



Johns Hopkins University Emergency Response Unit

Standard Operating Guidelines

Created: April 2, 2006

Revised: February, 2018

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Overview and General Provisions of Operation

Purpose

The Johns Hopkins University Homewood Campus Emergency Response Unit (hereafter, "HERU") is a volunteer emergency medical services student organization that complements other campus health care facilities by providing basic life support to the students, faculty, staff, and community that comprises The Johns Hopkins University Homewood Campus and the areas serviced by Homewood Campus Security. HERU is part of the Hopkins Emergency Response Organization (HERO), in accordance with the constitution of the Hopkins Emergency Response Organization, by which it is financed and directed.

Function

The function of HERU is to provide EMT level care to the Johns Hopkins University Homewood Campus community. EMT level care is defined in accordance with the skills and responsibilities as put forth by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). HERU is under the medical direction and counsel of Johns Hopkins LIFELINE/Lifestar Response and the operational direction of Homewood Campus Security.

Membership

All references to EMT and Field Training Officer in these SOGs will mean those individuals who hold the rank of EMT and Field Training Officer, respectively, as defined in the HERO Constitution, the administrative body of HERU. These Field Training Officers and EMTs, in order to run shifts with HERU, must comply with the requirements set forth by the aforementioned HERO Constitution.

Furthermore, failure to meet any of the below responsibilities or to follow the rules and regulations set forth in the SOGs or Constitution will result in disciplinary action. Disciplinary action is outlined in the Amendments and Bylaws of the HERO Constitution. Disciplinary actions may include a reprimand and/or public apology, suspension from duty for no less than three weeks but no more than one semester, demotion in rank from ~~Field Training Officer~~ Field Training Officer or EMT, and/or permanent withdrawal of rank, privilege, and membership in HERO.

Payment and Fees

Neither HERU nor its members will charge a fee or accept compensation for first aid, assistance, or consultation rendered as a function of HERU.



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HERU Personnel

Administration of HERU

1. A 'Line Officer' is defined as a Lieutenant or Captain.
2. The 'Operations Officers', who control day to day operations of the unit, are the Captain, Equipment Officer and Personnel Officer

On-Call Personnel

HERU will operate a three-person Primary Crew at all times when it is in service. The Primary Crew will consist of one Field Training Officer, one EMT and one Driver. Additionally, HERU will have one Duty Officer in service.

1. The position of Duty Officer can be filled by any Line Officer.

The Primary Crew Will

1. Respond to all calls at any location dispatched by Security.
2. Acknowledge all calls using the radios according to the "Radio Operation Procedures"
3. Remain and sleep on campus while on duty
 - a. On-campus will be defined to include the buildings and grounds of the Homewood Campus, University-owned residence halls at the Homewood campus, and any residences so long as it is within the area bounded by the following streets: one block North of University Pkwy, 29th St on the South, Guilford Ave. on the East and San Martin Drive on the West. The Captain may approve any residence not included in these boundaries.
 - b. If a Field Training Officer or EMT is not clear as to whether his/her location is "on-campus," he/she must ask one of the Operations Officers, who will determine if the on-duty personnel is allowed to be there.
4. Remain fully dressed, in uniform, at all times. Only shoes may be removed.
 - a. Members on the 0000-0800 shift may wear sleeping clothes as long as they sign on the air within 15 seconds of receiving the call and as long as they respond to the call in uniform.
5. Run shifts scheduled by the Personnel Officer. In the event that a member is unable to take the shift, he/she must try to find a replacement and if unable to do so, he/she must contact the Personnel Officer at least 24 hours prior to his/her shift and then, if necessary, the Captain.
6. Carry their radios and equipment at all times and be responsible for any damage to the radios incurred during their shift.
7. Check and restock equipment in the bag at the beginning of the shift.
8. Adhere to these HERU SOGs.



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9. Operate at a level consistent with each member's level of training, but no higher than the level of training of EMT. Individual members cannot operate at a level higher than that for which they are certified, even if the overall crew operates at a higher level.
 - a. The Field Training Officer will make all decisions on scene, even if a EMT has a higher level of certification.

