consider requesting Orem Fire response for forcible entry operations.

Rescue

If any rescue operations are necessary, care providers will not initiate rescue operations they are not trained or properly equipped to do. Providers will request Orem Fire response if rescue operations are needed.

Cardiac Arrest / Unattended Death

1) Obligation to Perform CPR

In cardiac arrest situations, on-duty providers have a duty to act and initiate CPR.

- a) Unless a valid Utah State “Do Not Resuscitate” (DNR) form, or a valid Utah State Physician Ordered Life Sustaining Treatment (POLST) form is presented with physician signature.
- b) Or there are signs of obvious death present such as decomposition, rigor mortis, dependent lividity, and/or fatal injuries such as decapitation or transection.
- c) If no signs of obvious death are present, providers will initiate and/or continue resuscitation efforts.

2) Bystander Initiation of CPR on Obvious Death

In instances where bystander CPR is initiated prior to UVU EMS and or UVU PD arrival, if signs of obvious death as defined above in 1) are present, providers may elect at their discretion according to their judgement in accordance with UVU PD to cease and not continue resuscitation efforts. Signs of obvious death found will be documented on a patient care report.

Crime Scene or Suspected Crime Scene

The UVU EMS may be dispatched to an incident/scene where a crime has been committed. In such cases, providers will work with law enforcement to preserve evidence to the extent possible without compromising patient care.

- 1) Examples of crime scenes include the scene of a homicide, suicide, sexual assault, explosive weapon release, vehicle-pedestrian incidents, or other motor-vehicle incidents involving injury or death, and any location at which a deceased person is found.
- 2) A suspected crime scene will be treated as an active crime scene until otherwise designated by law enforcement.

Law Enforcement Denies Entry or Patient Access

If law enforcement denies UVU EMS entry into the crime scene or denies patient access, providers will comply and stage in the area at a safe distance. Providers will document time of entry denial and Officer denying entry on patient care report, if one is initiated.

General Crime Scene Operations

While operating at a crime scene or suspected crime scene, the provider's responsibility is to render emergency medical care to individuals in need of care. Every attempt should be made not to disturb any evidence at the scene if possible, however, patient care will not be compromised in order to protect the crime scene or evidence.

After evaluating the scene for potential hazards, the following guidelines should be applied in a manner appropriate to the situation:

- 1) Consider the entire location as being involved in the crime scene.
 - a) Upon entering or leaving the scene, use a single path of travel if possible and have all personnel entering or leaving the scene use the same path.
 - b) Limit the number of EMS providers entering the scene to only those necessary to evaluate, treat and/or remove patients. All non-essential EMS providers are to remain outside the crime scene.
- 2) If a presumptive diagnosis of obvious death is made, refrain from otherwise moving or disturbing the victim's remains.
 - a) Refrain from using sinks, toilets, or telephones within the immediate area.
 - b) Remove nothing from the scene and restrict the handling of any objects found.
- 3) Offer information on observations pertinent to the incident to the Police Department or Medical Examiner's office.

- a) Do not offer information or observations to those who do not have a legal need for such information or observations.
- b) Restrict comments and opinions to known facts when speaking to other authorities. Do not offer information to unauthorized parties such as the media, civilians, or other agencies as this may impede the investigation.
- c) Complete all PCRs and related records pertaining to the incident accurately, using specific language to indicate the position in which the patient was found, the presence of visible wounds and other pertinent data including the clinical information that led to the decision to withhold resuscitative measures.

Suspected Crime Scene

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

- 1) Notify UVU PD immediately upon determination that a crime may have occurred. The patient's permission is not necessary to make such notification.
- 2) Avoid unnecessary disturbance of the patient or physical evidence. Limit physical patient contact to the treatment of injuries only. Do not cleanse or cover wounds unless necessary. Discourage the patient from rinsing, showering, combing hair, changing clothes, or brushing teeth.
- 3) Limit the patient interview to prehospital medical care questioning pertinent to visible injuries or those claimed by the patient.
- 4) The PCR should be written in a very detailed and objective manner. Accusations should not be present in the PCR.

Mandatory Reporting of Suspected Abuse or Maltreatment

Utah State requires licensed on-duty EMS Providers to report suspect abuse or maltreatment of a child or vulnerable adult to a peace officer or law enforcement agency. Care providers will report suspicions of abuse to UVU PD.

