



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures</b>	<i>Original Date:</i>	4/2/2006
Subject: General Patient Care	<i>Last Edited:</i>	2/3/2019

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Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 1</b>	<i>Original Date:</i>	4/2/2006
Subject: General Overview	<i>Last Edited:</i>	1/10/2019

## I. PURPOSE

The Johns Hopkins University Homewood Campus Emergency Response Organization (hereafter, “HERO”) 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. It acts in accordance with the HERO Constitution and is financed and directed under the same name.

## II. Function

The function of HERO 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). HERO is under the medical direction and counsel of Johns Hopkins LIFELINE Response and the operational direction of Homewood Campus Security.

## III. Membership

All references to EMT and Field Training Officer (FTO) in these Standard Operating Procedures (SOPs) will mean those individuals who hold the rank of EMT and Field Training Officer, respectively, as defined in the HERO Constitution (Article IV-B), the administrative body of HERO. These Field Training Officers and EMTs, in order to run shifts with HERO, 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 SOPs or Constitution will disciplinary action. Disciplinary action is outlined in the Amendments and Bylaws of the HERO Constitution (Article VIII) and Section 12 of this document. Disciplinary actions may include a reprimand and/or public apology, suspension from duty for a time period deemed appropriate by the BOD but no more than one semester, demotion in rank from Field Training Officer or EMT, and/or permanent withdrawal of rank, privilege, and membership in HERO.

## IV. Payment and Fees

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



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## I. Administration of HERO

- a. A 'Line Officer' is defined as a Lieutenant or Captain, unless the Captain is at the rank of FTO.
- b. The 'Operations Officers', who control day to day operations of the unit, are the Captain, Equipment Officer and Personnel Officer.

## II. HERO Positions

### **EMT**

The position of EMT, as defined in the HERO Constitution (Article IV-B), represents an entry level position of HERO 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 HERO SOPs, 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 evaluations after every call via the electronic evaluation form.
- Perform all actions are 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
- 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**

The position of Field Training Officer, as defined in the HERO Constitution (Article IV-B), 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.



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- Field Training Officer must communicate their evaluations to the EMT after each call.
- The 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 will be responsible for any follow-up arising from the patient care report during Quality Assurance reviews.
- The 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.
- The Field Training Officer is expected to be able to operate the Chase-Car, following procedures as outlined in the Promotional Document.
- The Field Training Officer is expected to complete a checkout of each HERO vehicle he/she is operating while on duty.

#### **Driver**

The position of Driver, as defined in the HERO Constitution (Article IV), represents any HERO EMT, FTO or Duty Officer who has successfully completed all requirements outlined in the Driver Training Packets and who has been approved by the HERO Personnel Officer.

#### **Duty Officer**

The position of Duty Officer, as defined in the HERO Constitution (Article IV-B), 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 expectations listed above, as well as the following additional responsibilities:

- The Duty Officer is expected to be available to respond to all HERO 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.
- The Duty Officer is expected to complete a checkout of each HERO vehicle he/she is operating while on duty as required by the SOPs.

### **III. Expectations of the On-Call Personnel**

HERO 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 Duty Officer. Additionally, HERO will have one Driver on staff during the hours of Student Health and Wellness Center (SH&WC) operations, unless HERO is out of service. The on-duty EMT, FTO, or Duty Officer will be designated the Driver position.



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### **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 their 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. Restock equipment in the bag, car and/or ambulance at the end of each call.
9. Adhere to these HERO SOPs.
10. Operate at a level consistent with each member’s level of training, but no higher than the level of training of Maryland EMT-B. 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 HERO members stay away from quiet levels of the library to avoid disturbing other students.
2. Operate or ride in any motorized vehicle except HERO vehicles or a Security Unit while on duty.



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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 (Article VIII-C), including immediate termination.
4. Chew gum or eat while on scene.

## IV. HERO Alumni

### Alumni Status

- a. An alumni is defined as: A member of HERO who has graduated and is past their possible full length (four years) of time as an undergraduate.
  - i. Members who graduate early are not deemed alumni until they reach their four years as expected to graduate.
  - ii. Members who remain as undergraduates past four years are not considered alumni until they graduate.

### Alumni Rights and Responsibilities

- a. Alumni members must:
  - i. Take at least one shift per semester and complete two ConEds per semester.
    1. At the time of taking shifts, s/he must be up to date with trainings and certifications as required by Maryland State Protocols.
  - ii. Not have permanent shifts. Alumni may only cover shifts, take overnights, or cover standby shifts.
  - iii. Not operate an entire crew. There must be at least one undergraduate member on the crew as operationally allowed.
  - iv. Retain their rank they left the unit with and may not be promoted. They retain all other rights and responsibilities as outlined in this document, including inactivity status.
  - v. Contact the Personnel Officer in writing prior to the end of their last semester prior to becoming an alumnus.



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- vi. Understand that their taking shifts is ultimately up to the discretion of the Personnel Officer and Captain.
- b. Alumni are encouraged to view their role as educational. They should encourage undergraduate participation on scene and use their unique position to offer training and advice.



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 3</b>	<i>Original Date:</i>	4/2/2006
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## I. Patient Care Overview

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.

## II. Patient Privacy

Patient privacy is extremely important to HERO due to operating in a small campus community. HERO recognizes our small response area and small community can allow minor details of a HERO call to be related back to a specific patient. As such, in accordance with Maryland and Federal privacy laws, HERO imposes the following additional standards upon providers:

1. HERO 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, HERO Operations Officers or HERO'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. HERO members may not discuss a call in any way with the bystanders of the call.
3. Should a patient have questions about the care they received, they shall be directed to the HERO Captain.





Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 4</b>	<i>Original Date:</i>	4/2/2006
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## I. PURPOSE

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

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

## II. 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 counterclockwise 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 HERO purposes.

## III. 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 HERO squad room).
  - b. “HERO 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 “HERO 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



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only be used when performing Personnel related activities, otherwise they shall use their Lieutenant identifier as explained below.

- 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. “HERO 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.

#### IV. 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, HERO 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 HERO back in service by saying, “Field Training Officer to Security Base, HERO is back in service.”



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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.
  - 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.

## V. 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 Charging Procedures
  - a. The radios' batteries should be always be adequately charged in order to be operationally functional.
  - 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.

## VI. 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.



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- 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.
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 HERO vehicle for transport.
    - a. The Duty Officer must not go out of his/her way to pick up on-duty HERO 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 an MCI, see the MCI Protocol

## VII. Medical Consultation

Medical consultation is for EMRC Region III and can be reached directly by phone at (410) 578-8400.

1. Contact EMRC via Radio:
  - a. Switch radio to CALL1C N (Zone "7 MIEMSS")
  - b. Request consult by saying "EMRC, EMRC this is Lifestar's JHU HERU1 requesting a consult with [hospital]."
2. EMRC will advise you to switch to a med channel, either MED2C, MED3C, MED4C or MED8C.
3. Switch to the med channel and wait for the hospital or EMRC to clear you to talk.
4. Once you are connected make sure a physician is available to request orders.
5. Identify yourself and your certification as "EMT, Lifestar's JHU HERU1."
6. Give the physician the patient's age, AVPU status, Chief Complaint, priority, pertinent history from the incident. Also report your assessment thus far, including details such as vitals, blood glucose level, and prior treatments.
7. Request guidance or orders and repeat your request.
8. Repeat the order given, even if you were denied.
9. Request the name of the physician.
10. When you are finished, advise EMRC you are clear and that they may clear the channel.