The Primary Crew Will Not

1. Go into the steam tunnels, below C-Level of the MSE library, or into the basement of Croft Hall except to render patient care. It is recommended HERU members stay away from quiet levels of the library to avoid disturbing other students.
2. Operate or ride in any motorized vehicle except HERU vehicles or a Security Unit while on duty.
3. Be under the influence of alcohol or any other substances.
 - a. All members must have a BAC of 0.00 at the time they go on duty.
 - b. If the member is defined as "under the influence" by any of the above criteria, he/she is deemed not competent to run and must notify the Personnel Officer or Captain immediately, and must try to find coverage for his/her shift. The member may not take his/her shift.
 - c. If the member who is "under the influence" cannot find coverage, the Personnel Officer will be responsible for finding coverage of the position. If no coverage can be found, the position will be paged out of service.
 - d. Violation of the foregoing section is subject to discipline by the BOD in accordance with the HERO Constitution, including immediate termination.
4. Chew gum or eat while on scene.

EMT Expectations

The position of EMT, as defined in the HERO Constitution, represents an entry level position of HERU providing patient care and as a result, will have the following expectations:

- They shall be adequately versed in current Maryland EMS protocols as well as current HERU SOGs, HERO equipment, all HERO vehicles, and the HERO Constitution.
- They are expected to interact directly with the patient and other members of the Primary Crew in a professional and courteous manner.
- The EMT is expected to continue learning and developing their skills.
- The EMT is entitled to a copy of their written evaluations when requested from the Personnel Officer
- Perform all actions under the direction of a Field Training Officer or higher ranking member.
- When acting as the FTO in training on calls for evaluation, they are expected to fulfill all requirements as outlined in the corresponding packet.
- They cannot terminate any patient contact without direct supervision



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- The EMT is expected to become a driver or FTO within 3 semesters of active duty beginning on 02/04/2018 or risk their position on the unit.

Field Training Officer Expectations

The position of Field Training Officer, as defined in the HERO Constitution, represents the chief medical provider of the Primary Crew. As a result, they shall be responsible for all of the EMT Expectations listed above and will have the following additional expectations, as well as those outlined in the corresponding packet

- They are expected to manage the Primary Crew and supervise the EMT as they provide care.
- The Field Training Officer is expected to provide appropriate training and debriefing to the entire crew on any skills or protocols deemed necessary to ensure continued development.
- Complete all mandatory trainings, as outlined in the corresponding packet.
- Field Training Officer must also communicate their evaluations to the EMT after each call.
- The ~~Field Training Officer~~ Field Training Officer is expected to ensure all patient care reports are completed thoroughly and accurately by the conclusion of every call. The ~~Field Training Officer~~ Field Training Officer will be responsible for any follow-up arising from the patient care report during Quality Assurance reviews.
- The ~~Field Training Officer~~ Field Training Officer is empowered and expected to provide initial and basic corrective action of the EMTs under their supervision, with guidance and follow up by their Duty Officer and the Personnel Officer, respectively.

Duty Officer Expectations

The position of Duty Officer, as defined in the HERO Constitution, represents the highest operational position on duty, and is fulfilled by a Line Officer. They shall be responsible for all of the ~~Field Training Officer~~ Field Training Officer expectations listed above, as well as the following additional responsibilities:

- The Duty Officer is expected to be available to respond to all HERU calls in their vehicle, or if requested by the Primary Crew.
- The Duty Officer is expected to oversee any scene they respond to and ensure appropriate decisions are made as well proper patient care is rendered.
- The Duty Officer is empowered and expected to provide basic corrective action of the Crew under their supervision, with follow up by the Personnel Officer.

General Patient Care

All general patient care must follow up to date Maryland Medical Protocols for Emergency Medical Services Providers as provided by the Maryland Institute for Emergency Medical Services Systems



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Communications

Radio Descriptions

1. Radios will be purchased and issued at the discretion of the Equipment Officer
 - a. Radios will be distributed in the following priority:
 - i. Captain
 - ii. Lieutenants
 - iii. Personnel Officer
 - iv. Equipment Officer
 - v. Any other positions deemed in need of a radio by the Equipment Officer
2. Each member should be familiar with the operation of his/her radio. He/she should contact the Equipment Officer if there are any questions regarding equipment.