Reporting Procedure

If the on duty UVU EMS crew suspects that a child or vulnerable adult is being abused or maltreated, the following procedure will be followed:

- 1) Care providers will inform UVU PD of their suspicions and findings.
- 2) If patient care is transferred, providers will notify the transporting EMS agency of their suspicions and findings.
- 3) The crew members involved in patient care will document on the PCR the objective reasons and evidence for suspected abuse as well as who it was reported to.

Medical Doctors on Scene

1) On Scene Designated EMS Physicians

The UVU EMS Medical Director, an online Medical Control Physician, or a Designated EMS Field Physician may provide on-scene medical control.

2) Other Physicians on Scene

In the event that a non-designated EMS physician is at the scene and wishes to assume responsibility for the care of a patient, the physician must be properly identified. Acceptable forms of identification include, but are not limited to, a medical society card, professional organization membership card, or vehicle registration. Until proper identification has been established, patient care is the responsibility of all licensed EMS providers on scene.

3) Procedure for Other Physicians to Assume Responsibility

After the physician has been identified, the on-scene physician must agree to assume all responsibility for the patient, including maintaining medical control until transfer of care to another physician. If the on-scene physician agrees to these terms, the physician's orders will be followed. However, such orders must not be outside of UVU EMS' agency license or EMT scope of practice according to the Utah County Clinical Operating Guidelines. Any out-of-protocol procedures initiated by a non-designated physician will remain the responsibility of that physician. If the on-scene physician is reluctant to agree to these terms, or orders an out of protocol procedure, the provider must contact Medical Control. Providers will document physician name and time of medical control on PCR.

Other Health Care Professionals at the Scene

In any event where a healthcare professional other than a physician or medical director with physical credentials, Utah licensed EMS Providers are to maintain responsibility for patient care.

Transfer of Care from another Medical Provider

A full medical report of the patient's condition, any interventions, and all pertinent details must be obtained from any Student Health Service provider, other EMS agency, or UVU Police passing patient care to UVU EMS.

Incidents Outside of Normal Operating Procedures

The crew on-duty will be responsible for the immediate notification of the Team Lead no later than 24 hours after an incident in which the crew encounters a situation outside of normal operating procedures.

Medication Administration

Medications Carried by the UVU EMS

Any medication within the EMT scope of practice as defined by the most recent update of the Utah County Clinical Operating Guidelines is permitted for patient administration by UVU EMS members. The medications carried include:

- Aspirin
- Epinephrine 1:1000
- Naloxone
- Oral Glucose
- Albuterol

Quantity in Bags/Vehicle

UVU EMS will have at minimum:

- 1) 1 Bottle of Aspirin with a minimum of 8 tablets.
- 2) 2 Vials of Epinephrine 1:1000

- 3) 2 Naloxone Kits (2mg each)
- 4) 2 Tubes of Oral Glucose
- 5) 2 Nebules of Albuterol (2.5mg in 3mL)

Medication Security/Storage

All medications shall be secured in UVU EMS Stations or response bags.

Restocking

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

Medication Administration

Administration of medications will only be performed in accordance with Utah County Clinical Operating Guidelines.

Disposal of Medication

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

Emergency Vehicle Operations

Emergency Response Vehicle

The team vehicle is a designated Quick Response Vehicle associated with the UVU EMS agency licensure in the state of Utah. The vehicle may only be driven when responding to a call, during training, or to provide patient care. The vehicle will not be driven off UVU main campus proper. The Emergency Response Vehicle is not used for general transportation. Misuse of the vehicle will be subject to corrective action procedures preceding dismissal.

Driving Authorization

UVU EMS team members have a valid Utah Driver's License to operate the Emergency Response Vehicle (ERV). Members also must complete the UVU Driving Training prior to authorization to operate any UVU vehicle. The Team Lead will revoke driving authorization in writing of any member who operates a vehicle unsafely.

Driver's License

A. Team members must notify the team lead if there has been any change made to the status of their driver's license. This includes expiration, revocation of a license, DUI conviction, arrest, or citation of any DUI charge within the past 6 months. This includes any out-of-state DUI charges, convictions, or arrests received. Such notifications need to be communicated with the team lead before the member's next shift.

B. If a member fails to promptly notify their team lead of these changes, they will become subject to the teams corrective action procedures according to the extent of their violation.