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The on-duty crew may request a consultation with a medical director or Lifeline SOC by calling HopCom (410-614-7777). HopCom should be contacted with a HERO-specific question or concern.



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 5</b>	<i>Original Date:</i>	4/2/2005
Subject: Vehicle Operations	<i>Last Edited:</i>	1/15/2019

## I. Definition

**Driver:** In this section, the Driver will refer to the HERU member currently in possession of, and actively responsible for the any HERO vehicle during a given duty shift, referred to as the Chase-Car Driver and Ambulance Driver, respectively. The qualifications for these positions are to be outlined later in the section.

**Service Area:** The HERU service area is defined as the area of the Homewood campus, along with all areas serviced by Homewood Campus Security.

## II. General Provisions

1. HERU will maintain a BLS Chase-Car in order to carry out the daily operations of the unit and to maintain a high standard of patient care as outlined in these guidelines. When resources allow, HERU will also maintain a BLS ambulance.
2. Acceptable use of the in-service ambulance will include treatment and transport from The Student Health and Wellness Center (SH&WC) to accepted receptor hospitals in the Baltimore area. Acceptable use will also encompass all relevant ambulance related training.
3. Acceptable use of the in-service Chase-Car includes transportation of HERU equipment and members to aid in HERU operations and requests for EMS personnel.
4. When operating any HERU Vehicle, all members are required to follow all federal, state, and local traffic laws, as well as adhere to University policies.
5. The Driver must always have his/her driver's license on his/her person while assuming the driver role. All personnel must be seated with seatbelts on while vehicles are in motion.
6. The Driver may not use his/her cell phone while operating any HERU vehicle.
7. HERU Vehicles may only be operated by certified drivers as defined later in the section.

## III. General Use

1. Stocking
  - a. The vehicles will be stocked with adequate equipment so that the unit can operate safely at all times, in correspondence with the proper HERU Stocking Guideline.
    - i. It is the responsibility of the vehicle driver to ensure that their respective vehicle is correctly stocked and in functioning order during the duration of their shift.
    - ii. The driver must also ensure their vehicle is parked in the appropriate area and filled to at least 1/2 take of gas.
  - b. All HERU vehicles will be stocked in compliance with MIEMSS requirements as listed by the State Office of Commercial Ambulance Licensing and Regulations (SOCALR).
  - c. Upon completion of each call, the Primary Crew will be responsible for restocking the vehicles and notifying the Equipment Officer of all equipment used.



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- i. Equipment used during the call should be cleaned with disinfectant and returned to their proper storage areas.
      - d. If biohazardous materials, such as blood or vomit, are found in the vehicle, the primary crew shall observe standard precautions and clean the vehicle using bleach in accordance with the Johns Hopkins Safety Manual, Bloodborne Pathogen Exposure Control Plan. The affected area must be soaked with bleach for at least 10 minutes before being cleaned with water.
2. Parking
  - a. While the unit is in-service, the ambulance is to be kept in its assigned spot on the Homewood Campus, except for times of special approval by the Captain or Equipment Officer.
    - i. The Ambulance should be backed in and plugged into the main power source.
  - b. The Chase-Car may be parked in pre-approved destinations within the HERU Service Area, backed in or parallel parked, so as to speed response.
  - c. When the Unit is out of service the Chase-Car shall be parked in the bottom level of the South Garage.

## IV. Response

### Chase-Car Response

1. Following Security dispatch, the Chase-Car driver will respond to the scene in the Chase-Car. The Driver will notify Security via radio when responding to the scene in accordance with the "Communication" section of these protocols.
2. The Driver may pick up other responders while en route to the scene so long as the responders are able to meet the car along its route.
3. The HERU Chase-Car is not an emergency vehicle. Drivers are not exempt from any regional, state, or federal traffic laws, including those mandating the observance of speed limits, traffic lights, and stop signs. The Chase-Car's emergency warning lights should not be used while the vehicle is in motion.
4. The Driver must turn off the vehicle before proceeding to the patient's location. The vehicle must also be locked if the patient is not within clear sight of the vehicle. The driver should ensure the headlights and emergency lights are off when the vehicle is off.
5. The Driver will position the vehicle so that it does not block any roads or prevent access by Security or BCFD unless such placement is necessary to maintain scene safety.
6. If the vehicle is positioned in a location that blocks Security or BCFD from accessing the scene, a crew member must remain with the vehicle so that he/she can move the vehicle upon the arrival of Security/BCFD. The crew must also immediately move the vehicle if requested to do so by Security or Baltimore City Police.
7. When dispatched for a potential hazardous materials incident, the Chase-Car must be parked uphill and/or upwind at a safe distance.



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### Ambulance Response

1. Following dispatch from SH&WC, the ambulance driver will respond to the ambulance, and drive it to the scene. The Crew will respond in accordance to the “Inter-Facility Transport SOP.”
2. The JHU HERU ambulance **MAY NOT** use emergency lights and sirens to respond to campus emergencies. Per COMAR, commercial services are not allowed to respond to an emergency utilizing lights and sirens, unless requested by a physician.
3. Once on scene of a campus response, the on-duty crew may utilize the ambulance emergency and/or scene lights for safety considerations.
4. The ambulance should not be placed in a position to block Baltimore City roads while on scene unless absolutely necessary.
  - a. If the ambulance is parked in a position that obstructs traffic, a crew member must be designated as a scene safety officer and remain with the responding vehicles to assist with traffic diversion and assist with BCPD if required
  - b. Reflective safety vests shall be worn by all JHU HERU crew members while providing EMS care in public spaces, on and off campus
5. If the on-duty crew stops at an emergency while returning from a run, or while out in the public, they are to call 911 and then provide initial patient care while waiting on BCFD to arrive.

## V. Vehicle Upkeep

### Chase-Car Checkout

1. The Driver will ensure that their vehicle is in working condition with all needed equipment at the beginning of each shift. He/she will contact the Equipment Officer if a problem presents.
2. The Driver will fill out the “Vehicle Check-Off Sheet” at the beginning of each 0800 shift and note any damage to the vehicle. The Chase-Car driver must resupply any missing items using stock from the Squad Room. If equipment cannot be restocked, the Equipment Officer should be notified, and the missing equipment should be noted on the Check-Off Sheet.
  - a. The vehicle must have functioning headlights, brake lights, turn signals, hazard lights, warning lights, and at least ½ of a tank full of gas.

### Ambulance Checkout

The Driver assigned to the ambulance at 0800 will perform a HERO check at the beginning of their shift (1000 on Saturdays) to ensure that the ambulance meets SOCALR mechanical and equipment standards. They will contact the Equipment Officer to restock any missing or expired equipment.





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The Equipment Officer will perform a MIEMMS BLS Commercial Ambulance Check-Out on the last Sunday of every month and before going back in service after any extended break lasting one week or longer using the following form:

<http://www.miemss.org/home/Portals/0/Docs/CommercialAmbulance/BLS-%20Equipment-List.pdf?ver=2018-06-14-154308-047>

### **Servicing**

The Equipment Officer shall be responsible for overall maintenance of the HERU Chase-Car.

- a. The Equipment Officer shall coordinate with Security to schedule this maintenance.