Radio Operating Procedures

1. To turn the radio on, the volume knob should be rotated clockwise until a click is heard, followed by a 4-tone ascending sound.
 - a. Whenever the Primary Crew is in service, the radios should be on the "HERU Channel"
2. To turn off, rotate the volume knob counter-clockwise until a click is heard.
3. Use of the Security channel is prohibited unless an extraordinary situation occurs. In that case, the person using the Security channel must notify a Operations officer.
4. The flashing yellow or green light on top of the XPR 6550/7550 radio is irrelevant to the operation of the radio for HERU purposes.

Call Signs

1. Proper communication procedures require the use of appropriate call signs. The following call signs will be used:
 - a. "Primary Crew" will refer to the primary responders when the Field Training Officer, Driver and EMT are together (e.g., at the scene of a call or when responding together from the HERU squad room).
 - b. "HERU Duty Officer" or "Duty Officer" will refer to the individual Duty Officer.
 - c. "Field Training Officer" will refer to the individual Field Training Officer.
 - d. "EMT" will refer to the EMT.
 - e. "Driver" will refer to the Driver.
 - f. "Captain" or "HERU Captain" will refer to the Captain or acting Captain of HERO.
 - g. "Personnel" or "Personnel Officer" will refer to the Personnel Officer or acting Personnel Officer of HERO. This identifier should only be used if the Personnel Officer is not a Lieutenant. If they are a Lieutenant, the Personnel identifier should only be used when performing Personnel related activities, otherwise they shall use their Lieutenant identifier as explained below.



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- h. "Equipment" or "Equipment Officer" will refer to the Equipment Officer or acting Equipment Officer of HERO. This identifier should only be used if the Equipment Officer is not a Lieutenant. If they are a Lieutenant, the Equipment identifier should only be used when performing equipment related activities, otherwise they shall use their Lieutenant identifier as explained below.
- i. "HERU Lieutenant #" will refer to an off duty lieutenant, with # being replaced by the lieutenant's identifier number.
- j. "Security Base," "Security Dispatch," or "Dispatch" will refer to the Security Communications Center.

Radio Communications

1. The Primary Crew and Line/Operations Officers should have their radios on the HERU channel at all times.
2. All radio transmissions should be spoken in a calm and clear voice.
3. Unit members should know what they want to say before pressing the "push-to-talk" button.
4. In the event of a call, Security Communications Center will dispatch the Primary Crew as follows:
 - a. Security will press the "tone alert" button, which will transmit a tone over the HERU frequency.
 - b. After the tone alert, the Security dispatcher will say, "Hopkins Emergency Response Unit primary responders, please respond to [location] for [MOI/NOI]," twice.
5. The Primary Crew will acknowledge the dispatch by saying, "[Title] responding from [location]."
 - a. The Primary Crew will respond in the order of EMT, Driver (if the ambulance is in service), Field Training Officer, HERU Duty Officer.
 - b. The Field Training Officer will acknowledge the dispatch by saying, "Field Training Officer responding from [location] to [location of scene]."
6. As members of the Primary Crew arrive at the scene they should say, "[Title] on scene."
 - a. The first member of the Primary Crew to arrive on scene should also relay to the remaining responders any other important information, such as the need for additional equipment or additional personnel, a more detailed description of the call location, any important patient information (excluding identifying patient information), or any other information requested by the Field Training Officer.
7. When the call is completed, the Primary Field Training Officer should put HERU back in service by saying, "Field Training Officer to Security Base, HERU is back in service."
8. The use of portable radios is governed by the FCC. Our radio channels are licensed by the FCC and therefore are subject to its regulations.
 - a. Unit members must use radios only for appropriate communications while speaking with proper language.



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- b. Unit members shall not transmit identifiable details about the patient, particularly the patient's name, over the radio.
9. Avoid using 10-codes whenever possible.
 - a. If the Security dispatcher uses a 10-code with which a member of the Primary Crew is unfamiliar, he/she should ask for clarification from the Security dispatcher or one of the Line Officers.