Driving

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

- 1) Drivers must obey all traffic laws.
- 2) Drive only as fast as conditions allow.
 - a) MAX 10 mph on campus sidewalks, grass, pedestrian areas.
 - b) MAX 25 mph on roads. Speed limits will be kept at all times.
 - c) Slow down and use caution during:
 - Turns
 - Blind corners
 - Parking lots and pedestrian traffic areas
 - Bad weather conditions
- 3) Team members are not authorized to use the overhead warning lights while responding to a call until they have completed their probation packet and UVU EMS Code 3/Emergency Vehicle Operations (EVO) Training.
- 4) Seatbelts must be worn by all vehicle occupants prior to moving.
- 5) Equipment transported within the vehicle must be safely secured.

Lights and Siren Driving Requirements

To operate the vehicle using the overhead lights and the audible warning buzzer in response to a medical call, Emergency Vehicle Operations (EVO) training must be completed. This training is only given to post-probationary members following completion of probation.

- 1) All EVOs must have a valid Utah Driver's License.
- 2) EVO training completion must be documented. The trainers name, the trainees name, the date of the training, and what training standard was taught, need to be recorded and kept on record.
- 3) EVO training must be renewed every 2 years.

Lights and Siren Driving Procedures

Emergency vehicle operators will drive with due regard for the safety of vehicle passengers, all other persons on the roadway, and all property when driving with lights and siren.

- 1) EVO will use the lights and siren only when responding to an emergency medical call for service. Breach of this is a crime and may be charged as such.
 - a) EVO will drive left of center in the lane, without crossing any traffic lines, to encourage drivers to pull to the right side of the road.
- 2) Speed limits must be kept at all times.
 - a) MAX 10 mph on campus sidewalks, grass, pedestrian areas.
 - b) MAX 25 mph on roads.
- 3) EVO will not cross the double yellow line or drive on the opposite side of the road against the flow of traffic.
- 4) EVO will make a complete stop at all red lights and stop signs.
 - a) At red lights, EVO will 1) make a full and complete stop and 2) shut down lights and stop sounding the buzzer. After the light turns green, they will proceed normally through the intersection. After the intersection is cleared, EVO will resume Code 3 lights and buzzer response.
 - b) At yellow lights, EVO will slow to a stop and follow a) above.
 - c) At green lights, EVO will continue through the intersection normally.
 - d) At stop signs, EVO will make a complete stop using the lights and buzzer. After a complete stop, EVO will clear all lanes of traffic and ensure all vehicles approaching the intersection have stopped and are yielding the right of way. After confirmation that all vehicles have stopped, EVO may proceed through the intersection while preparing to stop if any vehicle starts to move.

Driving with Lights and Siren Determination

Code 1 (no lights and siren) vs. Code 3 (lights and siren) response is determined by Orem Dispatch. EVOs may choose to upgrade their response to Code 3 at their discretion for the following reasons:

- 1) The distance to the call will be greater than a 5-minute response time.
- 2) Orem Fire upgrades to Code 3 response.

Parking on Scene

When responding to a call, the vehicle will be parked in regard of the following guidelines:

- 1) Vehicles will not be parked in Fire Lanes, or in front of a Fire Hydrant, or in an illegal manner on a roadway.
- 2) Vehicles will be parked out of the flow of traffic, including pedestrian traffic.
- 3) Vehicles will not be parked in a manner that impedes the emergency exit of persons from a building.
- 4) Vehicles will not be parked in a manner that impedes access to the scene by Orem Fire Department, UVU Police, or any other responding agencies.

Non-UVU EMS Personnel in UVU Vehicles

No Non-UVU EMS personnel are allowed to ride in or operate any vehicle owned by UVU at any time.

- 1) For the purpose of patient care only, the patient and one of their acquaintances are permitted to ride in the vehicle. Transportation of a patient in the vehicle is limited to a patient that does not need ambulance transport or ALS care, but requires transportation assistance around campus.
- 2) Non-UVU EMS personnel permitted in the vehicle may include any police officers, other EMS providers, or other individuals who are directly related to the patient's care, as deemed appropriate and necessary by the Team Lead or senior member on scene.