JHH LifeLine shall be responsible for the overall maintenance of the ambulance

- b. Maintenance and repair requests shall be sent to the LifeLine SOC
- c. The JHU HERU Equipment Officer shall ensure proper medical supplies are kept to meet MIEMSS standards

The Equipment Officer shall be responsible for keeping the exterior of the all HERU Vehicles clean.

### **Fueling**

The HERU Vehicles should be refueled when the tank is < ½ full.

HERU vehicles should be refueled at the gasoline pump located behind Whitehead Hall using the HERU gas card. The gas card may not be used for any purpose other than refueling HERO vehicles.

## **VI. Training**

### **Initial Driver Certification**

1. All drivers must possess a valid driver's license issued by any US state.
2. All drivers must submit a current driving record to the Personnel Officer.
  - a. Their driving record must have less than 4 points.
3. All drivers must be active members.
4. All drivers must complete an approved Emergency Vehicle Operators Course (EVOC).
5. After completion of the EVOC course they can begin driver training as outlined in the Driver Packet.
  - a. When a completed Driver Packet is submitted to the Personnel Officer, the member may begin operating HERO vehicles.

### **Becoming a Driver Trainer**

1. Members who have done at least 3 interfacility transport calls and have passed a driving practical exam with the Equipment Officer may be cleared to train new drivers on interfacility transport operation.



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### **Refresher Training**

Refresher training may be held by the Equipment Officer, in coordination with the Training Officer, for any Driver and will be required for all driver-certified members who become inactive for any period of time, or who have received driving-related disciplinary measures, prior to their being allowed to operate the HERU vehicle again.

## VII. Vehicle Out of Service

### **Overview**

1. The Equipment Officer may, at his/her discretion, choose to place either or both the Chase-Car and Ambulance out of service for maintenance, training, or other purposes.
2. The vehicles may be pulled from service by the Equipment Officer, Captain, or Johns Hopkins LifeLine SOC for weather concerns. If the on-duty crew has weather concerns, they are to contact the Equipment Officer and/or Captain to determine a plan.
3. Before the Chase Car is taken out of service, the Equipment Officer must contact the Captain, who will notify the Security dispatcher. If the Captain is not reachable, the Equipment Officer will contact Security directly.
4. Before the Ambulance is taken out of service for more than one day, the Ambulance Driver and Duty Officer must contact the Captain, who will notify Student Health and Wellness.
5. Upon removing either vehicle from service, the Equipment Officer must immediately notify the entire Primary Crew and Captain.
6. If the vehicle will be out of service for greater than one shift, the Equipment Officer must notify the rest of the Unit via email.
7. While the Chase Car is out of service, Security dispatch should have the Security vehicle with additional HERU equipment respond to the call location.
8. Upon returning either vehicle to service, the Equipment Officer must immediately notify the Primary Crew, Security, and the Captain.
9. If the vehicle was out of service for greater than one shift, the Equipment Officer must notify the rest of the Unit via email.

### **SUV Mechanical Failure**

1. Mechanical Failure and Accident while Responding to an Emergency
  - a. If mechanical failure arises while the vehicle is still parked or if the driver is safely able to park the vehicle on campus, the driver will notify the Equipment Officer via radio or cellphone that the HERU vehicle is inoperable.
  - b. The Equipment Officer shall be tasked with taking care of the vehicle.
  - c. The Primary Crew Chief or Duty Officer may request the Security vehicle with additional HERU equipment to respond to the scene.



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- d. In the event of an accident, the driver of the vehicle will remain with the vehicle until the investigation has concluded.
2. Mechanical Failure and Accident in a Non-Emergency Situation
  - a. At no time should the driver admit fault to an accident. He/she should not provide any information until Security arrives on scene, unless to Baltimore City Police.
  - b. The driver should call Security dispatch to advise them of the situation.
  - c. The driver should call the Equipment Officer and advise him/her of the situation.
  - d. The Equipment Officer should be in charge of taking care of the issue at hand.
  - e. The driver should immediately turn hazard lights on, not emergency lights.

#### **Ambulance Mechanical Failure and Accident**

1. If the ambulance is placed out of service for mechanical reasons, the SOC at JHH LifeLine must be notified to arrange disposition for repairs and transport to the shop of the commercial vendor.
2. If the ambulance is involved in an MVC, the SOC at Johns Hopkins must be notified immediately after any emergency notifications (if required) have been made
  - a. If there is a patient on board, the on-duty crew will call 911 to get a BCFD ambulance en route to take over the transport
  - b. The LifeLine SOC will initiate an accident investigation and work with the Captain to facilitate post-accident testing of all crew members involved
  - c. The LifeLine SOC will arrange towing, if needed, or facilitate transport of the ambulance to the appropriate shop for repairs
  - d. The on-duty crew involved, barring any need for emergency services, will document all pertinent driver and vehicle information to facilitate insurance claims
3. The on-duty crew will remove any biohazardous equipment, jump bags, and computer equipment from the ambulance and return it to the HERO Supply Room while the ambulance is OOS for repairs
4. When the ambulance is placed out of service, the Equipment Officer and/or Captain must notify the entire Primary Crew – if the ambulance will remain out of service for longer than one shift, the Equipment Officer must notify the rest of the Unit via email.

Any concerns or issues regarding the HERU Vehicles, such as dead battery or minor vehicle damage, should be promptly reported to the Captain and Equipment Officer.



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## VIII. Disciplinary Action

1. Any driver who is involved in an inappropriate, illegal or otherwise improper conduct pertaining to the HERU vehicle shall be referred to the Personnel Officer by any member of the unit.
  - a. The Personnel Officer will lead an inquiry into the circumstances of any incident(s) with the assistance of the other Operations Officers. The Operations Officers will adjudicate the situation and impose one or more of the following sanctions:
  - b. Recommend remediation training with the Equipment Officer
  - c. Impose a reasonable punishment on the driver including removal of driving privileges for a defined period of time or indefinitely.
  - d. The driver shall be entitled to an appeal of any sanctions to the Board of Directors whose decision will be final.
    - i. The Board of Directors will meet within two weeks of the Operations Officers' decision to discuss the Driver's status unless the meeting is prevented by holiday or an ongoing Security or Baltimore Police investigation into the incident.

The Board of Directors may vote by  $\frac{2}{3}$  majority to take further disciplinary action under Article VIII of the HERO Constitution or overturn the sanctions imposed by the Line Officers. If no action is taken, the driver's status will be reinstated.



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 6</b>	<i>Original Date:</i>	4/2/2006
Subject: Mass Casualty Incident (MCI) Operations	<i>Last Edited:</i>	1/20/2019

## I. MCI Protocol

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 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 HERO Incident Commander. The Incident Commander shall be the only person contacting Security or other units. Upon the arrival of BCFD, the HERO Incident Commander will become the Section Chief or Branch Director, depending on ICS structure, representing HERO. 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 HERO 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.



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9. The Primary Crew should use the triage tags located in the MCI bags in the back of the HERO vehicle.