Radio Care

1. Portable radios are expensive to replace and repair. Each member is responsible for all damages to the radio and batteries while he/she is on duty.
 - a. Do not throw or drop the radio.
 - b. Keep the radio dry.
 - c. Do not hold the radio by its antenna.
2. Any unit member who wishes to use a personal microphone must know how to operate it correctly.
3. Battery and Recharging Procedures
 - a. The radios' batteries should be charged during the A shift or whenever the battery is low.
 - b. An audible "battery low" tone will be heard if the battery is extremely low.
 - c. A solid green light on the charging dock means that the battery is fully charged.
 - d. A flashing green light on the charging dock means that the battery is almost fully charged.
 - e. A yellow light on the charging dock means the radio is not charging. If seen, unit members should attempt to reposition the radio on the charging dock.
 - f. A red light on the charging dock means that the radio is actively charging.
 - g. If a member's radio is making a "battery low" tone while charging, he/she should ask the Primary Field Training Officer to call him/her if a dispatch comes through. He/she should then turn the radio off for 10 minutes to allow the radio to charge. He/she should then notify the Primary Field Training Officer once the radio is turned on again.

Special Circumstances

1. In the event that a tone alert comes through the radio and no dispatch information follows, the Duty Officer should attempt to contact Security via the HERU channel.
 - a. If unsuccessful, the Duty Officer should call Security at (410) 516-4600 using his/her personal cell phone for dispatch information.
 - b. The Duty Officer should then relay the dispatch information to the rest of the Primary Crew over the HERU channel.
 - c. The Duty Officer should keep the rest of the Primary Crew informed via the HERU channel of his/her attempts to rectify the situation in this case.



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2. If the call location is too far for a member of the Primary Crew to run to the scene, he/she may request Security or the HERU vehicle for transport.
 - a. The Duty Officer must not go out of his/her way to pick up on-duty HERU members for transport.
 - b. If requesting transport from the Duty Officer, the person requesting transport should provide a rendezvous point that is on the way to the scene.
3. In the event of a significant incident (cardiac/respiratory arrest, major trauma, Mass Casualty Incident (MCI), etc), the first member of the Primary Crew to arrive on scene should give the rest of the Primary Crew via radio a description of the scene with an approximate number of patients. In the event of a MCI, see the MCI Protocol

Patient Privacy

Patient privacy is extremely important to HERU due to operating in a small campus community.

HERU recognizes our small response area and small community can allow minor details of a HERU



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call to be related back to a specific patient. As such, in accordance with Maryland and Federal privacy laws, HERU imposes the following additional standards upon providers:

1. HERU members may not discuss the name, date of birth, year in school, or the campus or permanent address of a patient, or other identifying details, except with the other members of the Primary Crew, HERU Operations Officers or HERU's Operational Medical Director.
 - a. In the case of these exceptions, these conversations must take place in a secure location where it is not likely to be overheard.
 - b. An exception will also be made for other disclosures as may be permitted by law.
2. HERU members may not discuss a call in any way with the bystanders of the call.
 - a. Should a member be placed in a situation where others are asking for information about a patient or a HERU call, the member shall respond in a courteous but ambiguous manner, such as with one of the following statements:
 - i. I cannot confirm or deny I was there or that happened.
 - ii. On behalf of HERU, we thank you for your compliments.
3. Should a patient have questions about the care they received, they shall be directed to the HERO Captain.

Mass Casualty Incident (MCI) Operations

1. The Field Training Officer or Duty Officer may declare an MCI if he/she feels that the situation on scene overwhelms the capabilities of the Primary Crew.
2. If the Primary Field Training Officer feels that the declaration of an MCI is necessary, he/she will declare an MCI over the HERU channel by saying, "Field Training Officer to Security



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Base, I am declaring an MCI at [location]. I am requesting [additional resources].” Additional resources can include:

- a. Any or all Line Officers
 - b. “All Call”
 - c. Additional Hopkins Security personnel
 - d. Baltimore City Fire Department
 - e. Baltimore Police Department
3. Upon the declaration of an MCI, command may request that the Personnel Officer, or designee, initiate a Field Training Officers all call.
 4. The Duty Officer shall assume the initial role of Incident Commander unless relieved by a higher ranking Line Officer upon their arrival. Operations Officers may also fulfill command roles at the discretion of the IC.
 5. Command shall establish a command post and all responding members shall turn in their HERO identification card for accountability.
 6. All command officers shall wear the appropriately labelled vests when on scene to make identification easier. Assigned incident command roles may include:
 - a. A HERU Incident Commander. The Incident Commander shall be the only person contacting Security or other units. Upon the arrival of BCFD, the HERU Incident Commander will become the Section Chief or Branch Director, depending on ICS structure, representing HERU. The Incident Commander will assign division officers as they arrive.
 - b. A Triage Officer who is responsible for contacting all unit members requested to respond. All members participating in triage should report to the Triage Officer. All arriving responders should report to the Incident Commander for assignment of tasks. The triage officer reports directly to the Incident Commander.
 - c. The Treatment Officer is responsible for all patients in the treatment area and all personnel assigned to treatment. The Treatment Officer is responsible for distributing medical equipment and supplies as necessary to members assigned to Treatment. The Treatment Officer reports directly to the Incident Commander.
 7. The HERU vehicle should be parked as close to the scene as possible. The Duty Officer should ensure that the car remains on and that all warning lights are illuminated to mark the Incident Command post.
 8. The Primary Crew should initiate the START triage system.
 9. The Primary Crew should use the triage tags located in the MCI bags in the back of the HERU vehicle.

Uniforms

1. The HERU uniform must be worn by all primary on-call HERU personnel and consists of the following:
 - a. The HERU shirt with appropriate patches (depending upon level of certification) and navy blue or black EMT pants, or shorts, depending on the weather.



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- i. Field Training Officers will wear an issued a white uniform shirt. EMTs will wear an issued navy blue uniform shirt. The shirts must be tucked in and a belt must be worn. Boots may not be worn with EMT shorts. The driver shall wear the uniform of their rank.
 - ii. Field Training Officers may optionally wear khaki EMT pants or shorts.
 - iii. Providers are recommended to carry EMT pocket protocols, Trauma Shears and a penlight on their person.
 - iv. The HERU Line Officers may wear appropriate insignia including bars and nameplates.
 - v. No other patches or insignia may be worn without the permission of the Equipment Officer.
- b. Blue or black jackets with the HERO logo may also be worn over the HERU shirt.
- i. A HERO patch can be sewn on the upper left arm of the jacket.
 - ii. MD EMT can sew the MD EMT patch on the right arm of the jacket shirt.
 - iii. A reversed American flag can be sewn on the upper right arm of the jacket shirt.
- c. On the overnight shift (0000-0800 or 0000-1000), HERU on-duty members may wear an alternative uniform:
- i. An official HERU overnight shirt
 - ii. HERU Jacket or Workshirt
 - iii. Sneakers
- d. A solid-colored white, navy blue, gray, or tan long-sleeved shirt may be worn under the uniform polo shirt or overnight shirt for warmth.
- e. A clean, professional-looking jacket may be worn on top of the uniform shirt in cold weather for warmth.
- i. If a unit member is uncertain as to whether his/her jacket is unprofessional-looking, he/she must contact the Equipment Officer.
 - ii. HERU personnel may need to remove a non-approved jacket in order to gain access to a building. Security may request to see the uniforms of on-call personnel in order to gain access to a building.
 - iii. Official HERU attire is available for purchase.
 - iv. Attire from other departments may not be worn
- f. All on-call HERU personnel must wear a watch with a second hand or digital second counter on scene in order to take proper vital signs.
- g. Long hair must be tied back while working with patients.
- h. Facial hair must be neat and clean in appearance, and cannot interfere with the proper use of personal protective equipment, including respiratory protection.
- i. Closed-toed and closed-back shoes must be worn at all times.
- j. All on-call HERU personnel must carry their HERO issued ID that can be shown to or left with security guards in order to gain access to a building. On-call HERU personnel must also carry their EMT and CPR certification cards.



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- k. Duty Officers are exempted from the aforementioned uniform requirements but are expected to wear at least one HERO marked unit of clothing and visibly display their HERO issued ID card.

The following may NOT be worn on scene

1. Dangling jewelry that will get in the way of patient care.
2. Pants that show HERU personnel's undergarments.
3. Anything that impedes patient care or running ability.

HERO Standby Protocol

Authority:

In accordance with Article VI of the HERO Constitution, this protocol is a medical decision and as such is under the purview of the HERO Captain.