Maintenance

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

Refueling of Vehicles

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

Collision with Vehicle

Driving Procedures is written to prevent even the opportunity for a collision. However, if a vehicle collision occurs, the crew shall:

- 1) Protect the scene with available warning devices including lights and cones.
- 2) Notify UVU dispatch immediately by radio that the unit was involved in a collision, and request UVU PD respond to the scene as well as any other necessary fire/rescue apparatus.
- 3) Ascertain if there are any life-threatening injuries to any UVU EMS personnel.
- 4) Wearing a Traffic Safety Vest, ascertain if there are any persons with life threatening injuries that need immediate lifesaving treatment in the other vehicle. Administer lifesaving interventions.
- 5) Do not make any statements to other drivers concerning any fault for the collision and speak only with patients as necessary.
- 6) Work with UVU PD as they gather information. Before leaving the scene, ensure UVU PD has obtained all necessary information.
 - a) Exchange necessary information with others involved as advised by UVU PD.
Record the police officer name, badge number, any tickets issued, and draw a rough sketch of the accident scene.
- 7) Ensure that even the minor injuries are well documented and receive appropriate emergency department follow-up as needed.
- 8) Contact the Team Lead as soon as possible.
- 9) Complete a UVU incident report as soon as possible, within twenty-four (24) hours of any collision.
- 10) Any driver involved in an accident will be immediately suspended from driving pending a safety review with the Director of Emergency Management and Safety and Team Lead.

Vehicle Breakdown

If the UVU EMS vehicle breaks down either during the course of an emergency call or under normal operating procedures, the driver will advise UVU dispatch. The on-duty crew will notify the Team Lead of the issue. If the vehicle failure occurs during normal operations, an Incident

Report is not required, but may be requested at the discretion of the Team Lead. Responders will continue on foot until the vehicle is repaired.

Driving in Inclimate Weather

UVU EMS may respond using the team vehicle to an emergency call during inclement or dangerous weather conditions. These conditions may include but are not limited to:

- Snow
- Rain
- Sleet/hail/ice
- Fog, etc.

To ensure the safety of UVU EMS members as well as those around them, the following rules will be put into place regarding use of the team vehicle in these conditions.

- All lights on the vehicle must be turned on while driving
- Driver will not exceed the speed limit of the road/ walkway as previously listed
- Vehicle will yield to all pedestrians and vehicles
- Vehicle must be parked in a safe, flat area, so as to avoid damage to the vehicle while EMTs are taking care of the patient.
- Vehicle will still never be used to transport patients.

When driving in these conditions, UVU EMS members should be extra vigilant and careful, using their best judgement.

Infection Control Procedures

Practicing EMS providers have the potential to be exposed to pathogens while responding to calls and caring for patients. Prevention of exposure is the best practice.

Vaccination

Utah Bureau of Emergency Medical Services and Preparedness (BEMSP) recommends all healthcare providers receive the following vaccinations:

- Hepatitis B Vaccine
- Tetanus, Diphtheria, Pertussis (TDAP) Vaccine
- Measles, Mumps, Rubella (MMR) Vaccine
- Influenza Vaccine (seasonal)
- COVID-19 Vaccine

- 1) Team members are not required to receive the above vaccinations.
 - 2) If members refuse the TDAP or Hepatitis B vaccine, they are required to sign the UVU Declination of Vaccination risk waiver.
 - 3) If members would like to be vaccinated for any of the above vaccines, they may contact their healthcare provider. UVU Student Health Services and Utah County Health Department are available to administer vaccinations.

Body Substance Isolation and Universal Precautions

All bodily fluids including but not limited to blood, saliva, mucous, feces, urine, vaginal secretions, semen, pus, sputum or phlegm, and amniotic fluids are assumed to be infectious with dangerous pathogens.

- 1) Isolation from all bodily fluids during patient care is a fundamental principle in exposure prevention.
- 2) All procedures involving blood or other body fluids will be performed in a way to minimize splashing, spraying, and generation of droplets or airborne particles

Hand Washing Requirements

Providers are required to wash their hands after each patient contact, when possible.

Hands must be washed immediately or as soon as possible after the removal of gloves and/or other personal protective equipment.

Personal Protective Equipment (PPE)

All care providers are required to wear personal protective equipment while caring for patients.

PPE Requirements

Gloves:

- 1) Gloves are to be worn with every patient contact.
- 2) Gloves changed between all patient contacts.
- 3) Gloves must be worn when handling items containing or contaminated with blood or any other body fluids.
- 4) Gloves must be worn while performing any patient care intervention or care procedure, such as medication administration, injection, or wound care.
- 5) If a glove is torn during a patient care intervention or procedure, the procedure is to be taken over by another crewmember with intact PPE, and the glove will be replaced.
- 6) Gloves are considered highly contaminated after direct or indirect contact with mucus membranes, non-intact skin, and bodily fluids of all patients and should be replaced as soon as possible and practical.