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 7</b>	<i>Original Date:</i>	4/2/2006
Subject: Uniforms	<i>Last Edited:</i>	1/20/2019

## I. On-Call Requirements

The HERO uniform must be worn by all primary on-call HERO personnel and consists of the following:

- a. The HERO shirt with appropriate patches (depending upon level of certification) and navy blue or black EMT pants, or shorts, depending on the weather.
  - i. Field Training Officers and 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.
  - 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 HERO 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 HERO 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. A solid-colored white, navy blue, gray, or black long-sleeved shirt may be worn under the uniform polo shirt or overnight shirt for warmth.
- d. 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. HERO 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 HERO attire is available for purchase.
  - iv. Attire from other departments may not be worn
- e. All on-call HERO personnel must wear a watch with a second hand or digital second counter on scene in order to take proper vital signs.
- f. Long hair must be tied back while working with patients.
- g. Facial hair must be neat and clean in appearance and cannot interfere with the proper use of personal protective equipment, including respiratory protection.
- h. Closed-toed and closed-back shoes must be worn at all times.



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All on-call HERO 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 HERO personnel must also carry their EMT and CPR certification cards.

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.

## II. Overnight Expectations

On the overnight shift (0000-0800 or 0000-1000), HERO on-duty members may wear an alternative uniform:

- a. An official HERO overnight shirt
- b. HERO Jacket or Workshirt
- c. Sneakers





Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 8</b>	<i>Original Date:</i>	4/2/2006
Subject: HERO Standby	<i>Last Edited:</i>	1/20/2019

## I. Standby Overview

From time to time, organizations both on and off campus request HERO provide them with standby EMS providers on scene for the duration of their event.

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

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.

## II. Standby Requests

Formal standby requests will be made to the Standby Coordinator and will be accepted by the Captain 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 HERO boundaries as described in the HERO SOGs. HERO will generally not provide standby coverage when HERO is out of service. Exceptions will be made on a case-by-case basis at the discretion of the Captain.

## III. Standby Care Guidelines

### **Care Provided:**

The Standby Crew is authorized to provide care at the basic first aid level without activating the HERO Primary Crew, regardless of the Standby Crew's rank or MIEMSS Certification. Examples of basic first aid include but are not limited to:

- 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 with the radio 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 HERO SOGs, making sure to note the interventions and care provided by



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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.

If equipment was used during the standby, the standby crew must fill out the equipment log.



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 9</b>	<i>Original Date:</i>	4/2/2006
Subject: Recruitment	<i>Last Edited:</i>	1/20/2019

## I. Selection Committee

The RRO shall be responsible for the recruitment of new members and serve as the Chairman of the Selection Committee.

1. Refer to the HERO constitution for details on choice and removal of the RRO (Article III-A-7).

The RRO can select up to four Selection Officers from the HERO general body to assist in the recruitment process.

1. Selection Officers will be selected at the discretion of the RRO upon a formal written application.
2. Selection Officers can be removed by the RRO at his/her discretion.

The selection committee will meet during the spring semester before each recruitment cycle to plan the selection process and decide upon a timeline for each component of the process. The selection committee will meet and discuss each applicant after each round of the application process.

1. New members will be chosen by the selection committee based on an agreed upon criteria outlined in a formal rubric.
2. Selections officers will be expected to assist with each stage of the recruitment process, including reviewing the written application and attending events where the applicants are present at the discretion of the RRO.

## II. Applicant Requirements

In order to be eligible to apply, applicants must fulfill the requirements outlined by the Constitution (Article II).

## III. Selection Factors

New members will be chosen based upon the following criteria:

- a. Knowledge
  - i. Prudent decision making
    1. The applicant should demonstrate the capacity for self-reflection and personal growth in responses to questions in the written application and the individual interview.
    2. In the evaluation in a group setting, applicant should be able to demonstrate problem solving ability.
  - ii. 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.



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2. Must demonstrate competency in hands-on skills and EMS knowledge, which may be assessed via a written exam and/or tasks which allow applicants to apply hands-on skills.
- b. Skills
- i. Interpersonal skills
    1. The applicants should demonstrate willingness to work and communicate with others. Applicant should demonstrate a high degree of respectfulness towards other applicants and evaluators.
  - ii. Positive when correcting peers
    1. Applicant should demonstrate willingness to correct peers when necessary but should do so in a respectful manner.
  - iii. Personable
    1. Evaluators may determine whether the applicant would be a cohesive fit for the unit.
- 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 particularly when faced with difficulty
  - viii. Ability to positively respond to criticism
  - ix. Ability to solve problems logically
  - x. Ability to adapt when situations change
  - xi. Ability to persevere through challenges
- d. Other
- i. Professionalism
    1. Applicant demonstrates that they can maintain a high level of professionalism in all facets of the application process, including while working under pressure.
  - ii. Dedicated and committed to putting in time on the unit
    1. Applicant displays a genuine interest and passion for EMS and demonstrates an understanding of the time commitment required of an active member on HERU.
  - iii. Compassionate



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1. The applicant demonstrates willingness to advocate for patients and to treat them with respect, dignity, and empathy.
- iv. Patient
  1. Applicant demonstrates ability to handle challenging situations calmly and positively, maintaining professionalism and respect at all times.
- v. Positive interactions with SO's and/or RRO
  1. Input on this point may be given by other HERU members who are present at assist at the evaluation in a group setting
- vi. No major disciplinary history with the Ethics Board
- vii. In good academic standing with the university

#### IV. Selection Process

The application process for both prior EMTs and non-EMTS groups will include a written component, an evaluation in a group setting, and an individual interview.

1. The application process may include an in-person event in conjunction with the written component to gauge applicants' team work and interpersonal skills at the discretion of the selection committee.
  - a. This event may be held for non-EMTS, prior EMTs, both groups, or neither group at the discretion of the selection committee.
  - b. This event is to be held in addition to a separate group evaluation occurring after the written component is evaluated.

Separate procedures will be conducted for prior EMTs and non-EMTs.

1. The written application and individual interview for prior EMTs should include questions regarding the applicant's prior EMS experience.
  - a. The quantity and type of previous experience may be used as a factor for selection.
  - b. Candidates who had only recently obtained their license and do not have previous EMS experience shall still be considered for admittance onto the unit.
2. The evaluation in a group setting for EMTs should test applicants' EMS skills in addition to the factors being evaluated in the non-EMT process.
  - a. A written examination may be administered to prior EMTs to ascertain their EMS knowledge, although the questions should not require specific knowledge regarding Maryland State Protocols.
  - b. A task or station may be included in the evaluation in a group setting for prior EMTs which specifically tests hands-on EMS skills. No task or station in the evaluation in a group setting for non-EMTS should require prior EMS



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knowledge, although applicants may be expected to learn and apply simple EMS skills during the evaluation.

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.

1. Rubrics should be constructed with an emphasis on objectively scoring and/or evaluating an applicant's performance at each stage of the application process.
2. The selections committee may determine the weight or importance of each stage of the application process in the rubric.
3. Depending on the size of the applicant pool, a cut-off score based on the written component may be used to determine which applicants advance to the next stage of the application process. In this case, the selections committee need not discuss each individual applicant after the initial assessment of the written application and in-person event if they do not meet this score.

Each applicant must sign a confidentiality agreement stating that they will not disclose information regarding the selection process.

1. If an applicant is found to have disclosed information regarding the selection process after signing the confidentiality agreement, the applicant may be removed from the application process at the discretion of the selection committee.

Each applicant will be assessed individually based on objective criteria.

1. 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.
  - a. 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 may be asked to remain absent from said applicant's individual interview at the discretion of the RRO.