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Purpose:

From time to time, organizations both on and off campus request HERU provide them with standby EMS providers onscene for the duration of their event. This document is to serve as the protocol for these situations.

Protocol:

Formal standby requests will be made to the Captain of HERO and will be accepted on a case-by-case basis based on the logistics of the event. In general, HERO will not provide official standby coverage at events primarily taking place beyond the HERU boundaries as described in the HERU SOPs. HERO will generally not provide standby coverage when HERU is out of service. Exceptions will be made on a case-by-case basis at the discretion of the Captain.

Staffing:

Staffing for the standby will be coordinated by the Captain and Personnel Officer. The minimum staffing for a HERU standby is one EMT of any HERU rank. Specific events may require increased staffing.

Care Provided:

The Standby Crew is authorized to provide care at the basic first aid level without activating the HERU Primary Crew, regardless of the Standby Crew's rank or MIEMSS Certification. Examples of basic first aid include:

- Providing cold compresses
- Providing bandages and basic wound care equivalent to that provided by a first responder
- Recommending further care and a complete assessment

If the standby crew feels a patient needs care beyond the basic first aid level, or transport is needed, the Primary Crew must be activated via the Homewood Emergency Communication Center while they perform the needed interventions. Care shall not be delayed due to needing to contact HCC.

The Primary Crew will provide further care and complete appropriate documentation as outlined in the HERU SOPs, making sure to note the interventions and care provided by the standby crew prior to their arrival. The members of the Standby Crew providing care will be considered providers for the purpose of patient care documentation. The members of the Standby Crew do not need to go the squad room and leave the standby to complete a Patient Care Report, which is the responsibility of the Primary Crew Field Training Officer.

All standbys require a Standby Incident Report to be filled out at the completion of the event.



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Recruitment

The Selection Committee

1. The RRO shall be responsible for the recruitment of new members and serve as the Chairman of the Selection Committee.
 - a. Refer to the HERO constitution for details on choice and removal of the RRO.



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2. The RRO can select three to five Selection Officers from the HERO general body to assist in the recruitment process.
 - a. Selection Officers will be selected at the discretion of the RRO upon a formal written application.
 - b. Selection Officers can be removed by the RRO at his/her discretion.
3. The selection committee will meet during the spring semester before each recruitment cycle to plan the selection process and decide upon dates for each component of the process.
4. The selection committee will meet and discuss each applicant after each round of the application process.
 - a. New members will be chosen by the selection committee based on an agreed upon criteria outlined in a formal rubric.

Applicant Requirements

1. In order to be eligible to apply, applicants must fulfill the requirements outlined by the constitution.

Selection Factors

1. New members will be chosen based upon the following criteria.
 - a. Knowledge
 - i. Professionalism
 - ii. Prudent decision making
 - iii. If prior EMT
 1. Must hold a valid state EMT-B or above certification from the United States or must have completed an EMT course and be in the final stages of certification.
 - b. Skills
 - i. Interpersonal skills
 - ii. Positive when correcting peers
 - iii. Personable
 - c. Abilities
 - i. Ability to work well with others
 - ii. Ability to direct subordinates
 - iii. Ability to establish and maintain cooperative relationships
 - iv. Ability to work in stressful situations
 - v. Ability to follow oral and written instructions.
 - vi. Ability to communicate ideas effectively both orally and in writing.
 - vii. Ability to maintain a positive attitude while working
 - viii. Ability to positively respond to criticism
 - d. Other
 - i. Dedicated and committed to putting in time on the unit
 - ii. Compassionate



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- iii. Patient
- iv. Positive interactions with SO's and/or RRO
- v. No major disciplinary history with the Ethics Board
- vi. No history of academic probation

Selection Process

1. Separate procedures will be conducted for prior EMTs and non-EMTs.
2. The application process for both groups will include a written component, an evaluation in a group setting, and an individual interview.
3. Rubrics will be designed in the spring for each of the application components and used at the discretion of the selection committee for the duration of the application cycle.
4. Each applicant must sign a confidentiality agreement stating that they will not disclose information regarding the selection process.
5. Each applicant will be assessed individually based on objective criteria.
 - a. If an applicant has a personal relationship with the RRO or one of the SO's, that applicant will be evaluated by the remaining members of the selection committee.
 - i. The committee member that knows the applicant may give a general impression or character representation of the applicant but will not be involved in their final selection and will not be present during their individual interview.
6. A wait list shall be established by the selection committee for the non-EMT applicant pool only.