Eye Protection:

- 1) Is strongly recommended, but not required on every call.
- 2) Is required in any vehicle accident.
- 3) Is required when splashing, leaking, or spraying of blood or other body fluids is likely to occur.
- 4) Is required on suspicion of respiratory infectious disease, such as COVID-19, Tuberculosis, or Influenzae.
- 5) Is required for every crewmember during aerosol generating procedures, including BVM ventilation, airway device placement, airway suctioning, or CPR.

Face Masks:

- 1) Are required on every medical call until due to the COVID-19 Pandemic until further notice.

N95 (or higher) Respirator:

- 1) Is required on suspected airborne infectious disease patients including Tuberculosis and COVID-19.
- 2) Is recommended for the EMT performing aerosol generating procedures including BVM ventilation, airway device placement, airway suctioning, or CPR.

Birth or Labor:

- 1) Providers are required to don eye protection, a face mask, a non-permeable gown, and gloves when performing patient care during labor and birth.
- 2) Gloves, gowns, and face shields must be worn when handling the placenta or infant until blood and amniotic fluids have been removed from the infant's skin.

Cardiopulmonary Resuscitation:

- 1) Resuscitation masks or mouthpieces are to be used in place of mouth-to-mouth resuscitation.

Bodily Fluid Exposure and Exposure Report

A team member who has an exposure to any bodily fluids (blood, sputum, saliva, semen, vaginal secretions, wound draining, amniotic fluids, breast milk, tears, urine, and feces) must fill out an exposure report (Form-350) as soon as possible, within 24 hours of the exposure, and report it to the Team Lead.

- 1) Exposure is defined as direct or indirect contact of any bodily fluid to any non-intact skin or mucous membrane including but not limited to eyes, nose, and mouth.

2) To minimize risk associated with exposure, exposed team members are strongly encouraged to immediately wash the exposure site thoroughly with soap/water or waterless soap, or flushing of eyes, mouth, nose, or other mucous membranes for 15-20 minutes.

Sharps Hazards

Disposal of Needles, lancets, sharps

- 2) Used needles should be immediately discarded in a plastic puncture resistant red biohazard container.
- 3) All needles or sharp medical equipment should be disposed of immediately after use to prevent accidental injury.
- 4) Needles will never be reused.

Accidental Needle Stick

If an accidental needlestick occurs with a used needle, immediate flushing of the wound with mild soap and water is strongly recommended to attempt to reduce risk. An exposure report (Form-350) is to be completed as soon as possible after the call, within 24 hours of the exposure, and report it to the Team Lead.

Cleaning and Disinfection of Equipment and Work Areas

Cleaning and disinfection of UVU EMS equipment after use on a patient is required of team members. All equipment touched by the patient and personnel providing care for the patient must be cleaned and disinfected before being used on another patient. All equipment and environmental and working surfaces shall be cleaned and disinfected after contact with blood or other potentially infectious material. Disinfectants should not be used on skin.

Biohazard Disposal

UVU Student Health Services assists UVU EMS with proper disposal of biohazardous materials resulting from patient care. All potentially biohazardous material is to be stored safely for transport and taken to Student Health Services (SHS) for proper disposal.

- 1) All sharps, clean or contaminated, will be disposed of in a puncture resistant biohazard container. Full containers will be taken to SHS for disposal.
- 2) All non-sharp contaminated material will be placed in the red biohazard bag and taken to SHS for disposal.

HIV Positive Health Care Workers

In accordance with principles and recommendations by the Utah Department of

Health, UVU EMS has adopted the following guidelines. Team members are encouraged to learn their HIV status to protect and improve their own health. Decisions about the volunteer responsibilities of HIV infected health care workers with functional impairment or lack of infection control competence will be made on a case-by-case basis involving the team physician and the Team Lead.

Pandemic

UVU EMS will follow Utah State and the U.S. Centers for Disease Control recommendations for personal protection, patient protection, and infection control. UVU EMS will follow the guidelines in the emergency document: UVU EMS Coronavirus Response.

Pandemic Testing

If any team member receives a positive test indicating that they are infected with the COVID-19 virus, they shall complete a UVU self-reporting form to initiate contact tracing.

UVU/UCCU Event Stand-By Operations

UVU Events

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

1. Denial of the service request will be authorized by the Director of Emergency Management.
2. Minimum Event Staffing is 2 EMTs.

UCCU Events

While employed for UCCU Center events at Station 2 (EC108c), team members will follow UVU EMS SOPs for emergency medical operations.