A wait list shall be established by the selection committee for the non-EMT applicant pool only.

1. This waitlist shall be determined by examining individual applicant's performance under the previously established rubric.

## V. After Selection

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.



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1. These accepted applicants must sign a “New Member Contract”

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.

1. 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.
2. Applicants offered spots on the unit must respond confirming their place in the class within 72 hours or forfeit their acceptance.
  - a. If the applicant declines the position, an applicant from the waitlist will be selected to take their place.
  - b. If for some reason this applicant would like to withdraw their acceptance, they must notify HERO at least 20 days prior to the class so that an applicant from the waitlist can be accepted.
    - i. If they do not notify HERO at least 20 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.



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 10</b>	<i>Original Date:</i>	4/2/2006
Subject: Member Responsibilities and Resources	<i>Last Edited:</i>	1/20/2019

## I. Internal Continuing Education Training for Members

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.

All members must attend six continuing education organized by the Training Officer each semester. Three of these six continuing education must be in-person. Three may be virtual. One continuing education must be hands-on. Field Training Officers must also attend regular Field Training Officer meetings which will be held by the Personnel Officer.

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.

All members must additionally complete on an annual basis:

- e. Respirator fit testing recertification
- f. Patient Privacy course available via myLearning
- g. Bloodborne Pathogen refresher training via myLearning
- h. CPR recertification biannually as needed
- i. Non-compliance with the above requirements will result in a member becoming inactive until they are compliant, at the discretion of the Personnel Officer

## II. Stress Management Protocol

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

**Protocol:**

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





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- 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 distressing 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 HERO Captain to arrange the meeting. The HERO 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 HERO Leadership involved. No member is required to notify the HERO 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

### III. 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.<sup>1</sup> The purpose of this policy is to provide guidance specific to HERO providers regarding occupational exposures to bloodborne pathogens. Advice and counsel regarding the bloodborne pathogen exposure, as well as a 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.

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<sup>1</sup> Healthcare Workers' Responsibilities and Management of Bloodborne Pathogen Exposures (5-STIX), [www.hopkinsmedicine.org/hse/stix.html#Policy](http://www.hopkinsmedicine.org/hse/stix.html#Policy).



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**Procedure:**

1. Onsite medical treatment for an occupational exposure will commence at time of exposure. A HERO Member will render medical care consistent with Maryland Protocol.
2. The HERO 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. HERO 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 treatment<sup>2</sup>.
  - 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 amenable to post exposure screening, the HERO 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 HERO 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) 516-0450<sup>3</sup>
    - 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.

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

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



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6. If not already notified, the HERO Captain must then be contacted immediately for injury reporting and to assist with exposure documentation.<sup>4</sup>
  - a. The HERO 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

#### IV. Media and Press Releases

Only the Captain may make official statements to the media regarding HERO. Members may not handle requests for information from the media or general public regarding calls without consulting the Captain.

At no time is a member allowed to speak with the media at the scene of a call.

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.

#### V. Leave of Absence

**Purpose:** Members who are unable to work due to the illness or injury of themselves or their dependents, or for personal reasons, may be granted a leave of absence (LOA). A LOA allows members a period of time, which exceeds two weeks (fourteen calendar days), away from work, while maintaining continuity of membership. If a member is unable to request a leave, the BOD may administratively grant the leave by completing the LOA application on the member's behalf. The maximum period of time allowed for a LOA is six months. All LOA types may be extended based on the Captain's discretion.

A leave of absence should not cause any undue hardship for HERO. The effect of any LOA request on operations of HERO will be considered before approval is given, except in cases

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<sup>4</sup> 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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of a health leave. Members who are not able to return to work at the end of their leave may request an extension through direct communication with the Captain. Any leave not extended will result in termination, if the member does not return.

### **Types of Leave:**

1. **Health:** A health leave allows members time away from active membership due to a work or non-work-related illness or injury. Health leaves and extensions will be approved by the Captain.
2. **Dependent Care:** Dependent care leaves allows members time away from active membership to care for a dependent. The Captain may approve additional dependent relations and leave requests.
3. **Personal:** Personal leaves allow members time away from active membership to attend to personal, non-health related needs or emergencies. HERO may request supporting documentation for the purpose of the leave before the leave is granted.
4. **Educational:** Educational leave allows members time away from active membership to attend a college, full time, other than Johns Hopkins University in order to complete a degree program from an approved, accredited institution.
5. **Military:** Military leave allows members time away from active membership for the purpose of serving in the Armed Forces of the United States or with a Reserve or National Guard component, or the commissioned corps of the Public Health Service or any other category designated by the President, in accordance with applicable law. Military leaves, unlike other leave types, may be provided for up to five years, maximum.

**Approval Procedures:** For all leaves of absence, the member must contact the Captain and Personnel Officer via e-mail, who will review and provide status of claim to the BOD. All leaves, except health leaves, are subject to the discretion and approval of the BOD. Approved health leaves are subject to medical certification.

Leave must be requested thirty days prior to the start of leave, where foreseeable. Members must remain in contact with the BOD until the leave is approved.

**Extending Leave:** A request for extension of leave, except health leaves, requires the approval of the BOD and should be requested at least two weeks prior to the expiration of the leave. If leave expires prior to the member's return, the member will be considered to have terminated voluntarily.

Health leaves will be extended automatically based on medical certification. The BOD will be notified by the Captain when a health leave is extended.



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**Holding Positions:** Membership to the Unit is provided for members while out on any leave type, though a member's position may temporarily and indefinitely be filled while on leave. Termination of any member's possible replacement will be conducted at the discretion of the Captain.

1. If a BOD member requests leave (except medical leave), the unit must be notified and a GBM must be held to replace the member's position. The BOD member requesting leave (except medical leave) gives up the remainder of their term.

**Return to Work:** Members are required to contact the Personnel Officer and Captain with their return to work intentions at least two weeks prior to the expiration of the leave.

Members on a health leave must be cleared by the Captain prior to the leave expiration date, in order to return to work.

#### **Procedures and Responsibilities:**

##### **A. Member**

1. Members must contact the Captain to discuss initial claim. If LOA is non-health related, the member should present the LOA request to the Captain, and discuss the potential leave, prior to taking any leave.
2. Documentation of the LOA will remain in the member's Personnel File.
3. It is a member's responsibility to contact the Captain should their contact information change.
4. Members must request an extension of leave, if necessary, to the Captain prior to the scheduled end of leave.
5. Members must find coverage for their remaining shifts until their leave is approved, if they need to be away from the Unit prior to the leave.
6. Members are required to return communications with the Captain when needed while on leave and keep the Captain updated about their expected return to work date.
7. Before a member can return to work from a health leave, medical clearance must be received. It is mandatory that any member who has been absent from work for greater than five days due to personal illness or injury to receive medical clearance. If medical clearance to return to duty with or without restrictions is provided, the member must contact HERO to schedule their return to work.

##### **B. Captain**

1. For all leave types, except health, the Captain will determine the member's eligibility for the leave, based on policy definitions.



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- a. The decision of the Captain may be appealed and overturned by a 2/3 majority of the BOD. The Captain will not be able to vote, and quorum is achieved with the presence of 2/3 of eligible voting officers.
  2. It is the responsibility of the Captain to track the return deadlines of any member on leave.
- C. Physician
1. For health leaves, the member must supply the Captain with relevant paperwork from a physician. This documentation should unquestionably deem the member to be physically fit, before s/he can resume work with HERO.
  2. If any medical restrictions are indicated by the Health Care Provider, the Captain may consider a reasonable accommodation.