After Selection

1. Prior EMTs who are accepted onto the unit will be turned over to the Personnel Officer and Training Officer who will work with them to obtain reciprocity in the state of MD and be bridged onto the unit.
 - a. These accepted applicants must sign a "New Member Contract"
2. Non-EMTs who are accepted onto the unit will be turned over to the Personnel Officer and Training officer who will work with them to obtain EMT licensure and be bridged onto the unit.
 - a. These accepted applicants will take an EMT course during intersession and sign a "New Member Contract" stating they will pay the agreed upon price of the course.
 - b. Applicants offered spots on the unit must respond confirming their place in the class within 72 hours or forfeit their acceptance.
 - i. If the applicant declines the position, an applicant from the waitlist will be selected to take their place.
 - c. If for some reason this applicant would like to withdraw their acceptance, they must notify HERO at least 15 days prior to the class so that an applicant from the waitlist can be accepted.



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- i. If they do not notify HERO at least 15 days prior to the class they must pay the full fee for the course as established by HERO unless another applicant can replace their position from the waitlist.
- ii. In the case of extenuating circumstances, accepted applicants who withdraw from the class may be offered a spot on the unit if they obtain an EMT license on their own.

Internal Continuing Education Training for Members

1. All new members must attend a 'bridger' course as organized by the Training Officer. New member training must also include:
 - a. Privacy Course available via myLearning
 - b. Bloodborne Pathogen training available via myLearning
 - c. Respirator fit testing
 - d. And any other trainings at the discretion of the Training Officer.



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- e. EMTs must attend four continuing education evolutions organized by the Training Officer each semester.
2. Field Training Officers must attend six continuing education evolutions organized by the Training Officer each semester. Three of these six continuing education evolutions must be in-person. Three may be virtual. One continuing education evolution must be hands-on. Field Training Officers must also attend regular Field Training Officer meetings which will be held by the Personnel Officer.
3. Members who do not acquire all required continuing education credits are not eligible to run shifts the following semester, until they make up missed credits under the discretion of the Training Officer.
4. All members must additionally complete on an annual basis:
 - a. Respirator fit testing recertification
 - b. Privacy Privacy course available via myLearning
 - c. Bloodborne Pathogen refresher training via myLearning
 - d. CPR recertification biannually as needed
 - e. Non-compliance with the above requirements will result in a member becoming inactive until they are compliant, at the discretion of the Personnel Officer

Stress Management Protocol

Purpose:

To provide guidance on resources available to HERO members to ensure safe processing of stress.

Protocol:

1. All members of HERU are encouraged to seek care for their medical and mental health needs when needed.



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2. If a member feels overwhelmed by academics, social activities or other stressors including patient care provided, they are encouraged to utilize any or all of the following options:
 - a. The JHU Counseling Center at (410) 516-8278. The Center provides free and confidential mental health services to full-time undergraduates.
 - b. Another member of HERU
 - c. A religious advisor
 - d. An academic or other advisor
 - e. The Personnel Officer, or designee
 - i. The Personnel Officer or designee may, based on the circumstances and wishes of the affected individual(s), arrange an appropriate destressing activity. The Personnel Officer or designee may contact the Johns Hopkins LIFELINE faculty/operational advisor for assistance and/or may initiate one or more of the following:
 1. A one on one discussion with the Personnel Officer, Johns Hopkins LIFELINE faculty/operational advisor or designee.
 2. A team discussion with the Personnel Officer, Johns Hopkins LIFELINE faculty/operational advisor or designee.
 3. An intervention by the Johns Hopkins RISE Team. If this intervention is requested by the affected member or by the Personnel Officer, or designee, they will contact the HERU Captain to arrange the meeting. The HERU Captain will contact the Johns Hopkins LIFELINE faculty/operational advisor (Team Educator, Nurse Manager or Medical Director) for further assistance in activating the Johns Hopkins RISE Team.
3. Any utilization of this protocol will be handled confidentially by any HERU Leadership involved. No member is required to notify the HERU leadership of a distressing resource used, except for the Johns Hopkins RISE Team which will only be activated as described above.