1. Medical Responsibility relationship with Athletic Trainers
 - a) The on-duty crew's primary responsibility is caring for the spectators. If an athlete is injured during play, the athletic trainer(s) has the primary responsibility to provide medical care for the athlete.
 - b) If the athlete's injury/illness is life or limb threatening, it is the on-duty crew's responsibility to provide medical care.
 - c) If the athletic trainer surrenders care to UVU EMS, team providers may undo, redo, or cease any medical interventions initiated by the athletic trainer, if necessary, per patient assessment.

Minimum Staffing at UCCU Center

All UCCU Center events are ideally staffed with two providers, but if the event is unable to be covered, one provider can go in service for the event. The on-duty team members can be requested for backup and respond with the UCCU center EMTs when short staffed.

Documentation at Mass Gathering Events

When UVU EMS provides a standby crew for a large event, such as a concert, where many patients are anticipated, every patient treated or transported must be logged on a log sheet regardless of whether an Image Trend PCR is completed.

Multiple Simultaneous Calls at Mass Event

If there happens to be more than one patient at a time, providers will split off with means of communication and respond to each patient.

Communications

Primary communications

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

Proper radio procedures

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

Office Phone Usage

The purpose of the office phone is for EMS operations. It is a secondary dispatching method if radio traffic fails. Personal calls and messages for members of UVU EMS should be kept to a minimum. Any phone message for a UVU EMS member that is not present will be recorded on a slip of paper detailing the date, time, and name of the person leaving the message, and the message itself. Emergency messages will be delivered immediately to the addressed personnel.

Office Phone as backup dispatch:

- UVU Dispatch will call and relay dispatching information by phone if the radio fails. This means it is important to answer the phone on shift.

Phone Call requesting Medical Service:

- If a team member answers the phone and the caller needs medical help, the provider will write down the person's name, location, nature of illness/injury, and time of call. Provider will then radio to UVU Dispatch and create an incident and go enroute.

Personal Cell Phones for EMS Operations

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

Personal Cell Phone Expectations

- 1) Ringtones used by UVU EMS members while on duty, representing UVU, or wearing identifiable UVU EMS clothing shall be kept at an appropriate volume and shall not have any inappropriate language or messages.
- 2) Members shall not send or answer any personal phone calls or text messages while on a call or caring for a patient.
- 3) Members shall not use their cell phones or any type of recording equipment to record any patient under any circumstance, for any reason.

Public Information Procedures

- 1) Privileged Information

All information contained on a PCR shall be treated as confidential information and shall not be discussed with or disclosed to anyone except UVU EMS members, law enforcement officers, other EMS providers, and hospital staff as necessary for patient care in accordance with federal HIPAA regulations.

2) Public Information

Any inquiries that may ensue at the completion of a call such as media or bystanders must be promptly referred to UVU Police. No information, patient identification, or patient care details will be disclosed to the public by UVU EMS.

Interdepartmental Relations

UVU Police

The team members on duty will communicate with UVU Police officers at the scene of a 911 call.

- 1) Police officers are responsible for the scene management, UVU EMS is responsible for patient care.
- 2) Any conflicts arising on the scene of an emergency call with UVU Police should not be discussed until after the patient care is rendered. Conflicts should be avoided. Any conflicts shall be reported to the Team Lead immediately after completion of the call.

Student Health Services (SHS)

If Student Health Services requests information or has questions pertaining to the service rendered by UVU EMS, they shall be referred to the Team Lead.

Local EMS Departments

The UVU campus is within the jurisdiction of Orem City Fire Rescue Department/Orem Fire Department (OFD). OFD will be dispatched to every medical call for service. UVU EMS will

coordinate patient care with responding EMS units. If the patient does not need hospital transport by ambulance or advanced life support care, a UVU Police officer may cancel the responding unit in consideration of provider judgment.

Relationships with Other Agencies

The Team Lead will act as the liaison between UVU EMS and all outside agencies related to all UVU EMS operations, including, but not limited to, neighboring Fire or EMS departments, Utah County EMS, and the Utah Department of Health.

Multiple Casualty Incident Procedures

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

- 1) Upon arrival to the scene of the emergency call, the highest certification post-probationary team member shall make the determination of need.
- 2) UVU Dispatch will be notified immediately of the situation and updated constantly as to the development of the situation including all area locations.

Large Scale Incident Management

In the event of a MCI or regional incident, the applicable Incident Commander may issue an authorization for use of simple language as defined through the National Incident Management System.

Emergency Medical Care

Utah County Clinical Operating Procedures (UCCOGs)

UVU EMS will operate according to the current UCCOG.