**Review Cycle:** A committee, formed at the discretion of the Captain, will review and amend the Leave of Absence Policy every two years, or as needed.



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## I. PURPOSE

To clearly define disciplinary violations within HERO and to outline the tools available to the HERO BOD in dealing corrective action.

In cases where the HERO Personnel Officer has committed a violation, the HERO Captain will take over the role of the Personnel Officer in disciplinary matters.

All discipline should be documented on the Disciplinary Form (see below). Completed paperwork will be provided to the HERO Member and their personnel file.

## II. WARNING

Before taking formal disciplinary action for initial violation of a Minor Rule, the HERO Member should be afforded corrective and/or developmental counseling with the Personnel Officer. It is recommended that HERO Members be provided with a written copy of the Performance Improvement Plan (Appendix A). The HERO Member's signature is required for counseling.

*NOTE: There must be a documented counseling for the initial violation of each Minor Rule.*

## III. WRITTEN REPRIMAND

A Written Reprimand is a written notice sent via email to a HERO Member regarding the HERO Member's failure to meet performance standards, service standards and expectations. It will include a discussion of the behavior or performance at issue, expectations for improvement, and a timetable for making corrections. A follow-up date to review the situation will also be included. The BOD will determine the expectations for improvement, and the Personnel Officer will write the Written Reprimand. A HERO Member's failure to comply with the terms of a Written Reprimand will result in progressive disciplinary action.

A written reprimand will remain active for one year.

## IV. SUSPENSION

The HERO Member is suspended following their disciplinary violation. This action should be used in the case of major or critical violation. In the case of a critical violation, the suspension should be followed by an investigation into the violation and a determination of



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what, if any, further disciplinary action should be taken. The investigation will be led by the Personnel Officer, and any BOD member may provide assistance. A BOD meeting must be held, and the disciplinary action voted on before it is enacted. The outcome of the investigation may subject the HERO Member to disciplinary action up to and including termination.

## V. Demotion Procedures According to Rank

Demotion may be used as a punishment if deemed fit by the Personnel Officer and Captain for a Major or Critical violation. It must be brought to the BOD during the disciplinary meeting and voted upon with a 2/3 majority to pass.

Demotion of an EMT intern will result in termination unless the BOD deems a different course of disciplinary action.

Demotion of an EMT will result in the EMT becoming an EMT Intern. The EMT must be recommended to the Personnel Officer by an on-scene FTO or Lieutenant for demotion. A hearing will be called within two weeks of the recommendation and conducted by the Personnel Officer comprising of the BOD. At this time, the EMT's evaluations will be disclosed for review and discussion. The BOD must vote by a 2/3 majority to demote the EMT. The EMT must be notified by writing that s/he is being recommended for demotion. The notification must explain in detail why s/he is being recommended for termination. A copy of this notification must be placed in the personnel file of the EMT.

- I. The EMT may appeal his/her demotion to the BOD. During the meeting, the EMT may make a written or verbal appeal that the BOD will vote on. The BOD must vote by a 2/3 majority to reinstate the EMT intern. The BOD decision will be final.

Demotion of a Field Training Officer will result in the Field Training Officer becoming an EMT. A Field Training Officer must be recommended for demotion by an on-scene Lieutenant to the Personnel Officer. If the Field Training Officer is the Personnel Officer, the recommendation should be sent to the Captain. A hearing will be called within two weeks of the recommendation and conducted by the Personnel Officer comprising of the BOD. At this time, the Field Training Officer's evaluations will be disclosed for review and discussion. The BOD must vote by a 2/3 majority to demote the Field Training Officer. The Field Training Officer must be notified by writing that s/he is being recommended for demotion. The notification must explain in detail why s/he is being recommended for termination. A copy of this notification must be placed in the personnel file of the Field Training Officer. If the Field Training Officer is the Personnel Officer, the hearing will be conducted without the Personnel Officer and the Captain will conduct the hearing. If the Field Training Officer is demoted to the rank of EMT, they are eligible for promotion if they are able to complete the requirements outlined in the EMT to FTO PCP.

- I. The Field Training Officer may appeal his/her demotion to the BOD. During the meeting, the Field Training Officer may make a written or verbal appeal that the BOD will vote on. The BOD must vote by a 2/3 majority to reinstate the Field Training Officer. The BOD decision will be final.





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Demotion of a Lieutenant will result in the Lieutenant becoming a Field Training Officer. The Lieutenant must be recommended to the Personnel Officer by two Lieutenants. If the Personnel officer is the Lieutenant in question, s/he must be recommended for demotion to the Captain. If there is a shortage of active Lieutenants to recommend demotion, then the recommendation may be made to the Captain with the support of the Personnel Officer. If the Personnel Officer is the Lieutenant in question and there is a shortage of Lieutenants, then the recommendation for demotion may be made by three members of the BOD. A hearing will be called within two weeks of the recommendations and conducted by the Personnel Officer comprising of the BOD. At this time, the Lieutenant's evaluations will be disclosed for review and discussion. The BOD must vote by a 2/3 majority to demote the Lieutenant in question. If the Personnel Officer is the Lieutenant in question, the Captain will conduct the hearing. The Lieutenant must be notified in writing by the Personnel Officer that s/he is being recommended for demotion. This notification must explain why s/he is being recommended for demotion. A copy of this notification must be placed in the personnel file of the Lieutenant. If the Personnel Officer is the Lieutenant in question, they will be notified by the Captain. If the Lieutenant is demoted to the rank of EMT or Field Training Officer, they are eligible for promotion if they are able to complete the requirements outlined in the EMT to FTO or FTO to Lieutenant PCP.

1. The Lieutenant can appeal his/her demotion to the BOD. By appealing to the BOD, the Lieutenant agrees to release all non-medical personnel files to BOD review. The Lieutenant is permitted to make a verbal or written appeal to the BOD. The BOD must vote a 2/3 majority to reinstate the Lieutenant.

## VI. TERMINATION

Discharge is the most serious disciplinary action imposed. It is used for violation of Critical Rules which are considered critical violations or because of cumulative/progressive discipline. In order to terminate a HERO Member, the Personnel Officer must bring the termination decision to the BOD and the BOD must vote to uphold the decision in a 2/3 vote. If the BOD votes against termination, the Personnel Officer cannot bring the termination decision to the BOD for the same HERO Member again unless the HERO Member commits another violation.

Before any termination, the proposed action must have the approval of Johns Hopkins Lifeline Management.

Any member can appeal his/her termination to the BOD. By appealing to the BOD, the member agrees to release all non-medical personnel files to BOD review. The member is permitted to make a verbal or written appeal to the BOD. The BOD must vote a 2/3 majority to reinstate the member.



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## VII. DISCIPLINARY ACTION RULES FOR MINOR, MAJOR, AND CRITICAL RULES

While the disciplinary actions for Major and Critical Rule violations are normally Suspension and/or Discharge, individual circumstances may require the HERO BOD to implement a greater or lesser corrective action. Discipline should be set forth by the Captain and/or his/her designee.

If a violation is not found to be on the following lists, the BOD must, by majority, vote to include the violation.