Approved by LIFELINE QA Officer on 4/17/16// Shawn Brast

Approved by LIFELINE OMD on 4/17/16 // Michael Millin, MD

Exposure Protocol

Policy:

Johns Hopkins and Hospital Safety Policy require that any employee or staff member who sustains a bloodborne pathogen exposure must report the incident immediately.¹ The purpose of this policy is to provide guidance specific to HERU providers regarding occupational exposures to bloodborne pathogens. Advice and counsel regarding the bloodborne pathogen exposure, as well as a

¹ Healthcare Workers' Responsibilities and Management of Bloodborne Pathogen Exposures (5-STIX), www.hopkinsmedicine.org/hse/stix.html#Policy.



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prescription for any medication necessary to mitigate the exposure will be provided by the Infectious Disease Specialist on-call, Occupational Health Services or the local Emergency Department.

Procedure:

1. Onsite medical treatment for an occupational exposure will commence at time of exposure. A HERU Member will render medical care consistent with Maryland Protocol.
2. The HERU Member affected will contact the next level supervisor in real-time for assistance.
 - a. In the case of an EMT, this is the Field Training Officer or Duty Officer. In the case of a Field Training Officer, this is the Duty Officer. In the case of a Duty Officer, this is the Captain.
3. HERU members having an occupational exposure will seek initial treatment at the same emergency facility that the source patient is receiving medical care to facilitate screening, consent and treatment².
 - a. In the event the source patient does not require or refuses emergency care:
 - i. Immediately contact the Homewood Exposure Hotline with a source patient that is consenting and amenable to participate in post exposure screening.
 - ii. In the event the source patient is not consenting or amendable to post exposure screening, the HERU member will contact 911 and request assistance from Baltimore City Fire Department and Campus Police
4. Post exposure prophylaxis (PEP) for HIV and Hepatitis B should occur as soon as possible.
 - a. It is the policy of HERU and the recommendation of LIFELINE that all providers be strongly encouraged to be immunized against Hepatitis B such that Hepatitis B PEP shall not be needed.
5. If not done already, immediately call the Homewood Exposure Hotline when practical or on arrival to the emergency care facility that is treating the patient. The member experiencing the bloodborne pathogen exposure will notify the Occupational Health Professional of the event and that they are at the emergency care facility of the source patient and follow their directions.
 - a. Occupational Health Services (OHS) during office hours (0830hrs – 1700hrs): (410) 516-0450³
 - i. If OHC is not reached during business hours, call Campus Security at: (410) 516-7777
 - ii. For off hours, call the STIX Hotline at 410-955-7849.
6. If not already notified, the HERU Captain must then be contacted immediately for injury reporting and to assist with exposure documentation.⁴

² "Hospitals – HIV Testing – Consent and Public Safety Workers" Senate Bill 718 (Chapter 330, Section 2, 2005).

³ The Johns Hopkins University and The Johns Hopkins Hospital, Health, Safety, and Environmental Manual Biological Safety, Bloodborne Pathogen Exposure Control Plan, HSE501.

⁴ The Johns Hopkins University and The Johns Hopkins Hospital, Health, Safety, and Environmental Manual Biological Safety, Incident and Injury Reporting, HSE004.



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- a. The HERU Captain will contact the Johns Hopkins LIFELINE faculty/operational advisor (Team Educator, Nurse Manager or Medical Director) in real-time if active assistance is required or within 72hrs for post exposure debriefing.
- b. A copy of the completed Report of Incident form shall be timely transmitted to the JHU Student Health & Wellness Center.

Attachment: Johns Hopkins Institutions Employee Report Of Incident.

Approved by LIFELINE QA Officer on 09/27/2016 // Shawn Brast

Approved by LIFELINE OMD on 09/28/2016 // Dr. Michael Millin

Media and Press Releases

1. Only the Captain may make official statements to the media regarding HERO.
2. Members may not handle requests for information from the media or general public regarding calls without consulting the Captain.
3. At no time is a member allowed to speak with the media at the scene of a call.
4. Information pertaining to the identity of an individual or the nature of the call cannot be released to the media or to the public under any circumstances.