### MINOR VIOLATIONS

Minor Violations normally warrant Pre-Disciplinary Counseling on the first offense. Listed below are examples of minor violations (not all inclusive):

- Engaging in rude or discourteous behavior while in HERO uniform.
- Displays behavior that is not representative of HERO's mission or values.
- Not reporting for an assigned shift without notifying and coordinating with the Personnel Officer.
- Failure to follow HERO Constitution/SOPs, including being absent from a GBM without a valid excuse.
- Negligent use of HERO equipment resulting in damage or loss
- Presence in an unauthorized area.
- Failure to wear proper uniform or PPE on-scene.
- Unwelcome, intimidating or harassing comments, remarks, conduct or gestures creating an unfavorable hostile working environment

### MAJOR VIOLATIONS

Major Violations normally warrant suspension on the first offense. Listed below are examples of major violations (not all inclusive):

- Failing to report cash or cash equivalent gratuities of any value, or non-cash gifts from patients or family members.
- Deliberate misrepresentation of matters relating to HERO operations, safety or patient care
- Engaging in disruptive, unprofessional or inappropriate behavior, including but not limited to using profane and abusive language, gambling, horseplay, practical joking, name-calling, yelling, arguing loudly in a public area, etc.
- Failure or refusal to perform assigned duties or carry out instructions or engaging in any activity detrimental to the operations of HERO.
- Unauthorized use of HERO equipment or property, including the use of any HERU Vehicles for any purposes other than those specified by the Constitution, Standard Operating Procedures, or Captain.



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- Violation of posted safety, security, health, or fire prevention rule, or otherwise causing a safety hazard or failure to report an unsafe condition existing on the premises
- Workplace harassment or discrimination where such conduct has the purpose or effect of interfering with a HERO Member's work performance and/or creating an intimidating, hostile or offensive work environment
- Failure to produce professional license renewal in a timely manner
- Violation of privacy policy regulations as outlined in the SOPs
- Disobeying an on-scene request from a HERO Member of a higher operational rank.

## **CRITICAL VIOLATIONS**

Critical Violations normally warrant immediate termination or suspension pending investigation on the first offense. Listed below are examples of critical violations (not all inclusive):

- Failure to disclose criminal activity as required by COMAR Title 30
- Deliberate inattention to patient care, or engaging in any conduct detrimental to patient care, or the safety and security of patients, HERO Members, or visitors
- Deliberately accessing or releasing confidential information covering Hopkins business, patient information (HIPAA), and/or HERO Member information, etc. without proper authorization
- Failure to submit to a required fitness for duty examination, including testing for drugs or alcohol
- Falsification of records, alterations of documents, such as lying during an investigation and any fraudulent activities relating to HERO business
- Fighting, issuing threats or verbal abuse, or other disorderly conduct on the premises, or while otherwise engaged in HERO business
- Reporting to work while impaired by or under the influence of any intoxicant, hallucinogenic, or narcotic, or where the presence of any such substance has been established by a "For Cause" drug test (Impairment caused by properly prescribed medications, used as prescribed shall be handled as a "Fitness for Duty" issue)
- Soliciting gifts or money of any value from patients or family members.
- Theft of property, or willfully causing damage to, waste of, or loss of property
- Unauthorized possession or use of an intoxicant, hallucinogenic, or narcotic while on duty.

## **DISRUPTIVE CONDUCT**

Conduct by a HERO Member that intimidates others to the extent that quality and safety could be compromised cannot be accepted or tolerated. Such conduct may be verbal or non-verbal, may involve the use of rude language, may be threatening, or may



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involve physical contact. Any behavior that interferes with the ability of others to carry out their duties or that undermines a patient's or HERO Member's confidence in the organization may be considered disruptive. Discipline appropriate to the actual conduct or actions will be applied in accordance with this policy.

## VIII. DISCIPLINARY ACTIONS FOR MULTIPLE VIOLATIONS OF MINOR, MAJOR OR CRITICAL LEVELS

All actions for minor violations are to be preceded with counseling. For any combination of violations, disciplinary action will be taken in the following manner:

<b>PREVIOUS ACTION</b>	<b>+</b>	<b>NEXT VIOLATION</b>	<b>=</b>	<b>OUTCOME</b>
Written Reprimand	+	Written Reprimand (for which counseling has been issued)	=	Suspension
Written Reprimand	+	Suspension that leads to disciplinary action	=	Discharge

## IX. DISCIPLINARY ACTIONS FOR CUMULATIVE MINOR VIOLATIONS

Subsequent repeated minor violations generally will move to the next step in the discipline process (e.g., *Written Reprimand* will be followed by a *Suspension* which will be followed by *Discharge*) if violations continue.

*Examples of repeated minor violations are as follows:*

<b>MINOR VIOLATION</b>	<b>ACTION ISSUED</b>	<b>DATE</b>
Failure to follow HERO policy	Pre-disciplinary Counseling	01/12/16
Presence in unauthorized area	Pre-disciplinary Counseling	01/15/16
Failure to follow HERO policy	Written Reprimand	02/18/16



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Unsatisfactory performance	Pre-disciplinary Counseling	03/07/16
Unsatisfactory performance	Suspension	04/02/16
Presence in unauthorized area	Discharge	04/30/16

## X. RESPONSIBILITIES

The Personnel Officer is responsible for the ongoing communications with HERO Members under their supervision regarding standards of conduct and enforcing rules and regulations and for the handling of any disciplinary action that may be required. The Personnel Officer shall be notified by the HERO Member's direct supervisor (FTO for EMT, or DO for FTO, including FTO for DO) of misconduct.

The Personnel Officer has the responsibility to accurately document and issue discipline in a timely manner.

If the Personnel Officer is under disciplinary review, the Captain will assume all responsibilities.

## XI. DOCUMENTATION

### Appendix A

Below is the template for the Performance Improvement Plan:



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**Employee Name:** HERO Member

**Job title:** [Position and/or rank]

**Date of Meeting:** MM/DD/2018

**Reasons for Meeting:** Quality of Work, Insubordination, Professionalism

**Manager Explanation:** This is a written corrective action for Member. his is meant to be informative, allowing him the opportunity to grow into the position and correct the actions listed here. The following problem areas and previous courses of actions have been identified below:

- *List specific events with dates and times. Be as clear and informative as possible*

**Action plan:**

- It is important for the Member to understand the requirements of his/her position.
- Continued performance issues will result in progressive discipline.
- *List any other pertinent steps.*

**Employee Comments:**

Employee Signature and Date: \_\_\_\_\_

Supervisor Signature and Date: \_\_\_\_\_



Johns Hopkins Emergency Response Organization <b>Standard Operating Procedures Section 12</b>	<i>Original Date:</i>	12/25/2018
Subject: Inter-facility Transports	<i>Last Edited:</i>	1/20/2019

## I. PURPOSE

The purpose of this document is to outline a standard procedure for transport of patients from the Johns Hopkins Student Health and Wellness Center (SH&WC) to the receiving hospital at the request of the nurse supervisor, nurse practitioner, or any doctor at SH&WC.

## II. Shift Operations

Inter-facility transport will operate Monday through Friday from 0800 until 2000 and Saturday from 1000 until 1500, while the academic term is in session.

For HERO Ambulance 101 (A101) to be in service for inter-facility transport, there must be two HERO personnel available to staff the ambulance during the specified shift, one of which must also act as the Driver. There may be no more than two additional HERO members in A101 while it is in service.

If the minimum staffing is not met, then the Captain, Personnel Officer, and Duty Officer on-call must be alerted through radio or telephone communication. The Duty Officer on-call must alert JHU Security that A101 is not in service for the specified length of time. The Duty Officer on-call must alert the Captain, Personnel Officer and Security when the minimum requirement has been re-instated such that A101 may go back in service. SH&WC must be notified if A101 will be out of service for one day or longer. It is preferable to send any out of service times for the coming week to Security by Thursday of the previous week.

## III. Expectations of the On-Call Crew

**The Driver** must be a member of HERO who has successfully completed the driver training requirements outlined in the Driver training packet. The successful completion and identification of an individual as a Driver must be verified by the Personnel Officer on the HERO Roster. The Driver may be of any HERO rank. The role of Driver may be filled by the any of the on-duty crew. If the Driver is not the Duty Officer on-call, they are expected to remain in the squad room or with their partner in close proximity to the squad room for the duration of their shift, unless HERO is dispatched to an emergency.

The Driver will:

- Obey all state and federal laws, including always having their own valid driver's license and all appropriate EMS licensures on their person during their shift.
- Be responsible for the safety of the crew.
- Be responsible for the location and operation of A101. A101 may be parked in its specified parking spot or in close proximity to the squad room during the inter-facility transport hours. A101 must be parked in its specified parking spot after the last transport of the day.
- Communicate with the receiving facility and JHU Security regarding the position and status of the crew.



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- The Driver must communicate with JHU Security when:
  - A101 is leaving campus.
  - When A101 will be delayed at the receiving hospital for more than 20 minutes.
  - When A101 leaves the hospital.
  - When A101 is back in service.
- Ensure that A101 is clean and re-stocked after each transport, including maintaining a gas level at or above ½ of a tank.
- Perform a HERO Check-Out of A101 at the beginning of the 0800 shift.
- Replace all equipment used during a transport and ensure that the ambulance is properly stocked during the duration of their shift.
- Complete an emsCharts special report in the event an issue with patient or crew health and safety, equipment failure or missing equipment, vehicle damage, or a vehicle mechanical issue.

**The EMT** provides medical care under the supervision of the Field Training Officer. The EMT will remain in the squad room or with the FTO in close proximity to the squad room for the duration of their shift. The EMT may act as the Driver if they have completed all necessary training. If both the EMT and FTO are trained as a Driver, the EMT will act as the Driver for the designated shift.

- The EMT will complete all check-outs and duties required by the Driver position while fulfilling that role.

**The FTO** will be a member of HERO who has completed all of the requirements to satisfy promotion to the FTO rank and operate as a Maryland EMT-B. The FTO will remain in the squad room or with the EMT in close proximity to the squad room for the duration of their shift, unless they respond to a Homewood call. The FTO may act as the Driver if they have completed all necessary training.

The FTO will:

- Operate the Chase-Car while on shift. In the event of an SH&WC call, the Chase-Car will remain parked outside of SH&WC.
- Operate as the primary patient care provider while on shift.
- Ensure the safety of the patient and crew.
- Operate or oversee patient transfer of care from SH&WC to HERO crew, and transfer of care from HERO crew to the receiving facility.
- Ensure all proper documentation is completed in order to satisfy all reporting requirements.
- Complete all check-outs and duties required by the Driver position while fulfilling that role.
- Ensure that an emsCharts special report is submitted in the event of the following issues:
  - BBP/ID Exposure





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- Dispatch
- Patient Injury
- Staff Injury
- emsCharts Issue
- Building/Facilities
- Equipment failure or Missing equipment
- Personnel or Staffing Concern
- Vehicle Damage
- Computer Issue
- JHU Security Concern
- Property Damage
- Vehicle Mechanical Issue

**The Duty Officer** will be a member of HERO who has completed all of the requirements to satisfy promotion to the Duty Officer rank and operate as a Maryland EMT-B. If the Duty Officer is also satisfying the position of Driver, they must remain within one block of the Homewood campus and readily available to drive A101, thus filling the role of Driver and Duty Officer simultaneously.

The Duty Officer will:

- Be available to respond to all HERO calls if requested by the Primary Crew.
- Oversee any call they respond to and ensure that appropriate decisions are made, and that appropriate patient care is rendered.
- Provide basic corrective action of the Primary Crew, with follow up with the Personnel and Training Officers if appropriate.
- Be in charge of deciding which personnel travel with the patient on A101 in the event that four or more HERO personnel respond to the scene.
- Make decisions in accordance with state law and HERO SOGs.
- Complete all check-outs and duties required by the Driver position while fulfilling that role.

#### IV. Dispatch

The requesting SH&WC nurse, nurse practitioner, or doctor must call JHU Security Dispatch (410-516-7777) and request that HERO be dispatched to SH&WC for a transport. The HERO crew will respond to SH&WC immediately upon dispatch. The HERO crew will respond without lights or sirens when dispatched by Security for a transport. The patient will be assessed and cared for according to Maryland Medical Protocols for EMS Providers. The requesting provider will give a verbal history and hand off in a SH&WC exam room to protect patient privacy before the patient is escorted into A101, and the requesting provider's information will be recorded in the PCR.

If SH&WC calls for a patient transport while the primary crew is responding to a Homewood call without A101, JHU Security will notify SH&WC that HERO is unavailable. The primary crew will alert Security when they are back in service.



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## V. Patient Transport

HERO may only transport one patient at a time. Patients must be transported to the hospital specified by the requesting physician or nurse at SH&WC. Patients will only be transported in A101 or a designated replacement provided by Lifeline. Under no circumstances will a HERO member transport a patient via the BLS Chase-Car or any other non-approved vehicle. In the event that HERO is unable to transport the patient, SH&WC will arrange for alternate transportation. Emergency lights and sirens will not be used when transporting to the receiving hospital.

## VI. Hospital Transfer of Care

Care will be transferred to the receiving physician or nurse. In all instances, it is necessary for the transfer of care to be documented on the Patient Care Report (PCR) and for the receiving physician's or nurse's name to be recorded. A copy of the MIEMSS short form used to document the patient's condition must be left with the receiving facility.

## VII. Returning from Hospital

A101 will return without lights and sirens to JHU Homewood Campus. Security will be notified that HERO is back in service after A101 has returned to campus. A101 must be properly stocked, cleaned and checked out by the Driver before going to the next SH&WC call. The Driver must notify Security when HERO is back in service.

If the minimum equipment for a satisfactory MIEMSS check-out cannot be replaced, the Duty Officer on call must notify Security that A101 is out of service. Then, the Duty Officer must notify the Captain, Personnel Officer and Equipment Officer of what supplies are missing and create a plan to replace the equipment. When the equipment has been restocked, the Duty Officer must notify Security that A101 is back in service. SH&WC must be notified if A101 will be out of service for more than one day.

## VIII. Documentation

The name of the requesting provider will be documented in the PCR. A copy of the short form will be left at the receiving hospital, and the receiving nurse's or physician's information will be documented in the PCR.

A PCR will be completed and submitted upon return from transport.

The FTO must ensure that all documentation is properly attained and that charts are completed as soon as possible. All charts must be submitted within 24 hours.